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	No. 586
STATE O	FINDIANA No. 226
Form Prescribed By APPLICATION FOR	MARRIAGE LICENSE File
Indiana State Board of Health under Authority HENDRIC	KS County $\frac{ 3 3 84}{ 3 84}$
e + (2 - 91, 1, 3-2	Date of Application
Effective July 1. 1977	FEMALE
100/84	Medical Examination Report Dated1/28/84
MALE Report Dated 11/28/07	
MALE Medical Examination-Report Dated 112010, M. R.	Name of Physician Rocking Cathan M. D.
Name of Physician Keng Kang Conleng The statement - Wh	oever procures the issuance of a license to marry of any false statement, representation or prete FEMALE APPLICANT
(Loss 11) 1 7 is preserving of Alex Assessment	Dever processor and a preterior
	FEMALE APPLICANT
MALE APPLICANT	Name First Middly A last
Name First & Middle Couller	Date of Birth Month Day Year
Rabell Day Year	2 17 50
Date of Birth	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) adia nac	Residence Address Street or B. B. Otto City County
Residence Address Street or R. R. Ola City County State	all 34 Edgewood Ct Placahell Replace
634 Edgeword It Flainfield Heranico +	Marriel Status Never Married D OR
Previous Marital Status: Never Married OR	Previous Marital Marias
Last Marriage Ended By: Death Divorce D Annulment	Lakes many many many many many many many many
Last Marriage Ended By: Dealth Entificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verdied by D Birth Gertificate D Judicial Decree
	O Other (Specity) Alteret Lecence)
Other (Specify) Arevere Recense	
No U Tes U	1. Are you now or have you ever been adjudged to be of unsound mind? No B Ye
"I have " have the adjudication been removed"	If answer is "yes" has the adjudication been removed? No V
If answer is yes, has the adjoint disease?	2 Are you afflicted with a transmissible disease" No 2 ye
No Yes	3 Are you related to the male applicant closer than second cousin? No 2 ye
4. Are you now under the influence of intoxicating liquor? No 🗍 yes 🗆	4 Are you now under the influence of intoxicating liquor? No C/re
Are you now under the influence of a narcotic drug [*] No ^C Yes ^C	5 Are you now under the influence of a marcotic drug? No 2 Ye
6. List the full names of any dependent children	6 List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children" No D Ye
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory prof that you a
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Marklin M Craef Coulder	* Full name of tather Though March Sport Ma
Residence of father (if deceased so state) Alcelanid	Residence of tathor is deceased us have Place afreldy In.
. Judique	Julie al
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother fertile Kene Miller	5 Full musden name of mother A beathef that Thomas
Residence of mother (if deceased so state) Placenfield In	Placefull Su
Meanderice of Indulier (II deceased so state) =	Residence of mother (if decensed is state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) RALAR
State of Indiana, HENDRICKS	State of Indiana.
County of in this application is true and correct.	County of HENDRICKS
Signed tables of Sloult	Nan Coulter
	Dig Dell
New Address	New Address
Subscribed and swarn to before me this. That day of Sellmer 40, 1884	Subscribed and eworn to before me this 3 th day of Melenker 18.
Mary ane Russeller HENDRICKS	MARINDOW PRIZZEM HENDRICKS
Gerk Circuit Court	1 Mary Jame All Clark more Circuit C
CONSENT OF PARENTS, PARENT OR GUARDIAN	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one put
signs, state facts which render the consent of the other parent unnecessary	
	signs, state facts which render the consent of the other parent unnecessary

ounty State:

State of Indiana, HENDRICKS

			HENDRICKS	> 88.5	
Signed.		County of			
	a second i		Signed		a pain cancel to a straight of
Signed	Mother		Signed	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	and the second
Subscribed and sworn to before me this day of	. 19	Subsected			
		ounscribed and i	sworn to before me this.	and the second	APR - HAR - HA
	Clerk		100 Al Territory and Land	and a standard and a standard and a standard	an and a subscription of the subscription of t
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER HENDRICKS	OF COUPT			and the state of the state of the state	a narti
inauthorizes and directs t	Colora	. A marriage	license having been	refused to the above	an an an
inauthorizes and directs t	Le in	irt by written o	rder issued		and the second
Dimesso	the issuance of	a marriage lice	ense to the above na	med parties.	1.000
Be It Bemembered at	GE LICENSE	AND MADDI	LOD COMPANYOR		
·) A RULUIRIL MITPA the	THE FULL FLE	C. LEBSIDIT PLAN # 10.00	alongly of the	HENDRICKS	Circuit
Robert S Coult	emper		. 84 milaning	the definition is nothing a	e husband an
Be it further remembered, the following marriage and f	0.8	d Nanc	authorizing	the joining together i	
Be it further remembered, the following marriage certificate was one thousand nine band	filed in my of	hee, to-wit :	T W. CONTIEL		
				d day of Dece	ember
I, Richard E. Hamilton one thousand nine hundred and eighty-four State of Indiana, Groom Robert S.Coulter and, Bride	a	t. Ind	lianapolis	a sead	Marion
				Country of an	Indiana
were by me united in marriage as while Lee Coulter		Hend		County, State of	-diana
County. County a marrie of the souther state of the souther state of the souther state of the souther state of the souther souther state of the souther southe		neuq	1CKS	County, State of	HENDRICKS
Data 1 (1)				the state of the s	
Dated this		the parpose oy	the Clerk of the Circ	uit Court of	Contraction of the second s
were by me united in marriage as authorized by a marriage licens. County. Dated this	, 19. 84	pur pose oy	the Clerk of the Cire		
22ndday ofDemcember	, 19. 84		the Clerk of the Circ		i i ton
22ndday ofDemcember	, 19. 84		the Clerk of the Circ		i i ton
22ndday ofDemcember	, 19. 84		the Clerk of the Circ		i i ton
Dated this	, 19 84 O liana this	Signe ficial Designat	the Clerk of the Circ	Richard E. Han	i i ton

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	MARRIAGE LICENSE SCounty
MALE Medical Examination Report Dated 12-1-84	FEMALE Medical Examination Report Dated 12-1-84
Name of Physician	Name of Physician
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry by any false statement, representation or process
MALE APPLICANT	
Name First Middle Last Date of Birth Month Day Year Place of Birth Month Day Year Place of Birth Street or foreign country) Image: Street or R. R. City County State Residence Address Street or R. R. City County State Previous Marital Status: Never Married OR OR Image: State Image: State Iast Marriage Ended By: Death Divorce Annulment Image: State Image: State Date of birth verified by: Birth Certificate Judicial Decree, Image: State Image: State Image: State I. Are you now or have you ever been adjudged to be of unsound mind? No Fyes Image: State Image: State	FEMALE APPLICANT Name First Middle Last Date of Birth Month Day Year Place of Birth (State or forgin country) Black State State Residence Address Street for R. R. City County State Previous Marital Status: Never Married OR Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)
1. Are you now of mate you control of the second se	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
2. Are you afflicted with a transmissible disease? No 🗳 Yes 🗆	If answer is "yes", has the adjudication been removed? No Ves D
3. Are you related to the female applicant closer than second cousin? No 🗗 Yes 🗆	2. Are you afflicted with a transmissible disease? No Yes D
4. Are you now under the influence of intoxicating liquor? No P Yes D	 Are you related to the male applicant closer than second cousin? No Yes D Are you now under the influence of intoxicating liquor? No D Yes D
5. Are you now under the influence of a narcotic drug? No D Yes D	
 6. List the full names of any dependent children. 	 5. Are you now under the influence of a narcotic drug? No Yes D 6. List the full names of any dependent children.

7. Are you required by an dependent children? If answer is "yes", it is 1 Dorothy Spark compliance with any co 8. Full name of father____ 1, hereby give my consent for Residence of father (if de my Birthplace of father (Sta nn parke to marry 9. Full maiden name of mo Residence of mother (if Birthplace of mother (S oroth Subscribed and sworn to before my this 4 th U day of 28 Remoser 19.84. New Subscribed and sworn and 112

DINOTARY PUBLIC mananaa

We, the parents, of this al signs, state facts which re

CONSENT OF PAREL

State of Indiana. HENDRICKS sa: Signed Father Signed Father Signed Mother Subscribed and sworn to before me this day of Image: Signed Mother Subscribed and sworn to before me this day of Image: Signed Signed Subscribed and sworn to before me this day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license to the above named parties, the day of MEMORICKS County Mathematical Court by written order issued. MEMORICKS County of the day of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Mathematical date day of Julic Julic Julic Danald J. Boesch and Jenny L. Sparks. Sparks Be it further remembered, the following marriage certificate was filed in my office, to-wit: A county of Hendricks County of Hendricks. Mary Jane Russell hereby certify that on the. 7. th. day of December Mary Jane Russell hereby certify that on the.
Signed Father Signed Father Signed Mother Subscribed and sworn to before me this day of (Courty dimensional data of the state of the state data of the state data of the state data of the state of the state data of the state data data of the state data data data data data
Signed Father Signed Father Signed Mother Signed Signed Mother Subscribed and sworn to before me this day of 19 Signed Mother Subscribed and sworn to before me this day of 19 Signed Mother Subscribed and sworn to before me this day of 19 Clerk Clerk Signed Mother COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS Mary Mary Mark
Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the device a marriage license to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Go Indiana dated the day of Junch Danald. J. BOesch and Junch and Be it further remembered, the following marriage certificate was filed in my office, to wait: and Junch 7 th day of December Mary Jane Russell hereby certify that on the 7 th day of December marriage Mary Jane Russell hereby certify that on the 7 th day of December Image: A complex of Indiana elighty-four at Danville County of Hendricks State of Indiana elighty-four at Danville County, State of Indiana Indiana
Signed Mother Signed Signed 19 Signed 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued Mary Mary and filed MENDRICKS County WWWW Court by written order issued Mary Mary and filed MENDRICKS County WWWW Court by written order issued Mary Mary and filed MENDRICKS County WWWW Court by written order issued Mary Mary and filed Mary Mary Court by written order issued Mary Mary and filed Mary Mary Court by written order issued Mary Mary Court order Mary Mary Mary Court by written order issued Mary Mary Court order Mary Mary Mary Mary Mary Mary Court order Mary Mary Court
Subscribed and sworn to before me this day of 19
Clerk Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HNDRICKS
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County for the court by written order issued from the source of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court for findiana dated the day of file a marriage license issued by the clerk of the following marriage certificate was filed in my office, to-wit: Marry Jane Russell her by certify that on the 7 th day of December for the court of the following marriage certificate was filed in my office, to-wit: Marry Jane Russell her by certify that on the 7 th day of December for the court of the the theorem at the court of the court
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County for the court by written order issued from the source of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court for findiana dated the day of fice, a marriage license issued by the clerk of the following marriage certificate was filed in my office, to-wit: Mary Jane Russell here by certify that on the 7 th day of December for the day of Hendricks for the following marriage certificate was filed in my office, to wit: Mary Jane Russell for the following marriage certificate was filed in my office, to wit: Mary Jane Russell for the following marriage certificate was filed in my office, to wit: Mary Jane Russell for the following marriage certificate was filed in my office, to wit: Mary Jane Russell for the following marriage certificate was filed in my office, to wit: Mary Jane Russell for the following marriage certificate was filed in my office, to wit: Mary Jane Russell for the following marriage certificate was filed in my office, to wit: Mary Jane Russell for the following marriage certificate was filed in my office, to wit: Mary Jane Russell for the following marriage certificate was filed in my office, to wit: Mary Jane Russell for the poese file of the following marriage certificate was fi
In. County County County Count by written order issued in. County authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court Be Jt Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court Donald J. Boesch and Jenny L. Sparks Be it further remembered, the following marriage certificate was filed in my office, to-wit: 7 th day of December 1. Mary Jane Russell hereby certify that on the 7 th day of Mendricks one thousand nine hundred and eighty-four at Danville County, State of Indiana State of Indiana DONALD L POPECH of Hendricks County, State of Indiana Mara indiana
In. County County County Count by written order issued in. County authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court Be Jt Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court Donald J. Boesch and Jenny L. Sparks Be it further remembered, the following marriage certificate was filed in my office, to-wit: 7 th day of December 1. Mary Jane Russell hereby certify that on the 7 th day of Mendricks one thousand nine hundred and eighty-four at Danville County, State of Indiana State of Indiana DONALD L POPECH of Hendricks County, State of Indiana Mara indiana
Authorizes and directs the issuance of a marriage memory Authorizes and directs the issuance of a marriage memory RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court Be is fled in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court Denald J. Boesch day of Jenny L. Sparks Be it further remembered, the following marriage certificate was filed in my office, to-wit: 7 th day of December 1, Mary Jane Russell hereby certify that on the 7 th day of Hendricks marriage one thousand nine hundred and eighty-four at Danville County, State of Indiana State of Indiana DONALD L POESCH of Hendricks County, State of Indiana
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court Of Indiana dated the
Indiana dated the
Indiana dated the
Donald J. Boesch and Jenny L. Sparks Be it further remembered, the following marriage certificate was filed in my office, to-wit: 7 th day of December I. Mary Jane Russell hereby certify that on the 7 th day of Mendricks one thousand nine hundred and eighty-four at Danville County, State of Indiana State of Indiana County of Le POESCH of Hendricks
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 7 th day of December I,
I. Mary Jane Russell hereby certify that on the County of Hendricks one thousand nine hundred and eighty-four at Danville , County, State of Indiana State of Indiana One thousand nine hundred and eighty-four at Danville , County, State of Indiana
1,Mary Jane Russell hereby certify that on the
State of Indiana County, State of Indiana ,
Hendricks County, State of HENDRICKS
State of Indiana, Groom DONALD J. BOESCH of Hendricks County, State of Indiana and, Bride JENNY L. SPARKS of Hendricks Hendricks Hendricks were by me united in indiana indiana Hendricks Hendricks Hendricks
a not utilled in mamma as a still i till
County. Dated this 7thday of December, 19.84Signed/s/ Mary Jane Russell
Dated this 7th day of December , 19.84
Filed and manually Clerk
Filed and recorded in accordance with the laws of the State of Indiana this A day of January Clerk Clerk
Signed Mary Jone Kessee HENDRICKS Circuit Court

- THE PARTY	238	
		N. 590
	STATE O	FINDIANA No. 288
	Form Prescribed By Indiana State Board of Health under Authority HENDRIC	MARRIAGE LICENSE File
	Health under Autoria of I.C. 31-1-3-2 Effective July 1, 1977	County
τ	12/2/24	FEMALE Medical Examination Report Dated 12/4/90
2	MALE Medical Examination Report Dated	Name of Physician David B. Han
-	i and a manufacture	
distant for a state of the second	Name of Physician Cautor 4	FEMALE APPLICANT
AND MALLAN.	shall be fined in any solid and MALE APPLICANT	Name First Midgle A D Int
	Name First Scott fewlig	Date of Birth Month Day 2 Year
	Date of Birth 20 71603	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country) Aloreda Residence Address Street or R, R. Eity County State	Residence Address Street or R. R. Oits County State
	4021 Sey Voents Da	Previous Marital Status: Never Married RR
	Previous Marital Status: Never Married COR Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate Dudicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
	Other (Specify)	Other (Specify)
	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes	Are you now or have you ever been adjudged to be of unsound mind? Net Yes D If answer is "yes", has the adjudication been removed?
	If answer is "yes", has the adjudication been removed? No Yes 2. Are you afflicted with a transmissible disease? No Yes	2. Are you afflicted with a transmissible disease? No Yes D
	3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
	4. Are you now under the influence of intoxicating liquor? Note Yes I 5. Are you now under the influence of a narcotic drug? Note Yes I	4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? Xo Yes D Xo Yes D
	6. List the full names of any dependent children.	6. List the full names of any dependent children.
김 선생님 김 유민		
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
	dependent children? No Yes	dependent children? No Xyes D
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
	8. Fullname of father & avid Pierce Thewhy	8. Full name of father Kenneth Clay Emles
	Residence of father (if deceased so state) 4021 Sey Voints Poly	Residence of father (if deceased so state)
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	9. Full maiden name of mother 7/ participation Successful Portion	9. Full maiden name of mother fudy and Underwood
	Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state)
	State of Indiana, HENDRICKS	Birthplace of mother (State or foreign country)
	County of	County of HENDRICKS as: a depose and state the information given in this application is true and correct.
	Signed Dimothy & Menty	X signed Gloria C. Embs
	New Address 75/2 Harmong fr 1rdpb	New Address 9512 Harmery Eliapo.
	Mary Jare Romerk, HENDRICKS	Subscribed and sworn to before me this 5 Hay of Necondel 484
	Circuit Court	Thank Jane gassell Gerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	The citic parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana, County of HENDRICKS	State of Indiana,
	Signed	County of HENDRICKS
	Father	Signed
	Signed	Signed
		Subscribed and sworn to before me this
	COMPLETE IF MARRIAGE LICENSE ISSUED DI	
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS	r. A marriage license having been refused to the above named parties, the art by written order issued <u>3 Daug</u> Walley and filed
		f a marriage license to the above named parties.
	The MARKIAGE LICENSE	
	TIMOTULY account day of A 222	se issued by the clerk of the
	Be it further remembered the first	, 19.2.7., authorizing the joining together as husband and
	, LITSEY as filed in my of	
	State of Indiana, Groom TIMOTHY according to the state of Indiana, Groom TIMOTHY according to the state of th	tereby certify that on the 8th day of December
	and, Bride	Marion Thdiana
	County. County.	Hendricks
	were by me united in marriage as authorized by a marriage license issued for to Dated this	hat purpose by the Clerk of the Circuit Court of
	, 1904	
	Filed and recorded in accordance with the laws of the State of Indiana this	Dificial Designation Minister 84
	the State of Indiana this	12th day of Dec. 19 84
		Signed Mary Jane Russell Curre HENDRICKS Circuit Court

m Prescribed By iana State Board of Alth under Authority alth 13-2 STATE OF APPLICATION FOR N	INDIANA No. 589
I.C. 31-1-3-2 HENDRICK	S File
ective suis a	County 12/5/8/1
WITE // DOCTOR	Date of Application
MALE Medical Examination Report Dated 11-28-84	TEMALE
	Medical Examination Report Dated
Name of Physician Joseph F. MompRod	Name of Physician Joseph Y. Man poper
L QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoe all be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever, procures the issuance of a license to marry by any false statement
MALE APPLICANT	A REAL PROPERTY AND A REAL
me First Middle 60 Last / 1	FEMALE APPLICANT Name First 1
abert angust	Middle Last
te of birth 19 956	Date of Birth Month Day Year
ice of Birth (State or foreign country)	Place of Birth (State or foreign country) 14 1962
idence Address Street or R. R. City County State	Residence Address Street or R. R. City
P.O.Boy 69 Clayton	P.O. Boy 69 Conto County State
evious Marital Status: Never Married OR	Previous Marital Status: Never Married KOR
t Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death D Divorce Annulment D
te of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
() () in an () (across)	
Other (Specify) Krevers Jucense	Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
If answer is "yes", has the adjudication been removed? Not Yes D	If answer is "yes", has the adjudication been removed? No D Yes D
Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease? No Yes D
Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin? Not Yes D
Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
	5. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	6. List the full names of any dependent children.
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Yes	dependent children? No Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Allard Flow Conglish	8. Full name of father Dover Lee. Moran
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Carpline, large Daguage	Quelone Pro Macon
Full maiden name of mother a company state sectors	9. Full maiden name of mother
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
HENDRICKS	State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
unty of HENDRICKS	County of
Signed albert & English	Signed Kathy Maran
New Address POBOX 69	New Address O Box 60 Clauten Dr.
with Deschart SI	the second
bscribed and sworn to before me this day of Allemate, 1934.	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
Many Jane Kusesel Clerk HENDRICKS Circuit Court	I put fare the contract contract
	CONSENT OF PARENTS, PARENT OR GUARDIAN
NSENT OF PARENTS, PARENT OR GUARDIAN	
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
ns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
te of Indiana,	State of Indiana, HENDRICKS
Inty of HENDRICKS ss:	County of
Signed	Signed
	Signed
Signed	Signed
scribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	
	light having been refused to the above named parties, the
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the ourt by written order issued
- I DRICKO	hurt by written order issues
authorizes and directs the issuance of)] a marriage mes
RETURN OF MARRIAGE LICENS.	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licen	use issued by the clerk of the
Indiana dated the INTA day of Dec.	nse issued by the clerk of the
in the second se	
	ffice, to-wit: 14 th day of December
e it further remembered the following set if acto and field in my o	
e it further remembered, the following marriage certificate was filed in my o Anthony Guido	hereby certify that on the county of Hendricks
e it further remembered, the following marriage certificate was filed in my o Anthony Guido e thousand nine hundred and eighty-four	County State 01
e it further remembered, the following marriage certificate was filed in my o Anthony Guido te thousand nine hundred and ate of Indiana, Groom ALBERT L. ENGLISH	of Hendricks County, State of Indiana ,
e it further remembered, the following marriage certificate was filed in my o Anthony Guido te thousand nine hundred and ate of Indiana, Groom ALBERT L. ENGLISH	of Hendricks County, State of Indiana ,
e it further remembered, the following marriage certificate was filed in my o Anthony Guido te thousand nine hundred and ate of Indiana, Groom ALBERT L. ENGLISH	of <u>Hendricks</u> <u>Hendricks</u> <u>Hendricks</u> <u>Hendricks</u> <u>Hendricks</u> <u>County</u> , State of <u>Indiana</u> <u>HENDRICKS</u> that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u>
a it further remembered, the following marriage certificate was filed in my o Anthony Guido The thousand nine hundred and eighty-four Pate of Indiana, Groom ALBERT L. ENGLISH and, Bride KATHY D.MORAN of Ere by me united in marriage as authorized by a marriage license issued for punty.	of <u>Hendricks</u> <u>Hendricks</u> <u>Hendricks</u> <u>Hendricks</u> <u>Hendricks</u> <u>County</u> , State of <u>Indiana</u> <u>HENDRICKS</u> that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u>
ALBERT L. ENGLISH a e it further remembered, the following marriage certificate was filed in my of Anthony Guido a ate of Indiana, Groom ALBERT L. ENGLISH ate of Indiana, Groom ALBERT L. ENGLISH add, Bride KATHY D.MORAN ere by me united in marriage as authorized by a marriage license issued for punty. a ated this 14th	of <u>Hendricks</u> <u>Hendricks</u> <u>Hendricks</u> <u>Hendricks</u> <u>Hendricks</u> <u>County, State of Indiana</u> <u>HENDRICKS</u> <u>that purpose by the Clerk of the Circuit Court of</u> <u>HENDRICKS</u> <u>Signed</u> <u>/s/ Anthony C. Guido</u> <u>Hendricks</u> <u>Hendricks</u>
a it further remembered, the following marriage certificate was filed in my on Anthony Guido e thousand nine hundred and eighty-four ate of Indiana, Groom ALBERT L. ENGLISH d, Bride KATHY D.MORAN of the by me united in marriage as authorized by a marriage license issued for unty. ated this 14th day of December , 19.	Hendricks County, State of .of Hendricks County, State of Hendricks County, State of Indiana Hendricks County, State of Hendricks that purpose by the Clerk of the Circuit Court of HENDRICKS 84 Signed /s/ Anthony C. Guido Official Designation Judge Pro Tem. Hend.Co.Superior Court Ianuary 19 85
ate of Indiana, Groom ALBERT L. ENGLISH Ate of Indiana, Groom ALBERT ATE ATE ATE ATE ATE ATE ATE ATE ATE AT	of <u>Hendricks</u> <u>Hendricks</u> <u>Hendricks</u> <u>Hendricks</u> <u>Hendricks</u> <u>County, State of Indiana</u> <u>HENDRICKS</u> <u>that purpose by the Clerk of the Circuit Court of</u> <u>HENDRICKS</u> <u>Signed</u> <u>/s/ Anthony C. Guido</u> <u>Hendricks</u> <u>Hendricks</u>

	STATE O	FINDIANA No. 590
	Breestided By	MARRIAGE LICENSE File
	Health under Authority	
	of I.C. 31-1-3-2 Effective July 1, 1977	Date of Application
		FEMALE
	MALE Medical Examination Report Dated 11-27.84	Medical Examination Report Dated
		Name of Physician C. Hourang
	Name of Physician <u>E. Rowland</u>	oever procures the issuance of a license to marry by any false statement, representation or pretense
#10011月月月月月月日日日	ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed - raise statement shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	FEMALE APPLICANT
A DE LA D	shall be fined in any sum that MALE APPLICANT	Name First Middle
	Name First Middle Last	Joni Sue Sanford. Last
	Date of Birth Month Day Year 1951	Date of Birth Month Day Year May 21 1956
	Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
	hadpo, Indian i Gunty 1 State	Residence Address Street or R. R. City County State
	Residence Address Street or R. R. Claylen Lendrucks Im.	RRH2 Br 323 Clayton Hendricks In
	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
	Lost Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
e fillente i s	Date of birth verified by: Birth Certificate Dudicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
		Other (Specify)
	Other (Specify) No ¹ Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D
	1. Are you now or have you ever been adjudged to be of unsound mind? No□ Yes□ If answer is "yes", has the adjudication been removed? No□ Yes□	If answer is "yes", has the adjudication been removed? No U Yes U
	If answer is yes, has the adjudication occurrence No □ Yes □ 2. Are you afflicted with a transmissible disease? No □ Yes □	2. Are you afflicted with a transmissible disease? No D Yes D
	3. Are you related to the female applicant closer than second cousin? No \square Yes \square	3. Are you related to the male applicant closer than second cousin? No Ves D
	4 Are you now under the influence of intoxicating liquor? No- Yes	4. Are you now under the influence of intoxicating liquor? No D Yes D
	5. Are you now under the influence of a narcotic drug? No Ves	5. Are you now under the influence of a narcotic drug? Not Yes O
	6. List the full names of any dependent children.	6. List the full names of any dependent children.
		「「「「「「」」」「「」」」「「」」」「「」」」「「」」」」「「」」」」「「」」」」
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
	dependent children? No Ves	dependent children? No 🗆 Yes 🗆
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be 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 Howp M.	s. Full name of father Richard a. Sanford
	Carl.	0 - 1
	0.1'	Residence of father (if deceased so state) Molland
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Induana
	9. Full maiden name of mother <u>Alelors</u> &. Danow	9. Full maiden name of mother Carlol Sue newman
	Residence of mother (if deceased so state) Prodiance	Residence of mother (if deceased so state) deceased
Section 1	Birthplace of mother (State or foreign country) Neb	Birthplace of mother (State or foreign country) Anduand
	State of Indiana, HENDRICKS	State of Indiana,
	County of Ss: in this application is true and correct.	County of HENDRICKS
	Signed Marry Marro M	and and have Something
	New Address RATT Box 323 Alouted	Signed the Real 322 (late
	Subarily and an interview of the second seco	New Address // # 2 Dol 020 C(CG/W)
	Mary Jan Russell Clark HENDRICKS	Subscribed and sworn to before me this 5 day of Aller, 19.89
	June thusself Clerk Clerk Circuit Court	Mary Jane Reesel Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
	signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
• • • • • • • • • • • • • •	State of Indiana, County of HENDRICKS }ss:	
	County of Ss:	State of Indiana, County of HENDRICKS ss:
	Signed	Fabr
	Signed	Signed
	Subscribed and sworn to before me this	Signed
	uay or	Subscribed and sworn to before me this
	COMPANY	Clerk
[] 우리 집에 좋다.	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURSE	
	in County	T. A marriage license having been refused to the above named parties, the urt by written order issued
	in	and mea
	Daniel	a marriage license to the above named parties.
	of Indiana data in the set of the	E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court
	and the second of the second second	se issued by the clerk of the
	Be it further remembered, the following	, 19, 19
Store B. St. 1 4.	I, Paul M. Jacks	fice to with
	one thousand nine hundred and eighty-four State of Indiana, Groom HARRY HOOP III and, Bride JONI SUE CANNER	thereby certify that on the <u>17</u> day of <u>December</u>
1.16.1.1.1.1		
	State of Indiana, Groom HARRY HOOP III and, Bride JONI SUE SANFORD of	of Hendricks County State of Indiana
	and, Bride	Hendricks County State of Indiana
	Dated this 17th	hat purpose by the Clerk of the Circuit Court of HENDRICKS
	Dated this 17th day of December , 19.84	on of the offeut Court of
	and recorded in accordance with the laws of the	Official Designation Minister
	a si si matana this	4 day of January 10 85
		Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By STATE OF Indiana State Board of APPLICATION FOR	FINDIANA
Health under Autority	MARRIAGE LICENSE No. 591
effective July 1, 1977	KSCountyCounty
	10-84
MALE /2-18-84 Medical Examination Report Dated	FEMALE Date of Application
Medical Examination of the property of the	Medical Examination Report Dated 11- 29-84
Name of Physician A Manufacture	Name of Direction in the second secon
ALL ANSWERED 1C 31.1.3.6 proceeding and	the of I hysician the thank the again
ALL QUESTIONS MUST BE ANSWERING TO Prove prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry by any false statement
MALE APPLICANT	
Name First Middle Alast	Name C (Finite APPLICANT
Richard D. Clonce	Name First Middle
Date of Birth Month Day Year	Date of Birth Month Duise Winks?
Place of Birth (State or foreign country)	Day Vian
plantifle, th.	Place of Birth (State or foreign country) 0 965
Residence Address Street or R. R. City County State	Residence Address Street or R. R. Chity
3 Stander to hand the party shi 40100	1566 moon Ro. Plan 1 County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Marriet COR
ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: D Birth Certificate U Judicial Decree	Date of birth verified by Death C Divorce C Annulment C
	Date of birth verified by Birth Certificate Dudicial Decree
Other (Specify)	Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you over here you and here you have
If answer is "yes", has the adjudication been removed? No 🛛 yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind?
Are you afflicted with a transmissible disease? No Pres	If answer is "yes", has the adjudication been removed? No U Yes U
Are you related to the female applicant closer than second cousin? No Yes	2. Are you afflicted with a transmissible disease? No Yes C
Are you now under the influence of intoxicating liquor? No 🛛 Yes	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of a narcotic drug? No 🛛 Yes 🗆	4. Are you now under the influence of intoxicating liquor? Not Yes
List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	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 Ves D	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No 🗆 Yes 🗆
compliance with any court order or orders issued for their support.	If answer is "yes", it is 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 Wallam Afublic Conce	8. Full name of fathe Wande Ol Eargene Comto
Residence of father (if deceased so state)	Residence of father (if deceased so state) Planneled, Ind
Birthplace of father (State or foreign country) Andiana	
maria Con maria	Birthplace of father (State or foreign country)
Full maiden name of mother	9. Full maiden name of mother Laura Jourse Kalcn
Residence of mother (if deceased so state) flagged, m.	Residence of mother (if deceased so state) Reansfeel of Ind .
	Nesidence of modiler (in deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
tate of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.
ounty of	County of
Signed Jechs / Clon	Signed Karla Jourde Wulls
New Address 1566 MOON Rd. PIAINFIELD FIND 4616 E	Non Address 1566 Moor Rel
18th 10 h 121	New Address
ubscribed and sworn to before me this day of Alecemper, 19.84	Subscribed and sworn to before me this day of 199, 190.
1 lery Ane Kusschere HENDRICKS Circuit Court	Man Ane Kussel Clerk HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	
gns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
ate of Indiana.	State of Indiana
unty of HENDRICKS } ss :	State of Indiana, HENDRICKS
	County ofFather
Signed	Signed
	Signed
	Subscribed and sworn to before me this
bscribed and sworn to before me this	Subscribed and sworn to before me thisuay or
Clerk	Clerk
	the line neurod parties the
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage license having been refused to the above named parties, the
County Col	art by written order issued
authorizes and directs the issuance of	a marriage license to the above named parties.
authorizes and directs the issuance of	
	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
RETURN OF MARRIAGE LICENSE	e issued by the clerk of the
RETURN OF MARRIAGE LICENSE	de is the ising together as husband and wife
Be It Remembered, there was filed in my office a marriage licens	, 19.8 , authorizing the joining together as husband and wife
RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage licens Indiana dated the day of licensbury RICHARD L. CLONCE	nd KARLA LOUISE WINKS
RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage licens Indiana dated the	nd
RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage licens Indiana dated the	nd
RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage licens Indiana dated the	MARLA LOUISE WINKS fice, to-wit: hereby certify that on the 26th day of December county of Hendricks
RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage licens Indiana dated the	nd <u>KARLA LOUISE WINKS</u> fice, to-wit: hereby certify that on the <u>26th</u> day of December. hereby certify that on the <u>26th</u> , County of Hendricks hereby certify that on the <u>County</u> State of <u>Indiana</u>
RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage licens Indiana dated the	Mathematical Action KARLA LOUISE WINKS Indice, to-wit:
RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage licens Indiana dated the	KARLA LOUISE WINKS fice, to-wit: gereby certify that on the 26th day of December thereby certify that on the 26th day of December thereby certify that on the 26th the 26th day of December the 26th
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RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage licens Indiana dated the	Md KARLA LOUISE WINKS Add KARLA LOUISE WINKS Fice, to-wit:
RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage license Indiana dated the	Md KARLA LOUISE WINKS Add KARLA LOUISE WINKS Fice, to-wit:

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Effective day in the rest of the second state	Health under Authority HENDRIC	CKS CountyAlle 6 191
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MALE Description Descresclisting Description		FEMALE / 2 -// Cu
Modelai Examination (Laplace Active Control of Physician SADELLY - Control of Physician SADELY - Contrelation SADELY - Control of Physician SADELY - Contro	MALE 12-3-1984	Medical Examination Report Dated
Name of Physicians	Medical Examination Report Dated	Name of Physician Stary & Creed MD
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Name Mark	MALE ATT DICHAS	
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File of Illing (MALL of Control Contrel Control Control Control Control Control	Day lear	hely 12 10-
Convertigency barries of the content of the second mine? Convert Second Secon	3 23 121	Place of Birth (State or foreign country)
Bardward Marriel Marriel of Marriel Status Marriel Status New Marriel Status </td <td>1 Malanapoles County State</td> <td>Residence Address Street or R/R. City County Sta</td>	1 Malanapoles County State	Residence Address Street or R/R. City County Sta
Previous Marial Status. Never Marriel © 08 Last Marriage Ended By Death © Devere © Annument © Date of birth vertifie by © Birth Certificate © Jadeital Devere © OthertSpecify Marriage Ended By Death © Devere © Annument © Date of birth vertifies by © Birth Certificate © Jadeital Devere © OthertSpecify Marriage Ended By Death © Devere © Annument © Date of birth vertifies by © Birth Certificate © Jadeital Devere © OthertSpecify Marriage Ended By Death © Devere © © OthertSpecify Marriage Ended By Death © Devere © Annument © A ray you are to post per bear adjudged to be of ansond mind? 11 Are you are to be formed a splace of the development of the former of the splace of the rest adjudication beer renewel? 2 Are you are formed to find the splace of the former adjuct of the find target and the inflamer of a specific with a transmissible disease? 3 Are you are formed to find the find target and another of the find target and the inflamer of a specific with a transmissible disease? 4 Are you are required by any court order or orders to support the above dependent children? 7 Are you required by any court order or orders to support the above dependent children? 8 Full manee differe? 1 answer is "yee". It is required the that the Application be accompanies by satisfactory per differe of the support the above dependent children? 1 answer is "yee". It is required by any court order or orders to support the above dependent chil	City Councy	6019 Karen Dr. Maple. In.
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Due de binh verfiel by Benk Certificate D Judicial Liveres D'Other (Specify) Multiclas D de densand mind! 1 Are you now or have you ever been adjudged to be densand mind! 1 Are you now or have you ever been adjudged to be densand mind! 1 Are you now or have you ever been adjudged to be densand mind! 1 Are you now or have you ever been adjudged to be densand mind! 1 Are you now or have you ever been adjudged to be densand mind! 1 Are you now or have you ever been adjudged to be densand mind! 1 Are you now or have you ever been adjudged to be densand mind! 2 Are you relaced to the male applicant here removed! 2 Are you relaced to the male applicant here removed! 3 Are you now or der the influence of materials injust? 4 Are you now under the influence of a material injust? 5 Are you now under the influence of a material injust? 5 Are you need the full names of any dependent children. 4 Are you now under the influence of a material injust? 5 Are you required by any ourst order or orders to support the above dependent children? 5 Are you required by any ourst order or orders to support the above dependent children? 5 Are you required by any ourst order or orders to support the above dependent children? 6 Are you required by any ourst order or orders to support the above dependent children? 7 Are you required by any ourst order or orders to support the above dependent children? 8 Fill name of taber (faces and o state) 8 Fill name of taber (faces and o state) 8 Fill name of taber (faces and o state) 9 Fill material faces of taber (faces and o state) 9 Fill material faces of taber (faces and o state) 9 Fill material faces of taber (faces and o state) 9 Fill material faces of taber (faces and o state) 9 Fill material faces of taber (faces and o state) 9 Fill material faces of taber (faces and o state) 9 Fill material faces of taber (faces and o state) 9 Fill material faces of taber (faces and o state) 9 Fill material faces of taber (faces and o st	Last Marriage Ended By: Death Divorce Annulment	
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Birthplace of mother (State or foreign country) State of Indiana, County of HENDRICKS Signed HENDRICKS Signed MCMMUL New Address Space Subscribed and sworn to before me this lettle day of December, May Jene Aussell Clerk HENDRICKS Corcuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other narent unpresentent Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, County of HENDRICKS Signed Jusco State of Indiana, New Address RR# 3 Box 326 December, Subscribed and sworn to before me this lettle day of December, MAY Jene HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other narent unpresentent	9. Full maiden name of mother I Tap Ces Gillen Alenn	9. Full maiden name of mother Dancy Joan Walso
Birthplace of mother i State or foreign country State of Indiana. County of HENDRICKS } ss: I depose and state the information given in this application is true and correct. Signed Manual Manual Correct. Signed Manual Man	Residence of mother (if deceased so state) Manuelle In .	Residence of mother (if deceased extere) Indianapolis) In.
State of Indiana. County of	N Chalipper 2)	(male and
County of	State of Indiana	
signed McMull New Address. Space Subscribed and sworn to before me this of the day of McCember, Mary And Address. Circuit Court Mary And Address. Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unpresent signs, state facts which render the consent of the other parent unpresent Signed Jusci L. Repass New Address. RR# 3 Box 326 Do Subscribed and sworn to before me this (e the day of December), Mary Anne Russell Clerk HENDRICKS Circuit Court We, the parents, of this applicant hereby give consent for this marriage. If only one	HENDRICKS (ss: 1 depose and state the information given	HENDRICKS
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Subscribed and sworn to before me this letter day of Micemberry, 19.84. Mary Me Aussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent uppressed signs, state facts which render the consent of the other parent uppressed Subscribed and sworn to before me this lette day of Decemberry, Mary Ann Aussell Clerk HENDRICKS Circuit Consent of parents, parent or guardian We, the parents, of this applicant hereby give consent for this marriage. If only one parent	New Address Spine	New Address RR# 3 Box 326 Do
Mary me Russell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent upprocessor	Subscribed and sworn to before me this ath day of Mecember 1. 84	1 + Deagna beel
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	and the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

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ANNELALA RIGH

State of Indiana, HENDRICKS

County of HENDRICKS } ss:	State of Indiana, County of
Father	SignedFather
	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
	Classificer and sworn to before me this
COMPLETE IF MARRIAGE THE	UEA CONTRACTOR CO
HENDRICKS County	RT. A marriage license having been refused to the above named parties, the bourt by written order issued and filed
inauthorizes and directs the issuance of RETURN OF MARRY	and new and new and new
D D D D D D D D D D D D D D D D D D D	of a marriage license to the above named parties.
We It Remembered there was Child	E AND MARRIAGE CERTIFICATE
i matuna dated the	ise issued by the clerk of the Circuit Curcuit Court
Be it further remembered, the following marriage certificate was filed in my of Allen R. Phillips	nse issued by the clerk of the HENDRICKS Circuit Court , 19. , authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my of Allen R. Phillips	Ind. LISA L. REPASS
one thousand mine land	and LISA L. REPASS office, to-wit: hereby certify that on the 15th day of December at Indianapolic
State of Indiana G	hereby certify that on the 15th day of December at Indianapolis , County of Marion of Hendricks Indiana
were by mean in the LISA L. REPASS	of Hendricks
Dumta.	drion drink at Indidus
LISA L. REPASS of	that purpose by the Clerk of the Circuit Court of
	04
Filed and recorded in accordance	Signed /s/ Allen R. Phillips
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Minister
	Signed Mary Jone Russelle HENDRICKS Circuit Court
	Staned III A A bar I A A

Form Prescribed By ndiana State Board of Jealth under Authority LC 31-1-3-2 HENDRICK	ARRIAGE LICENSE
f LC 31-1-3-2 ffective July 1, 1977 HENDRICKS	SCounty $12 - 7 - 84$
MALE I I'M Report Dated 11-27-84	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination Report Dated
Name of Physician Momas Aralst MD.	Name of Physician homas Greist ma
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	The second state the second states and state
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Jultner	Name A First Middle Lost
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Brownsburg, Str.	Prownsburg, In.
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annuiment Divorce Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree
Margard Aring 1	A Drive P
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If answer is yes, has the dependence of the search of	2. Are you afflicted with a transmissible disease? No 🗗 Yes 🛛
3. Are you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin? No Ves D
4. Are you now under the influence of intoxicating liquor? No 🕑 Yes 🗆 5. Are you now under the influence of a narcotic drug? No 🕑 Yes 🗅	 Are you now under the influence of intoxicating liquor? No □ Yes □ Are you now under the influence of a narcotic drug? No □ Yes □
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8. Full name of father harles W. Feltner	8. Full name of father A Usell Shomas Posey
Residence of father (if deceased so state) Indianapoles, M.	Residence of father (if deceased so state) Indiana polis, In.
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rera annette Happeer	9. Full maiden name of mother Dorothy Jone Just
9. Full maiden name of mother (if deceased so state) Brownsburg In.	Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
State of Indiana. HENDRICKS	State of Indiana. HENDRICKS }ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS ss: in this application is true and correct.	County of Merisa a. Posy
Signed Bugn K. Seltner	Signedy July 7 July
New Address 4477 Green 1035 Burg In	New Address 99 11. Speec 5: 19.84
Subscribed and sworn to before me this 7 th day of plc: 19.89.	Subscribed and sworn to before me this the day of HENDRICKS Circuit Court
Mary Jane Russell Clerk HENDRICKS Circuit Court	1. he y for the Clerk Clerk Circuit Court
CONSENT OF PARENTS, PADENT OF CUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
inco which reduer the consent of the other parent unnecessary	
State of Total	State of Indiana,
State of Indiana, County of	State of Indiana, HENDRICKS ss: County of
County of	SignedFather
Signed	Mother
Subscribed and many interview 19	day of
Subscribed and sworn to before me thisday of day of	
Clerk	line having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	IRT. A marriage license having been refused to the above named parties, the court by written order issued
HENDRICKS County	RT. A marriage license having been refused to intermediate and filed Court by written order issued
authorized and directs the issuance	
THE REPORT OF LICEN	SE AND MARRIAGE CERTIFICATION HENDRICKS
the Alt Domanthanan II and Clad in may office a marriade lice	ense together as hasound and
day of	THERESA A. POSEY
Be it further GRIAN K. FELTNER	office, to-wit:
l,	at INDIANAPOLIS County of MARION
State of Indiana Groom	of
and, BrideBRIAN K. FELTNERof	is a murpose by the Clerk of the Orioun
County.	
Dated this	4
Filed and recorded in accordance with the laws of the State of Indiana this	
"ued and recorded in accordance with the laws of the State of Indiana this	
the second s	Signed Aug free Cus sell HENDRICKS Circuit Court

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	STATE O	FINDIANA No. 594
	STATE ON FOR	MARRIAGE LICENSE File
	Form Prescribed By Indiana State Board of HENDRIC	
	Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	KS Date of Application
-	Electric as	FEMALE
	MALE In Perpert Dated 1/-13-84	Medical Examination Report Dated 11-16-84
	Medical Examination Report Date	Name of Physician Acuedola
	Name of Physician Scutation	oever procures the issuance of a license to marry by any false statement, representation or
Similarity of a sta Kapilal	ALL OUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed - raise state memory and the state memory and the state of the sta	oever procures the issuance of a license to marry by any false statement, representation or pretent FEMALE APPLICANT
a martellitur	ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescription - shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT	Name First OAA Middle
 All and a set of the set of the	First Of Middle D. D.C.	Rebecca Ellen Hollen Las
	Names Jule Day Year	Date of Birth Month Day OYear
	Date of Bipth Month 10 1941	Place of Birth (State or foreign country) 1953
	Place of Birth (State or foreign country) Andlanco	Residence Address Strept or R. R. City County Strept
	Residence Address Street or R. R. L. City Landredes M.	533 East state Huntington Huntington
	1115 West Woshington maps	Previous Marital Status: Never Married O OR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
	Last Marriage Ended By: Death & Divorce University Date of birth verified by: Birth Certificate University Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
	Date of birth verified by.	Other (Specify)
EN CONTRACTOR	Cother (Specify) No 🖉 Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes
	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 U Yes
	If answer is "yes", has the adjudication been removed? No D Yes D	2. Are you afflicted with a transmissible disease" No Tyes
	 2. Are you afflicted with a transmissible disease? 3. Are you related to the female applicant closer than second cousin? 3. We want the female applicant closer than second cousin? 3. Are you related to the female applicant closer than second cousin? 	3. Are you related to the male applicant closer than second cousin? NoD Yes
	Not rest	4. Are you now under the influence of intoxicating liquor? No Vies
	4. Are you now under the influence of an arcotic drug? No ♂ Yes □	 Are you now under the influence of a narcotic drug? No D Yes List the full names of any dependent children.
	6. List the full names of any dependent children.	List the full names of any dependent chudren.
	La Conda Sue	
	7. Are you required by any court order or orders to support the above	7 Are you required by any court order or orders to support the above dependent children? No Yes
	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
	compliance with any court order opporters issued for their support	compliance with any court order or orders issued for their support.
	8. Full name of father Cmil Leron Dope	8. Full name of father Herman martin Bity
r i	Residence of father (if deceased so state) Induance	Residence of father (if deceased so state) Indiana
	Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Incliand.
- 3.64 12 12 12 12	nother Paris Briddle	alle main Leo hale
	9. Full maiden name of mother	9 Full maiden name of mother Drag man are setter
	Residence of mother (if deceased so state) <i>Fnollance</i>	Residence of mother (if deceased so state) Tholland
	Birthplace of mother (State or foreign country) <u>Indeana</u>	Birthplace of mother (State or foreign country)
	County of	County of HENDRICKS
	E. P. P. P.	$\rho_{\rho} = 1.00$
	Signed	Signed Delecca Holley
	New Address 11/19 W. Cagh. St.	New Address 533 C State
1	Subscribed and sworn to before me this day of day of	Subscribed and sworn to before me this 7 day of 1981
	Mury Janu Russell Clerk HENDRICKS Circuit Court	Mary Jane Russell Gerk HENDRICKS Circuit Cour
	CONSENT OF PARENTS, PARENT OR GUARDIAN	
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
	signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

State of Indiana,

Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 85 State of Indiana, Groom EUGENE DALE POPE at DANVILLE County of Count	Fathe Nothe
Signed Mother Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above na day of Image: Hendbricks 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 of Indiana dated the Muther day of Be it further remembered, the following marriage certificate was filed in my office, to-wit: and nethorizing the joining together as he I, LARRY R, HESSON hereby certify that on the 5th day of Idama, Groom EUGENE DALE POPE at DANVILLE County of and, Bride HENDRICKS day of DALE DALE OF	, 19
Subscribed and sworn to before me this day of 19	, 19
Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above na HENDRICKS County	Cle med parties, th
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above na HENDRICKS County in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Image: State of Indiana, Groom EUGENE DALE POPE and parties Image: State of Indiana, Groom EUGENE DALE POPE and DANVILLE Image: State of Indiana, Groom EUGENE DALE POPE at DANVILLE Image: State of Indiana, Groom EUGENE DALE POPE Act DANVILLE Image: State of Indiana, Groom EUGENE DALE POPE Act DANVILLE County of	Cle med parties, th and file
in	med parties, t
Be if Remembered, there was filed in my office a marriage license issued by the clerk of the day of day	
Me It Remembered, there was filed in my office a marriage license issued by the clerk of the	
one thousand nine hundred and LARRY R. HESSON hereby certify that on the day of DEBRUAR State of Indiana, Groom EUGENE DALE POPE at DANVILLE County of Count	Circuit Co usband and w
and, Bride EUGENE DALE POPE	V
and, BrideOf	
County State of	INDIANA
REBECCA ELLEN HOLLEN	TNDTANA
County. HENDRICKS County, State of	IDRICKS
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS EBRUARAY	
Filed and recorded : Signed	
Official Designation UDCE	An or a state of the state of t
Filed and recorded in accordance with the laws of the State of Indiana this. 5th	
Signed Many Jone Russell HENDRICKS	1985
Signed A faile fullet HENDRICKS	19

	STATE OF	INDIAN	
Form Prescribed By ndiana State Board of Authority APPLI	CATION FOR M	INDIANA IARRIAGE LICENSE	No595
1(4)	HENDRICK	S DRO CREE CONTRACTOR OF STREET	File
f LC, 31-1-3-2 Effective July 1, 1977		County	13/10/84
MALE Medical Examination Report Dated 12/3/8	24	FEMALE	Date of Application
Medical Examination Report Batta greek	m. D.	Medical Examination Report Dat Name of Physician B. 10.	ed 12/3/84
	bed "False statement_Whee	rame of Physician N. W.	Wagner m. D.
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescri ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescri shall be fined in any sum not exceeding five hundred dollars (\$50 shall be fined in any sum not exceeding five hundred dollars (\$50	0,00)".	ver procures the issuance of a license to marry by	y any false statement, representation or pretense
MALE ATTENOART	last 1	FEMALE .	APPLICANT
Name First Manth Day	Keed	align)	Middle Alast
Date of Birth 10	1956	Date of Birth Month	Day Year
Place of Birth (State or foreign country)	2 North Training	Place of Birth (State or foreign country)	3 1944
Residence Address ++ 6.01/04 Juliples. MA	County State	Residence Address Street or R. R. 429 Theway De annuel	City / County State
135 D. Mulhoeffel	and one	, Stownach	urg Hendricks In
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	The Reveal of the State	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce D	
Last Marriage Ended by: Detail	- Laborated Grant	Date of birth verified by: Death Divorce D	Annulment
Date of on the rest of the and	1		Judicial Decree
Other (Specify) Alto Customer and mind?		Other (Specify)	and the second
 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be or unsound mind? 		1. Are you now or have you ever been adjudged to	and the second
If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease?	No D Yes D	If answer is "yes", has the adjudication been rer 2. Are you afflicted with a transmissible disease?	
 Are you afflicted with a transmissible disease. Are you related to the female applicant closer than second cousin? 	No Ves	 Are you afflicted with a transmissible disease? Are you related to the male applicant closer that 	an second cousin? No 2 Yes 0
4. Are you now under the influence of intoxicating liquor?	No D Yes D	4. Are you now under the influence of intoxicating	25
5. Are you now under the influence of a narcotic drug?	No 🛛 Yes 🗆	5. Are you now under the influence of a narcotic of	
6. List the full names of any dependent children.		6. List the full names of any dependent children.	
Jamara Reed		Sarry Pray	And the second s
Christina Red	State Sec.	alice Gray	
		Stephen Stae	F
7. Are you required by any court order or orders to support the above	No D Yes	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 sat		dependent children? If answer is "yes", it is required that this Applic	No TYES
compliance with any coupt order or orders issued for their support.		compliance with any post order or orders issue	
8. Full name of father Dale arthur Re.	ed	8. Full name of father PRes U	endrew Packer
Residence of father (if deceased so state)		Residence of father (if deceased so state)	receased
Birthplace of father (State or foreign country) Michiga	en	Birthplace of father (State or foreign country)	Indiana
Alacia Jacon T	noench	9. Full maiden name of mother alice	Frances Kenepen
9. Full maiden name of mother Second car for the second se	alleria 1		Indiana?
Residence of mother (if deceased so state)	unique	Residence of mother (if deceased so state)	Pan a da fare weat
Birthplace of mother (State or foreign country)	10-	Birthplace of mother (State or foreign country).	I depose and state the information given
State of Indiana, County of HENDRICKS ss: I depose and st in this applica	ate the information given tion is true and correct.	State of Indiana, HENDRICKS	88: In this application is true and correct.
		Signed	
Signed		New Address	
New Address	NAME PARA 84	Subscribed and sworn to before me this	oth day of Decembre 19.85
Subscribed and sworn to before me this 10 th day of all	DICKS	Subscribed and sworn to berde in a	HENDRICKS Circuit Court
Mary fame Clerk Clerk	Circuit Court	fulling ferre	
CONSENT OF RADENTS, RADENT OF CHARDIAN		CONSENT OF PARENTS, PARENT OR G	UARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	riege If only one parent	We, the parents, of this applicant hereby g	give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this ma		signs, state facts which render the consent	of the other parent unnecessary
signs, state facts which render the consent of the other parent un			
State of Indiana,		State of Indiana, HENDRICKS	55:
County of HENDRICKS } ss :		County of	
Signed	Father	Signed	Mother
Signed		Signed	
Subscribed and sworn to before me this		Subscribed and sworn to before me this	
	Clerk		
		li licence heving been r	refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED I HENDRICKS in	BY ORDER OF COUL	RT. A marriage license laving com	and filed
County	C	court by written order issued	ed parties.
inauthorizes a	and directs the issuance	of a marriage needed of	HENDRICKS Circuit Court
Be It Remembered, there was filed in r	F MARRIAGE LICENS	SE AND MARRIAGE Contractions	husband and wife
of Indiana Line and Remembered, there was filed in r	ny office a marriage lice	19 Juthorizing th	he joining together as husband and any
autou the ady of		AT. TCE K. GRAY	······································
Reit (KENNETH J. REED		man to anit !	December
I, Bey Jorry Deinder		hereby certify that on the	Country of
be it further remembered, the following marriage cer 1,	r	at	.County, State of Indiana
State of Indiana, Groom KENNETH J. REEL and, Bride ALICE K. GRAY were by me united in marriage as authorized by a ma	of	that murpose by the Clerk of the Circu	it Court of
County.	rriage license issued for		The second second is a second in the second s
Dated this 29th day of December	er	Signed	Jerry Rairdon anuary , 19 85
	A Distance of the	mil Designation MIIIISCO	. 19.00
		() the could be be a second se	alluar y
Filed and recorded in accordance with the laws of the	Part Distantion of the	4 1110	HENDRICKS Circuit Court

名言語 C

V

- Andrew Marken Marken and

<u>16</u>	
	FINDIANA No. 596
STATE 0.	MADDIACE LICENSE
Form Prescribed By Indiana State Board of Authority	MARRIAGE LICENSE File
Health under Authority HENDRIC	KS County $-12 - 12 - 12 - 12$
effective July 1, 1977	Date of Application
	FEMALE
MALE Depart Dated 12-8-84	Medical Examination Report Dated
MALE Medical Examination Report Dated	Name of Physician R. Stegemoller M.D.
Name of Physician 7, 72, 210 gm of action of the statement - Who	bever procures the issuance of a license to marry by any false statement room
ALL OUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "Faise statement"	Dever procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED. LC. 31-13-0 presentation of the second s	TEMALE AFFLICANT
First Middle Mast	Name at here Middle Last
Marritt Day Year	Date of Birth Month Day Year
ate of Birth Month	Place of Birth (State or foreign country) 1947
lace of Birth (State or foreign country)	Laboutte m.
esidence Address Street or B. R. # City County State	Residence Address of Street or R. R. R. Pity Ployunty State
Emple In apt 3 Britisburg,	Previous Marital Status: Never Married DOR
evious Marital Status: Never Married OR	Previous Marital Status: Never Married C OR Last Marriage Ended By: Death C Divorce Annulment C
Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By. Death - Divorce - Annuiment -
te of birth verified by:	
Privers License	Other (Specify) A reverse License
Uther (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind? No V_{es} D
Are you now or have you ever been adjudged to be of unsound mind? No D Yes D If answer is "yes", has the adjudication been removed? No D Yes D	If answer is "yes", has the adjudication been removed? No \mathbb{Q}_{Yes} No \mathbb{Q}_{Yes}
If answer is 'yes', has the adjudication occurrence of the second	2. Are you afflicted with a transmissible disease? No Preso
Are you related to the female applicant closer than second cousin? No Ves	3. Are you related to the male applicant closer than second cousin? No B Yes D
Are you now under the influence of intoxicating liquor? No I Yes	4. Are you now under the influence of intoxicating liquor? No 🛛 Yes 🖸
Are you now under the influence of a narcotic drug? No 🖸 Yes 🗆	5. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	6. List the full names of any dependent children.
andrew Marsk 15 yrs	Brett Smith 15 urs.
	ather a laston
Father has legal custody	any funda files
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Ves V If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Marsh Sr.	8. Full name of father William Lynn Barry
Residence of father (if deceased so state) DUBUM DUUG, Phi	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Malana)
Full maiden name of mother Lachie Hudson	9. Full maiden name of mother Cathrine Coleman
Residence of mother (if deceased so state) Brownsburg on Sm	La la tto la
Y.C. I THE	Residence of mother (if deceased so state) A application of the state
Birthplace of mother (State or foreign country) W lathcroft Ry.	Birthplace of mother (State or foreign country) Kentucky
nty of HENDRICKS 88: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS ss: I depose and state the information given in this application is true and correct.
M. M. M.	
Signed Alessett de paister 1	Signed atherine S. Carlton
New Address 42/ & Jessup Comfuld m.	New Address 421 E. Jessus Rd. Plain
scribed and sworn to before me this 10th day of Nec. , 19.8.4	Subscribed and sworn to before me this 10th day of Dec. 19 ft
Tary Jane Russell Clerk HENDRICKS	$n \rightarrow n$
Circuit Court	TT arry and Kussell Clerk HENDRICKS Circuit Court
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS PARENTS
the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
s, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

State of Indiana,	
County of HENDRICKS ss:	State of Indiana, County of HENDRICKS
Signed	P.45
Signed	Signed
Subscribed and sworn to before me this	Signed
	Subscribed and sworn to before me thisday of
COMPLETE AT	CI
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Co	T. A marriage license having been refused to the above named parties, purt by written order issuedand f
Re It Down RETURN OF MARRIAGE	E AND MARRIAGE CERTIFICATE HENDRICKS
of Indiana dated the	nd
Filed and recorded in accordance with the laws of the State of Indiana this	

a Prescribed By STATE OF APPLICATION FOR APPLICATION FOR	F INDIANA No. 597 MARRIAGE LICENSE
th under Autors 2. 31-1-3-2 tive July 1. 1977	KS File
	County
MALE Institution Report Dated	FEMALE Date of Application
MALE Medical Examination Report Dated	Medical Examination Report Dated
Name of Physician	Name of Physician
QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Who be fined in any sum not exceeding five hundred dollars (\$500,00)".	oever, procures the issuance of a license to marry by any false statement, representation or pretense
be fined in any sum interest and a sum interest and	and the second
e Hirst Middle Allast	FEMALE APPLICANT Name First
Norman & alasherres	Date of Birth Matter Alle Hanniel
of Birth Mopth Day Year 1916	Abith Day Year
e of Birth (State or foreign country)	Place of Birth (State or foreign country) 30 1924
ence Address R Street or R. R. City County State	Residence Address Street or R. R. City County State
ious Marital Status: Never Married OR	Jun Acte, Lot (Tooresvelle h.
Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate D Judicial Decree
We Lines	Judicial Decree
B Other (Specify)	Other (Specify)
re you now or have you ever been adjudged to be of unsound mind? No Yes answer is "yes", has the adjudication been removed? No Yes a	1. Are you now or have you ever been adjudged to be of unsound mind? No PYes D
answer is "yes", has the adjudication open removed.	If answer is "yes", has the adjudication been removed? No I Yes I
re you afflicted with a transmission discuss?	2. Are you afflicted with a transmissible disease? No □ Yes □ 3. Are you related to the male applicant closer than second cousin? No □ Yes □
re you related to the related upper the influence of intoxicating liquor? No Ver O	
re you now under the influence of a narcotic drug? No Ves D	 4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Yes D
st the full names of any dependent children.	6. List the full names of any dependent children.
	the second s
re you required by any court order or orders to support the above	7 Are you required by any must adapt at the set of the
ependent children? No 🗆 Yes 🗆	 Are you required by any court order or orders to support the above dependent children? No Ves D
answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
ompliance with any court order of orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Antonic Antonic States	8. Full name of father All autour
Residence of father (if deceased so state)	Residence of father (if deceased so state) Allasta
Birthplace of father (State or foreign equatry)	Birthplace of father (State or foreign country)
Fullmaiden name of mother Innie Kooloop	9. Full maiden name of mother Bessee Byrley
diara l	An Neveral
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given
HENDRICKS ss: I depose and state the information given in this application is true and correct.	County of
Chrise Helplanne	Wilm, Lea Hamel
Signed for the black of the	PP/ Box 535-Camber
New Address / R. JOX 333 Jampy, 14	New Address
scribed and sworn to before me this day of 1974	Subscribed and sworn to before me this day of HENDRICKS
Muy Jul Kusself Clerk HENDRICKS Circuit Court	Any All Usel Clerk Clerk Circuit Court
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
s, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
e of Indiana, https://www.sec.org/action/a	State of Indiana, HENDRICKS
nty of	Father
Signed	Signed
Signed	Signed
scribed and sworn to before me this	Subscribed and sworn to before me this
	Cleri
Clerk	I refused to the above named parties, the
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	URT. A marriage license having been refused to the above named parties, the and filed
	Court by written order about
authorizes and directs the issuance	of a marriage set
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
be It Remembered, there was filed in my office a marriage lic	ense issued of the Off
Indiana dated the 18th day of fucents	M, 19, authorizing the ferming t
HARVEY GEORGE GOLDSBERRY	and <u>WILMA LEA HAMIL</u> office, to-wit: <u>und</u> 28th <u>day of December</u>
Pour remembered, the following marriage certificate was filed in my	ana
thousand mine I is a set of the form	hereby certify that on the 28th aug of Morgan at Morresville , County of Morgan of Hendricks County, State of Indiana
HARVEY GEORGE GOLDSBERKI	County, State of
WILMA Lea namii	that purpose by the Clerk of the Circuit Court of
C D1 mo unit 1	All and a second s
unty.	
unty.	14
ted of me united in marriage as authorized by a marriage license issued fo anty. ted this28thday ofDecember, 19.8 day and recorded in accordance with the laws of the State of Indiana this	Signed /s/John A. Leffer

V

Alternation kinning

1731

State State

48	
	FINDIANA No. 598
STATE O	MADDIAGE LICENSE
Form Prescribed By Indiana State Board of Authority	MARRIAGE LICENSE File
Health under Authority	
Effective July 1, 1977	Date of Application
	FEMALE Medical Examination Report Dated//-27.84/
MALE I I Papart Dated 11-27.84	
MALE Medical Examination Report Dated	Name of Physician Batista
Name of Physician Batista	ocycr procures the issuance of a license to marry by any false statement, representation or so
	oever procures the issuance of a license to marry by any false statement, representation or pretens
ALL QUESTIONS MUST BE ANSWERED. LC 41-1594 percent of the second shall be fined in any sum not exceeding five hundred dollars (\$500.00)" MALE APPLICANT	Event HURD
First Middle D-10 (Mat)	andila sue V. fail
Name Heven Day Year	Date of Birth Month Day Year
Date of birth Month 19 1964	Place of Birth /State or foreign country)
Place of Birth (State or foreign country) Indiana	Residence Address Street or R. R. City County
Street or R. R. City, County place 2.	2738 Funchum ale BBuen Herdry &
10802 71950E Brownsfully Maduals MC	Previous Marital Status Never Married COR
Previous Marital Status: Never Married OR	Last Marriage Ended By Death D Diverse D Annulment D
Annument	Date of birth verified by De Birth Certificate D Judicial Decree
Date of birth verified by: Birth Certificate D Judicial Decree	
	Other (Specify)
Other (Specify) No ⁻ Yes	1 Are you now or have you ever been adjudged to be of unsound mind? No P Yes
1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes If answer is "yes", has the adjudication been removed? No Yes	If answer is "yes" has the adjudication been removed? No D Yes D
If answer is "yes", has the adjudication occurrence of the second	2 Are you afflicted with a transmissible disease" No D Yes
Are you afficted with a Gaussian applicant closer than second cousin ² NoD Yes	3. Are you related to the male applicant closer than second cousin" NoD Yes
A are you now under the influence of intoxicating liquor'	4 Are you now under the influence of intextenting liquar? No P Yes
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narossie drug? NoQ Yes
6. List the full names of any dependent children	6. Last the full names of any dependent children.
	Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children? No D Yes D	dependent children' No 7 yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application he accompanied by satisfactory proof that yes are in
compliance with any court order, or orders issued for their support	compliance with any court order or orders issued for their support
8. Full name of father Richard Calward Bostman St-	* Full risme of tather Marles Xear Rallelo
Residence of father (if deceased so state) Induana	Residence of tather (if doneased as state) Incligna
Birthplace of father (State or foreign country) Inclance	Hirthplace of tather Brane or tareign country Indiana
9. Full maiden name of mother Mary anne Mobles	Provide Sera Agrand
e un maiden name of mother	> Full marden name of mother COPPERA States State MUD
Residence of mother (if deceased so state)	Roudence of mother is deceased so states Photoma
Birthplace of mother (State or foreign country) high and	Harthplace of mother (Bitate or foreign country) hechana
State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana.
County of	County of HENDKICKS and in this application is true and correct
Signed Alvin Leseman	Signos angela S. Butch
New Address 10802 19502 BIOWS Shurs	New Address 10802 71.950 C
Subscribed and sworn to before me this day of there is y	11 Dear here?
Marin Jane Russel HENDRICKS	Subscribed and eworn to before me this
Circuit Court	- marg Jane Maachtaine HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnocessary

State of Indiana,

Signed			County of HENDRICKS	} #83
		Father	Signed	
Signed		Mother	Signad	
Subscribed and sworn to before m	day of	10		
			Subscribed and sworn to before me th	his day of a manual community and
COMPLETE		Clerk	and a state of the	
HENDRICKS	GE LICENSE ISSUED BY ORDEI 	R OF COURT.	A marriage license having b	een refused to the above named par
in	County	Cour	t by written order issued	
	authorizes and directs	the issuance of a	marriage license to the above	named narties
The Tit 20 and	RETURN OF MARRIA	CF LICENCE	a neense to the apove	nameu parties.
of Indiana La Aremen	nbered, there was filed in my office a r Sth. day of	GE LICENSE	AND MARRIAGE CERTIFIC	ATE HENDRICKS Circl
of Indiana dated the	DIA	in a ge wenge	issued by the clerk of the	THE REPAIRS
Be it further KEVIN ROS	SEMAN the following man and set of the following	muer	19 89, authorizi	ng the joining together as husband
- o to further remembered,	the following marriage			
I More a	g marriage certificate ana	and and	ANGELA SUE KUTCH	The second se
I, Mary Lee	Comer Comer	filed in my offic	ANGELA SUE KUTCH	
I, <u>Mary Lee</u> one thousand nine hundred	SEMAN the following marriage certificate was Comer	filed in my offic	ANGELA SUE KUTCH	
State of Indiana C	and eighty-four	filed in my office	e, to-wit: reby certify that on the 18	
State of Indiana, Groom and, Bride	and eighty-four KEVIN ROSEMAN	filed in my offu her	e, to-wit: reby certify that on the 18 Danville Hendricke	th day of December , County of HENDRICKS
State of Indiana, Groom and, Bride	and eighty-four KEVIN ROSEMAN	filed in my offu her	e, to-wit: reby certify that on the 18 Danville Hendricke	th day of December , County of HENDRICKS
State of Indiana, Groom and, Bride were by me united in marri	and eighty-four KEVIN ROSEMAN ANGELA SUE KUTCH age as authorized b	filed in my offi her at of	ANGELA SUE KUTCH re, to-wit: Teby certify that on the 18 Danville Hendricks Hendricks	th day of December , County of HENDRICKS
State of Indiana, Groom and, Bride were by me united in marri	and eighty-four KEVIN ROSEMAN ANGELA SUE KUTCH age as authorized b	filed in my offi her at of	ANGELA SUE KUTCH re, to-wit: Teby certify that on the 18 Danville Hendricks Hendricks	th day of December , County of HENDRICKS
State of Indiana, Groom and, Bride were by me united in marri County. Dated this	andeighty-four KEVIN ROSEMAN ANGELA SUE KUTCH age as authorized by a marriage licen. 	filed in my offi her at of se issued for the , 19 84	ANGELA SUE KUTCH re, to-wit: by certify that on the 18 Danville Hendricks Hendricks ut purpose by the Clerk of the C	th day of December , County of HENDRICKS County, State of Indiana County, State of Indiana County, State of HENDRICKS
State of Indiana, Groom and, Bride were by me united in marri County. Dated this	andeighty-four KEVIN ROSEMAN ANGELA SUE KUTCH age as authorized by a marriage licen. 	filed in my offi her at of se issued for the , 19 84	ANGELA SUE KUTCH re, to-wit: by certify that on the 18 Danville Hendricks Hendricks thendricks the purpose by the Clerk of the C Signed /5/ Mary L	th day of December , County of HENDRICKS County, State of Indiana County, State of Indiana County, State of HENDRICKS Circuit Court of HENDRICKS
State of Indiana, Groom and, Bride were by me united in marri County. Dated this	andeighty-four KEVIN ROSEMAN ANGELA SUE KUTCH age as authorized by a marriage licen. 	filed in my offi her at of se issued for the , 19 84	ANGELA SUE KUTCH re, to-wit: reby certify that on the 18 Danville Hendricks Hendricks the purpose by the Clerk of the C Signed /5/ Mary La Signed /5/ Mary La Signed Job Judge Hi 4th	th day of December , County of HENDRICKS. County, State of Indiana County, State of Indiana County, State of HENDRICKS Circuit Court of HENDRICKS
State of Indiana, Groom and, Bride were by me united in marri County. Dated this	and eighty-four KEVIN ROSEMAN ANGELA SUE KUTCH age as authorized b	filed in my offi her at of se issued for the , 19 84 Of cdiana this	ANGELA SUE KUTCH reby certify that on the 18 Danville Hendricks Hendricks the purpose by the Clerk of the C Signed / 5/ Mary La Scial Designation Judge He	th day of December , County of HENDRICKS County, State of Indiana County, State of Indiana County, State of Indiana County, State of HENDRICKS Circuit Court of HENDRICKS ee Comer endricks Superior Crt.I 85

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Forme Costa Board Ol	FINDIANA MARRIACE LICENSE
Indiana State Data Head Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	KS File
MALE instign Report Dated 12-7-84	FEMALE Date of Application
MALE Medical Examination Report Dated 2-7-84 Name of Physician William Edwards	Medical Examination Report-Dated 12-3-84
Name of Physician	Name of Physician William W. Province M. N.
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	
Name First Middle Shine	FEMALE APPLICANT Name First Middle
Date of Birth Month Day Year 11 11 1926	Date of Birth Month Day House
Place of Birth (State or foreign country) North Carolina	Place of Bighth (State or foreign country)
Residence Address Street or R. R. R. City Judges, State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death = Divorce = Annument	Last Marriage Ended By: Death Divorce G Annulment D Date of birth verified by: Birth Certificate Judicial Decree
Dother (Specify)_hluer's Sicense	Dether(Specify)_ Alweis Alema
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes D
If answer is "yes", has the adjudication been removed? No U Yes U 2. Are you afflicted with a transmissible disease? No U Yes U	If answer is "yes", has the adjudication been removed? No U Yes D
3. Are you related to the female applicant closer than second cousin? No Yes D	3. Are you related to the male applicant closer than second cousin? No Yes D
4. Are you now under the influence of intoxicating liquor? No. Yes D 5. Are you now under the influence of a narcotic drug? No. Yes D	4. Are you now under the influence of intoxicating liquor? No Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Howard House
	Jae House
7. Are you required by any court order or orders to support the above dependent children? No Ves D	7. Are you required by any court order or orders to support the above
dependent children? No U Yes U If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Ves If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. 8. Full name of father Ann Aloud Shue, Sr.	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state)	8. Full name of father (if deceased so state) West Virginia
Birthplace of father (State or foreign country) North Carolyna	Birthplace of father (State or foreign country) West Verginia
9. Full maiden name of mother Manny Florence Henshau	9. Full maiden name of mother Douise Mayhard
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) / Outh Carolina State of Indiana, USA USA Law I depose and state the information given	Birthplace of mother (State or foreign country)
County of HENDRICKS Ss: in this application is true and correct.	County of
Signed Jahn UShul	Signed harlatte Heuse New Address (08 20 W Bradfand Rd
New Address / B 20 W ISAAP For Brapes, Sn. Subscribed and sworn to before me this) // day of plecemper, 1984	New Address 108 20 W Bradfand 120 Subscribed and sworn to before me this 1/62 day of Alicember, 19.84
Mary Jave Aussellerk HENDRICKS Circuit Court	Mary Jone Persue HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, up up uc KC
County of HENDRICKS } ss:	County of Ss:
Signed	Signed
Signed	Signed
Subscribed and sworn to before me thisday of, 19, Clerk	Subscribed and short to a clerk
	I A marriage license having been refused to the above named parties, the
I I DRICKS	aunt by written order issued
authorizes and directs the issuance of	of a marriage means
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
of Indiana dated the day of december	nse issued by the clerk of the
Be it further remembered, the following marriage certificate was filed in my o	office, to-wit: 11th day of December,
I, John C. Mowrer	hereby certify that on the
eighty-four	County, State of
State of Indiana, Groom John D. Shue and, Bride. CHARLOTTE HOUSE of	Marion HENDRICKS
County.	that purpose of
Dated this 11th December , 19.84	Tudge, Hendi ions
Filed and recorded in accordance with the laws of the State of Indiana this	day of Decement () (11 Clerk
recorded in accordance with the laws of the State of Indiana this	Signed Mary Jone Mussellicks Circuit Court

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	600
STATE O	FINDIANA No. 600
THE FOR	MARRIAGE LICENSE File
Form Prescribed By Indiana State Board of HENDRIC	12.11.01
Health under Autors Antonio	KS County Date of Application
of I.C. 31-15/2 1, 1977 Effective July 1, 1977	FEMALE
1100084	Medical Examination Report Dated
MALE Medical Examination Report Dated 11-23-84 Philip Batista	Name of Physician hilip Batisto
Medical Examine Philip Batista	
MALE Medical Examination Report Dated <u>Medical Examination Report Dated</u> Name of Physician <u>Philip Balista</u> Name of Physician <u>Philip Balista</u> What has a statement who	oever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
ALL QUESTIONS MUST block even and exceeding five hundred dollars (Souther)	FEMALE APPLICANT
MALE ATTENT	Name First A Middle
Name First Middle Merton	Date of Birth Month Day Licker
James Jong Day Year	Slot 3 1000
726 13	Place of Birth (State or foreign country) 1959
Place of Birth (State or foreign country)	Residence Address Street of R. R. City County State
Residence Address Street or R. R. City County	bab prugane
KA & DON - OR	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by Birth Certificate Judicial Decree
Last Marriage Ended by: Birth Certificate Judicial Decree	Date of birth verified by Dirth Certificate - Judicial Decree
Date of of the terms of	Other (Specify)
Other (Specify) No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes D
1. Are you now or have you ever been adjudged to be of unsound ministry	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?
 Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second cousin? 	3. Are you related to the male applicant closer than second cousin? Not Yes D
Note the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
 Are you now under the influence of a narcotic drug? No Yes □ 	5. Are you now under the influence of a narcotic drug? No Kies D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children? No D Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support. 8 Full name of father Charles Edward Jucker
8. Full name of father Currence Petroven Petroven	8. Full hame of lather Control Control Control
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother La Wanna Townsend	9. Full maiden name of mother Down Elaine alberty
Residence of mother (if deceased so state) Green wood, A.D.	Residence of mother (if deceased so state) Biounsburg, Ind -
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Delinais
State of Indiana	State of Indiana,
County of HENDRICKS	County of HENDRICKS and in this application is true and correct.
signed ament bug appleton	Webra Sea Jucker
New Address / D Prenacto Dr. Brown Day	Signey 22 Ne gan an Dr. Gipipubli
11th	New Address and Alla Carlo And Alla
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of blc 1949
Many Jane Cussel Clerk HENDRICKS Circuit Court	Thay fare Russellaerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

State of Indiana,	
County of HENDRICKS ss:	State of Indiana, HENDRICKS
- Signed	County of
	er Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of 19.
Cle	
HENDRICKS	OURT. A marriage license having been refused to the above named parties,
inCounty	Court by written order issuedand
inauthorizes and directs the issuar RETURN OF MARKET	nce of a marriage license to the above named parties
RETURN OF MARRIACE LICE	a marriage neense to the above hamed parties.
we of Kemembered, there was filed in my office a marrie	ENSE AND MARRIAGE CERTIFICATE license issued by the clerk of the
of Indiana dated the	icense issued by the clerk of the
Be it further more DOUGLAS GERTON	license issued by the clerk of the HENDRICKS Circuit C Circuit C Circuit C Circuit C Circuit C Circuit C
Be it further remembered, the following marriage certificate was filed in a Rev. James R. Nash	and DEBRA LEA TUCKER
and bit	
one thousand nine hundred and eighty-four State of Indiana	hereby certify that on the 22nd day of December
and Bride	hereby certify that on the 22nd day of December at Indianapolis County of Marion
DEDDA	
County County as authorized 1	nendricks County State of
Dated this22nd	for that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this22ndday ofDecember, 19	84
Fil. 2	Signed /s/ Jerry R. Nash
rued and recorded in accordance with the l	Official Designation Minister
and the laws of the State of Indiana thi	Signed /s/ Jerry R. Nash Official Designation Minister 8
	Signed Mary January LENDRICKS Circuit C
	Signed Mary Jose Russell HENDRICKS Circuit C

m Prescribed By iana State Board of APPLI alth under Authority I.C. 31-1:3:2 ective July 1, 1977	STATE OF CATION FOR M HENDRICKS	ARRIAGE LICENSE
		Date of Application
MALE Medical Examination Report Dated 12-5-	84	FEMALE Medical Examination Report, Dated 11-26-34
Name of Physician . Walker	instance of Plant	Name of Physician 9. Baller
	bed "False statement-Whoev	ver procures the issuance of a license to marry by any false statement, representation or pretense
LL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 preserved all be fined in any sum not exceeding five hundred dollars (\$500 MALE APPLICANT	<u></u>	
me First Middle R	Last	Name Pirst Market
te of Birth Menth Day	Year	Date of Birth Month Lie Hornadan
ace of Birth (State or foreign country)	(76)	Place of Birth (State or foreign country) Day 1963
and i	County State	Residence Address / Street or B. R. Cond.
9 Junewage , Drawnsung	h .	3/10 Wheeler St Moorewelle State
evious Marital Status: Never Married OR st Marriage Ended By: Death Divorce Annulment	- Andrew Market - A	Previous Marital Status: Never Married OR
st Marriage Ended By: Death - Directer Judicial Decree	P at belline the largest	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree
Que Herringer	1714	
Other (Specify)	No ZYes D	Other (Specify)
Are you now or have you ever been aujudged to be or unsolid initial. If answer is "yes", has the adjudication been removed?	No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □
Are you afflicted with a transmissible disease?	No Ves D	2. Are you afflicted with a transmissible disease? No 🛛 Yes 🛛
Are you related to the female applicant closer than second cousin?	No Yes D	3. Are you related to the male applicant closer than second cousin? No D Yes D
Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug?	No Yes	4. Are you now under the influence of intoxicating liquor? NoD Yes D 5. Are you now under the influence of a narcotic drug? No D Yes D
List the full names of any dependent children.	and a ministration of a	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
Are you required by any court order or orders to support the above		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 sat	No Yes	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.		compliance with any court order or orders issued for their support.
Full name of father / Manias K. Semella	ut	8. Full name of father / urrey Homaday
Residence of father (if deceased so state) Braunder	gle.	Residence of father (if deceased so state) Aleccasta
Birthplace of father (State or foreign equatry)		Birthplace of father (State or foreign country)
Full maiden name of mother and S. Web	er	9. Full maiden name of mother July C. Kush
Residence of mother (if deceased so state)	and the second s	Residence of mother (if deceased so state) Mitchell, h.
Birthplace of mother (State or foreign country)	Section Section 20	Birthplace of mother (State or foreign country)
tate of Indiana, I depose and st	ate the information given tion is true and correct.	State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.
ounty of	tion is true and correct.	County of Parcel & Hormadau
Signed & Muncha	ut Tu	Signed 10 Programman DR
New Address M Inthity Dr. Dr.	ansbirg to.	New Address / Chownes bung Inc.
ubscribed and sworn to before me this day of) ee	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
Massy Jan Kussell Clerk HEND	RICKS Circuit Court	71 flezel full full Clerk Clerk
ONSENT OF PARENTS, PARENT OR GUARDIAN	PERSONAL PROPERTY AND INCOME.	CONSENT OF PARENTS, PARENT OR GUARDIAN
Ve, the parents, of this applicant hereby give consent for this man	riage If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
gns, state facts which render the consent of the other parent un		signs, state facts which render the consent of the other parent unnecessary
		State of Indiana, URNIDDICKS
county of HENDRICKS ss :		County of
	Father	Father
Signed.		Signed
Signed		Subscribed and sworn to before me this
ubscribed and sworn to before me this		Subscribed and
		I having been refused to the above named parties, the
OMPLETE IF MARRIAGE LICENSE ISSUED E	BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the ourt by written order issuedand filed of a marriage license to the above named parties.
HENDRICKS	Co	ourt by written order issued above named parties.
	nd directs the issuance of	TA MARRIAGE CERTIFICATE UENIDICKS
RETURN OI	F MARRIAGE LICENS	nse issued by the clerk of the
f Indiana dated the /RCL	h lecember	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nese issued by the clerk of the
autou (ne		PANSY SUE HORNADAL
se it further remembered, the following marriage cert	tificate was filed in my	office, to-wit: hereby certify that on the
me thousand		and
State of a		Hendricks
nd, Bride	r	ofHendricksCounty, State of Indiana Hendricks
vere by me united in marriage as authorized by a	DAY	that surpose by the Clerk of the Circuit Court of
ounty.	er 84	A Signed /s/ Phillip E. Poe
Dated this 22nd Descent	10	at and 101 million and 101 million
Dated this	, 19	Associate Pastor
Dated this 22nd Decemb Filed and recorded in accordance with the laws of the	, 19	Official Designation January , 19 85



252			
	STATE OF L	INDIANA	No. 602
	STATE OF I	IARRIAGE LICENSE	D'il
Form Prescribed By Indiana State Board of APPLICATION	N FOR M	AKNAGE HOLAD	File
Haalth under Authority	HENDRICKS	County	_12-13-510
eff. IC. 31-1-3-2 Effective July 1. 1977			Date of Application
		FEMALE	11 11 Encacion
12/20/84		Medical Examination Report Da	ited_11-16-84
MALE Medical Examination Report Dated 2/20/84 Medical Examination Report Dated 12/20/84	2 1	AMILIAN HAL	mont.
Then A. Maring "	2.12.	Name of Physician All	a marin
Name of Physician MUM 7N. That a standard of Physician All QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False states and a state of the stat	Whoeve	er procures the issuance of a license to marry l	by any false statement more
t c at 1.2.6 prescribed "False sta	atement - white w		representation or pr
L II he fined in any sum not contained		FEMALE	APPLICANT
Shall be three to day MALE APPLICANT	Trant is	Name A First	Middle
Name First Middle	al	Debra 7	unn In b Last
andrelle Inomas Year		Date of Birth Month	Day Xear
Date of Birth Month 10 1960	3	Place of Birth)(State or foreigh country)	9466
Place of Birth (State or foreign country)		Indols	and the second
Rencand County	State	Residence Address Street or R. R.	City County
Residence Address Street or R. R. De muelle Hendres	alle mil	1504 Tachwood A	1. Denville Stend Stat
6506 Rechurron Augura and		Previous Marital Status: Never Married OR	And a second second second
Previous Marital Status: Never Married OR		Last Marriage Ended By: Death Divorce D	Annulment D
Last Marriage Ended By: Death Divorce Annulment		Date of birth verified by: Birth Certificate	and the second
Date of birth verified by: Birth Certificate Judicial Decree		Date of birth verified by: - Birth Certificate	Judicial Decree
	1		
Other (Specify)		Other (Specify)	
Other (Specify) Note:	No Yes	1. Are you now or have you ever been adjudged to	be of unsound mind? Not
No	No Yes	If answer is "yes", has the adjudication been rem	
	No Yes	2. Are you afflicted with a transmissible disease?	
2. Are you afflicted with a transmissible disease.		 Are you related to the male applicant closer that 	n second cousin?
3. Are you related to the female applicant closer than second cousin.	to C Yes C		No-C
4. Are you now under the influence of intoxicating inquot.		4. Are you now under the influence of intoxicating	Nou
5. Are you now under the influence of a narcotic drug? No	No Yes	5. Are you now under the influence of a narcotic dr	rug? No D
6. List the full names of any dependent children.		6. List the full names of any dependent children.	
		7 Are you required here	
7. Are you required by any court order or orders to support the above dependent children? No	o 🗆 Yes 🗆	Are you required by any court order or orders to dependent children?	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that	at you are in	If answer is "yes", it is required that this Applicat	No D
compliance with any court order or orders issued for their support.		compliance with any couff order or orders issued	for their support. In h.
8. Full name of father fillen Mall Ford		8. Full name of father 10 10 10 10 10	suce procens
Residence of father (if deceased so state) Namuelle, Indea	na	Residence of father (if deceased so state)	p15-
Indiana)		Y	DYLIADIA
Birthplace of father (State or foreign country)		Birthplace of father (State or foreign country)	N. Orgenia.
9. Full maiden name of mother Sulla Jours Mar	ull	9. Full maiden name of mother Shirly	, lin Finsler
Residence of mother (if deceased so state) Danvelle Sudian	111		da Mini
Residence of mother (II deceased so state)	na	Residence of mother (if deceased so state)	up pranwood
Birthplace of mother (State or foreign country) Arallana		Birthplace of mother (State or foreign country)	v. Urainia
State of Indiana, HENDRICKS }ss: I depose and state the informati	tion given	State of Indiana,	Jorac
County of	d correct.	County of HENDRICKS	ss: I depose and state the information g in this application is true and corr
Signed another & Logel		$\left(\left(\right) \right)$	- (0 1 1
Signed ANN Lev J. J. OUX		Signer Aleve	a L Genkine
New Address		New Address 6 506	Pinhorana Drive
Subscribed and sworn to before me this The the day of Allember	1.84	1.00	2 - Mar
mainter	., 19.	Subscribed and sworn to before me this	day of All
HENDRICKS Circu	cuit Court	any Jane dusel	Melerk HENDRICKS Circuit C
			Circuit C
CONSENT OF PARENTS, PARENT OR GUARDIAN			
		CONSENT OF PARENTS, PARENT OR GUA	RDIAN-
We, the parents, of this applicant hereby give consent for this marriage. If only on	ne parent	We, the parents, of this applicant hereby give	consent for this marriage. If only one pa
signs, state facts which render the consent of the other parent unnecessary			
	S	signs, state facts which render the consent of	the other parent unnecessary
State of Indiana,			
County of HENDRICKS } ss:		State of Indiana,	
		HENIDDICKS	St. 2 Statement and
Signed		County of	
	Father	Signed	Fat
Signed			
subscribed and sworn to before me this	Mother	Signed	Mot
	, 19 S	ubscribed and sworn to before me this	
	Clark		
COMPLETE IF MARRIAGE	Clerk		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF HENDRICKS)F COUDT		
County	A COURT. A	marriage license having been refu	sed to the above named parties, f
nauthorizes and directs the i	Court }	by written order issued	and fi
	issuance of a r	marriage license to the above nemed n	narties
Be It Remainly RETURN OF MARRIAGE	LICENSE	per needse to the above named p	Jai tics.
are by incompensed at	LICENSE AT	ND MADE	
day of the	0 11001130 13	ssued by the clerk of the	IENDRICKS Circuit Con
f Indiana dated the day of day of day of	sup	10.85	ining together an buchand and w
he it further remembered, the following marriage certificate was filed	1	, 19.C., authorizing the jo	oining together as husband and a
in the second se	d in my office	4	
ne thousand nine hundred and	l o pice,	www.	
tate of Indiana Commentation	nerel	by certify that on the	day of
ne thousand nine hundred and	at		, County of
tate of Indiana, Groom nd, Bride ere by me united in marriage as authorized by a marriage license iss ounty. Pated this	of		the State of
ere by me united in marriage as authorized by a marriage license iss ounty. ated this	of	Cou	nty, State of
ated this	sound t	Cou	enty, State of
day of	suca for that	purpose by the Clerk of the Circuit Co	HENDRICKS
Dated this	10		
	, 19		
Filed and recorded in accordance with the laws of the State of Indiano		Signed	
with the laws of the State of In 1	Offici	al Designation	
indiane	a this		, 19
			Cler
	Sig	ned	A REAL PROPERTY OF A REA
	Sign	ned	HENDRICKS Circuit Cou

Application for the second state	OF INDIANA MARRIAGE LICENSE ICKS File
f LC. 31-1-3-2 HENDR	County
12-11-84 1918	FEMALE Date of Application
MALE Medical Examination Report Dated 2-11-84	- MULTILLE
Name of Physician Droth Posqui	Medical Examination Report Dated 12-4.84
Name of Physician	Name of Physician Haggard
LL QUESTIONS MUST BE ANSWERED, I.C. approximation prescribed "False statement-V	hoever procures the issuance of a license to marry by any false statement, representation or pretense
all be fined in the MALE APPLICANT	
ame J. First - Middle Arch Last	Name First
William in allo	- Patty Charles / Last
ate of Birth Month 29 1953	Month Day Homaday
ace of Birth (State or foreign country)	Place of Birth (State or foreign country) 25 1949
sidence Address Street or R. R. City - Caunty State	7 Residence Address - Street or R. R. City
yourrage M. mpounda social and	- 14 Oakridge Mooresuelle Hendrecke State
revious Marital Status: Never Married OR	Previous Marital Status: Never Married O OR
st Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annuiment D
ate of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
Dother (Specify) Dr. U.C.	· · · ·
Are you now or have you ever been adjudged to be of unsound mind? Not Yes D	D Other (Specify) du - Lecencie
Are you now or nave you even dean application been removed? No D Yes D	If answer is "yes" her the did is the did to be of unsound mind? No Yes
If answer is yes, has the adjustices and the adjust	If answer is "yes", has the adjudication been removed? No U Yes U
Are you afficted with a camele applicant closer than second cousin? Note Yes	2. Are you afflicted with a transmissible disease? No D Yes D
Are you now under the influence of intoxicating liquor? No.D Yey	A Are you remark as the male applicant closer than second cousin? No Yes
Are you now under the influence of a narcotic drug? No Ves D	5 Annual 111 - 105 -
List the full names of any dependent children.	 6. List the full names of any dependent children.
linthony Michael Look	
the manufacture of the second s	Sarry Lee Homaday
	Jennifer Sugan Hornaday
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Ves D
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
Full name of father Robert D. Cook	compliance with any court order or orders issued for their support. 8. Full name of father Confect Manuell Mudd
Waloash Da	O. J.
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother frank Thank prock	5 9. Full maiden name of mother Mind Freye Bearty
Residence of mother (if deceased so state) Wabash, M	Residence of mother (if deceased so state) Indiance
Pust	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
bunty of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana. HENDRICKS County of. HENDRICKS Bs: I depose and state the information given in this application is true and correct.
Valle and	P.F.I.
Signed Signed	Signed atty Homalay
New Address 14 Oakridge Dr Mocresvill	New Address 14 Oak Ridge Dr. Thoosen
day of All	Subscribed and sworn to before me this 13 day of allocomile 19 8
Mary The Auxilla HENDRICKS	Mary ane Russell Clerk HENDRICKS Circuit Court
ClerkClerkCircuit Court	
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
as, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
te of Indian	
nty of HENDRICKS	State of Indiana, HENDRICKS
	County of
Signed	Signed
Signed	Signed
ADDIEL	Subscribed and sworn to before me this
scribed and sworn to before me this day of, 19,	Subscribed and sworn to before internet and and sworn to before internet an
Clerk	
MPLETE IF MARRIAGE	URT. A marriage license having been refused to the above named parties, the
HENDRICKS	JRT. A marriage license having been refused and filed Court by written order issuedand filed
authorizes and directs the issuance	for many license to the above named parties.
authorizes and directs the issuance	e of a marriage needs to
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
the It Remembered, there was filed in my office a marriage lie	ISE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court tense issued by the clerk of the
day of MlC	and PATTY CHERYL HARNADAY
WILLIAM M COOV	
	office, to-wit. January
DONAL DONAL D	
DONALD ENDSLEY	at State of
thousand nine hundred and 85	TADA
thousand nine hundred and 85	of HEALPHIER
thousand nine hundred and 85 te of Indiana, Graam	of HEALPHIERE
thousand nine hundred and 85 te of Indiana, Graam	HENDRICKS County, State of HENDRICKS
DONALD_ENDSLEY thousand nine hundred and 85 te of Indiana, Groom BridePATTY_CHERYL_HORNADAYof e by me united in marriage as authorized by a marriage license issued for nty.	THENDRICKS County, State of HENDRICKS r that purpose by the Clerk of the Circuit Court of HENDRICKS
DONALD ENDSLEY thousand nine hundred and 85 e of Indiana, Groom WILLIAM M. COOK b Bride PATTY CHERYL HORNADAY of e by me united in marriage as authorized by a marriage license issued for nty. ed this lst day of January 19	of HENDRICKS County, State of HENDRICKS HENDRICKS r that purpose by the Clerk of the Circuit Court of HENDRICKS 85 Signed /s/ DONALD ENDSLEY
DONALD_ENDSLEY thousand nine hundred and 85 te of Indiana, GroomWILLIAM_MCOOK	of
DONALD ENDSLEY thousand nine hundred and 85 te of Indiana, Groom WILLIAM M. COOK b Bride PATTY CHERYL HORNADAY of re by me united in marriage as authorized by a marriage license issued for thy. ted this lst day of January 19	of HENDRICKS County, State of HENDRICKS HENDRICKS r that purpose by the Clerk of the Circuit Court of HENDRICKS 85 Signed /s/ DONALD ENDSLEY



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		OF INDIANA	No lept
		OF INDIANA R MARRIAGE LICENSE	NO
	Form Prescribed By Indiana State Board of Health under Authority HENDR	ICKS	File
	of I.C. 31-1-3-2 Effective July 1, 1977	County	Date of Application
		FEMALE Medical Examination Report Dat	
4	MALE Medical Examination Report Dated 12-1384	0	ed 12-1384
	A C Rerlen	Name of Physician 4	c necan
animenes a see keelille	The prescribed "False statement - m	Theever procures the issuance of a license to marry b	y any false statement, representation or prete
- a star h h f f is a set	ALL QUESTIONS MUST BE ANSWERED. LC. 31-1336 pi exchanges in the second s	Name (/) Firsty	APPLICANT
	Name First Brandle Burnell	Date of Birth Month	Weatherman)
H M M M	Date of Birth Month Month Pay Year Querest 27 1962	Place of Birth (State or foreign country)	10 Year 10 1964
	Place of Birth (State or foreign country) Induand	Residence Address Street or R. R.	diana
다 김 김 아이는 것이 같이 많이 많이 많이 많이 많이 했다.	Residence Address Street or R. R. Lt Lanvelle Undrick M.	_ 253 & Indiana) apt	1 danvelle Hendricke In
	Previous Marital Status: Never Married DOR	Previous Marital Status: Never Married COR Last Marriage Ended By: Death D Divorce A	
	Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death O Divorce O An Date of birth verified by: D Birth Certificate	
的推出。	Date of birth verified by: D Birth Certificate Judicial Decree	& Other (Specify) dle-herenz	
· F - F - F - F - F - F - F - F - F - F	Other (Specify) du - Lecond . No Ves D	Other (Specify) And - Art and a second	of unsound mind?
	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves I If answer is "yes", has the adjudication been removed? No Ves I	If answer is "yes", has the adjudication been remov	Ned Yes
	2. Are you afflicted with a transmissible disease? No 🖓 Yes 🗆	 Are you afflicted with a transmissible disease? Are you related to the male applicant closer than se 	No Yes D
	 3. Are you related to the female applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor? No Yes I 	 Are you retained to the influence of intoxicating liq Are you now under the influence of intoxicating liq 	Not Yes
	5. Are you now under the influence of a narcotic drug? No Tes	5. Are you now under the influence of a narcotic drug	No P Yes D
	6. List the full names of any dependent children.	List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to su	pport the above
	dependent children? No Ves I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? If answer is "yes", it is required that this Application	No Ves D
	compliance with any pourt order or orders issued for their support.	compliance with any court order or orders issued for	
And the first	8. Full name of father frald Wayne Burnell	8. Full name of father James h	voodg Weathermo
	Residence of father (if deceased so state)	Residence of father (if deceased so state)	Indiania
	9. Full maiden name of mother Aandra Surame Marter	Birthplace of father (State or foreign country)	Indiana
	Residence of mother (if deceased so state)	9. Full maiden name of mother fudet	& claime serves
	Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state)	Indiana
	State of Indiana,	Birthplace of mother (State or foreign country) State of Indiana,	I depose and state the information given
	County of County	County of HENDRICKS	in this application is true and correct.
	Signed Derel	signed Sharril	Q Weatherman
	New Address 253 S. INDIANA St. 1. DANVILLE, IN Subscribed and sworn to before me this 14 day of Alechnetica 1984	New Address 253 5.1	indiana St. 1 Danville, I
	Mary Jan Russell HENDRICKS	Subscribed and sworn to before me this	day of 1984
	Circuit Court	Mary Jane Bussell	Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARI	DIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give co	nsent for this marriage. If only one parent
	the other parent unnecessary	signs, state facts which render the consent of the	e other parent unnecessary
		7	

	State of Indiana, County of		
	Signed	State of Indiana, County of HENDRICKS	
	Father	Signed	Father
	Subscribed and sworn to before me this	Signed	Mother
		Subscribed and sworn to before me this	
	COMPLETE IF MARRIAGE LIGDNA		Clerk
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County Courty	. A marriage license having been refused	to the above named parties, the
	in	rt by written order issued	and filed
的科明科	Be It Remembered in RETURN OF MARRIAGE LICENSE	a marriage license to the above named part	ties.
	RETURN OF MARRIAGE LICENSE of Indiana dated the day of Be it further remembered, the following marriage certificate and discussed and for the following marriage certificate and discussed and disc		DRICKS Circuit Court
	Sout further remembered the full BURNELL	, 19, authorizing the joini	ng together as nusband and
明日間 目	Boiles and the was filed in my off	MEATHERMAN	
	the hundred is the hu		
	and, Bride		County of
	County me united in marriage as guilt	Hendricks	, State of Indiana
	Dated this 24th Dated this 24th	t purpose by the Clerk of the Circuit County	, State of HENDRICKS
	day of December , 19 84	in our of the Circuit Court	0/
	Filed and recorded in accordance	Signed /s/ J.V. Boles	
	Off Off	icial Designation Hend. Circuit Co	ourt Judge
	Filed and recorded in accordance with the laws of the State of Indiana this	gned Mary January	, 19O.d
			HENDRICKS Circuit Court

rm Prescribed By fiana State Board of alth under Authority alth 232 APPLICATION FOR	MARRIAGE LICENSE No. 605
I.C. 31-1-3-2 fective July 1, 1977	CKS File
	County 13/14/84
MALE Medical Examination Report Dated 11/29/84	FEMALE Date of Application
	Medical Examination Report Dated
Name of Physician A. Meyemocley, M. W.	Name of Physicia O Y PL TYPE
L QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement-W	hoever, procures the issuance of a license to marry by any false statement, representation or pretense
all be fined in any same	
me First Middle Ine Last	Name First
Month Day Year	Date of Bint attered Middle hast
te of Birth (State or foreigh country)	Day Liuriell
Marcana City	Place of Birth (State or foreign country) 2 1935
idence Address Street or R. R. City . County State	Residence Address - Arter or R. R. Gity Jounty, State
vious Marital Status: Never Married OR	and allevelle Andreaks
Municer Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
te of birth verified by: 🖻 Birth Certificate 🗆 Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree
	· • • •
□ Other (Specify)	Other (Specify) Birth Centeficate
Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes I	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is yes, has the aujutication disease? No yes Are you afflicted with a transmissible disease? No yes	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Xes D	2. Are you afflicted with a transmissible disease? No 🖻 Yes 🗆
Are you now under the influence of intoxicating liquor? No Yes D	 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? No Yes D	5. Are you now under the influence of
List the full names of any dependent children.	6. List the full names of any dependent children.
Light Steven Springer	
Philard Charles Sprenad	
increase	
to in any our out of a order to prove the short	
Are you required by any court order or orders to support the above dependent children? No D Yes	7. Are you required by any court order or orders to support the above dependent children? No C Yes C
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
Fulliame of father Halliam C. Springer	8. Full name of father Ellis M. Theaver
Residence of father (if deceased so state)	Residence of father (if deceased so state) Pittalgeo Dn.
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
Full maiden name of mother Livian B. Cop	Baula 1. Jane Gentres
Full maiden name of mother CALINATION COLORIDA	9. Full maiden name of mother Actual age performent
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Andland	Birthplace of mother (State or foreign country)
te of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct
inty of in this application is true and correct.	County of Det in Min
Signed Lyle () dell, Springer	Signed Patricia Que Maril
New Address.	New Address
pscribed and sworn to before me this 14th day of December, 1984	Subscribed and sworn to before me this 14 th day of Alesembers 8
Mary pre Russell Clerk HENDRICKS Circuit Court	Maker ane Russell Clerk HENDRICKS Circuit Cour
Cier k	
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
	signs, state facts which render the consent of the other parent unnecessary
is, state facts which render the consent of the other parent unnecessary	signs, state facts which fender the constant
e of Indiana,	State of Indiana, HENDRICKS
nty of HENDRICKS } ss :	County of
Signed. Father	SignedFather
	Signed
SignedMother	Signed
scribed and sworn to before me this day of, 19,	Subscribed and sworn to before me this
Clerk	
MPLETE IE MADEL	IRT. A marriage license having been refused to the above named parties, the
HENDRICKS ISSUED BY ORDER OF COU	IRT. A marriage license having been relieved and filed a
authorizes and directs the issuance	Court by written order issued above named parties.
authorizes and directs the issuance	of a marriage license to the unit
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Course issued by the clerk of the
We It Remembered, there was filed in my office a marriage lic	ense issued by the clerk of the mining together as husband and wife
day of Nellsnell	DATRICIA SUE MERRITT
LYLE O'DELL SPRINGER it further remembered, the following marriage certificate was filed in my	ense issued by the clerk of the
Rev. Joseph D. City	office, to-wit: hereby certify that on the19thday ofDecember hereby certify that on the19thday ofHendricks Danville, County ofIndiana
thousand nine hundred aichter four	hereby certify that on the19thday ofHendricks
te of Indiana, Groom LYLE O'DELL SPEINCEP	at Danville , County, County of Indiana of Hendricks of Indiana Hendricks County, State of Indiana Hendricks County, State of Hendricks Hendricks County, State of Hendricks Hendricks County, State of HENDRICKS Het murnose by the Clerk of the Circuit Court of HENDRICKS
Dis Groom HILL O DELL SPRINGER	
ATAICIA SUE MERKIII	that murpose by the Clerk of the Circuit Court of
e by me united in	
nty. marriage as authorized by a marriage license issued for	
nty. and in marriage as authorized by a marriage license issued for	c ctump
nty. Interval in marriage as authorized by a marriage license issued for ed this	4 Signed /s/ Rev. Joseph D. Stump
nty. Interval in marriage as authorized by a marriage license issued for ed this	4 Signed /s/ Rev. Joseph D. Stump Official Designation Minister 4th day of January , 19 85. Signed Mary Janue Ruessell Signed HENDRICKS Circuit Court



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A WARMAN AND A MANDAL

MATHEMANN MATHEMANN HENDRICS County District of the grade	STATE	OF INDIANA No. 606 MARRIAGE LICENSE File
HENDRICK County HENDRICK County HENDRICK Date of Application MALE Male Male Date of Application Date of Application Male Male Male Male Male Date of Application Male Ma	Form Prescribed By APPLICATION FOR	MAKKIAGE LICENSE File
MALE Name	HenUK	ICKS County /2 - 14 au
MALE Medical Doministion Report Dated D2 10-54 Market Distribution The Controlling Distribution Market Distribution Distribution Market Distribution Market Application Market Distribution Market Application Market Distribution Market Application Market Distribution Market Application Market Distribution Market Distribution Market Distribution Market Distrib		Date of Application
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Name of Physician Market All characterized in the second relative scattering in the second of a larence to marry to any fact distance representation in the second relative scattering in the second relative scatterelative scattering in the second relative scattering	MALE 12-10-84	0
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Name Hard Total Hard	MALE APPLICANT	Name 7 /First ~ Midgle
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Files of Birth (Salar Merey Married Exactly Statements) File Statement (Salar Merey Marrie	Date of Birth Month 17 1957	march 29 Year
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Dase of birth verified is: D [*] Birth Certificate D Judical Decret Other (Specify) A region are of have you ever been adjudged to be of unsmuch mind? No Tro D A region are of have you ever been adjudged to be of unsmuch mind? No Tro D A region are of have you ever been adjudged to be of unsmuch mind? No Tro D A region are of have you ever been adjudged to be of unsmuch mind? No Tro D A region are of have you ever been adjudged to be of unsmuch mind? No Tro D A region are of have you ever been adjudged to be of unsmuch mind? No Tro D A region are of have you ever been adjudged to be of unsmuch mind? No Tro D A region are of have you ever been adjudged to be of unsmuch mind? No Tro D A region are of have you ever been adjudged to be of unsmuch mind? No Tro D A region are of have you ever been adjudged to be of unsmuch mind? No Tro D A region are of have you ever been adjudged to be of unsmuch mind? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of a narceite drug? No Tro D A region are under the influence of narceite are of the area of any dependent childres. A region area of any dependent childres A region area of any dependent childres A region area of any dependent childres A region area of the ref drug area of a narceite area of a narceite area of any dep	Previous Marital Status: Never Married Con Annulment	
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HENDRICKS County of 58: State of Indiana, HENDRICKS County of Signed ... Father Father Signed. Signed ... Mother Mother Signed. ., 19..... . 19..... Subscribed and sworn to before me thisday of...... ...Clerk Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS Superior II Court by written order issued 3 day Ware and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the JEFFREY ALLEN HALL Be it further remembered, the following marriage certificate was filed in my office, to-wit: KIMBERLY MICHELE GREEN one thousand nine hundred andeighty-four hereby certify that on the 14th day of December State of Indiana, Groom Jeffrey Allen Hall at Indianapolis , County of Marion and, Bride_______Kimberly Michele Green ______of _____Marion ______County, State of ______Indiana______ were by me united in marriage as authorized to find the formation _______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 ______ 14th _____ December _____, 19.84 ____ Filed and recorded in accordance with the laws of the State of Indiana this..... Signed /s/ Douglas M. Hendren Official Designation Minister ., 19. 85 4thday of January Cler Mary Jane Russell SignedCircuit Court HENDRICKS

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tate of Indiana, bounty of HENDRICKS }ss:	
County of	Father
Signed	
Signed Mother Signed	Mother
ubscribed and sworn to before me this day of 19	, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named par HENDRICKS	ties, the
HENDRICKS County	and filed
County	and a second
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the	it Court
e it further JAMES DAVID COOPER and ANITA JO SURFACE	
e it further remembered, the following marriage certificate was filed in my office, to-wit: ALICE L. HUPP	
hereby certify that on the, County of	. ,
tate of Indiana G. County, State of INDIANA	, (S,
d, Bride	, (<u>S</u> ,
ere by me with the AN LTA TO SUPFACE of HENDRICKS	, (<u>S</u> ,
nuty. The marriage as authorized by a marriage license issued for that purpose of the	, (<u>S</u> ,
ated this21stday ofDECEMBER, 1984 Signed/s/ ALICE L. HUPP	, <u>(S</u> ,
INTERM INTERM. MINISTER	, (S,
iled and recorded in accordance with the laws of the State of Indiana this	, (S, ,
iled and recorded in accordance with the laws of the State of Indiana this 9th day of JANUARY 19.83 Signed HENDRICKS Circui	, (S, ,
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	STATE O	F INDIANA	No. 608
Form Prescribed By	CATION FOR	MARRIAGE LICENSE	File
Indiana State Authority	HENDRIC		12-111 011
6 I.C. 31-1-3-2 Effective July 1, 1977		county	Date of Application
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MALE Benet Dated 12-11	-89	Medical Examination Report D	ated
MALE Medical Examination Report Dated	MR.	Name of Physician T.	Robenson
Name of Physician A. A. A. Morenson	-///	onever procures the issuance of a license to marry	by any false statement
Name of Physician / 1	ed "False statement – whi (00)".		state ment, representation or j
shall be fined in any sum not exceeding the half		FEMALE	APPLICANT
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If answer is "yes", it is required that this Application be accompanied by satisfa compliance with any court order or orders issued for their support. Full name of father (AANA JAYON /C Residence of father (if deceased so state) Birthplace of father (State or foreign country) Full maiden name of mother Residence of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of Indiana,	actory proof that you are in Subsey	If answer is "yes", it is required that this Applic compliance with any court order or orders issue 8. Full name of father (if deceased so state) Birthplace of father (if deceased so state) 9. Full maiden name of mother (State or foreign country) Residence of mother (if deceased so state) Birthplace of mother (if deceased so state)	ation be accompanied by satisfactory proof that yo d for their support. Smith Plainfield In Phio ille M. Pfee Indianiapolis, I. Ohio
If answer is "yes", it is required that this Application be accompanied by satisfa compliance with any court order or orders issued for their support. Full name of father AAAA Juffar // Residence of father (if deceased so state) Birthplace of father (State or foreign country) Full maiden name of mother Acutse Residence of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country) Autor of Indiana, HENDRICKE		If answer is "yes", it is required that this Applie compliance with any court order or orders issue 8. Full name of father <u>Matheway</u> Residence of father (if deceased so state) Birthplace of father (State or foreign country) 9. Full maiden name of mother <u>Matheway</u> Residence of mother (if deceased so state)	ation be accompanied by satisfactory proof that yo d for their support. Smith Plainfield In Ohio ille M. Pfu ndianiapolis, J. Ohio I depose and state the information
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If answer is "yes", it is required that this Application be accompanied by satisfa compliance with any court order or orders issued for their support. Full name of father (if deceased so state) Birthplace of father (State or foreign country) Full maiden name of mother prut foruse Residence of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country) Ate of Indiana, Birthplace of mother (State or foreign country) Ate of Indiana, Birthplace of mother (State or foreign country) Ate of Indiana, Birthplace and state or foreign country) Ate of Indiana, Birthplace of mother (State or foreign country) Ate of Indiana, Birthplace of mother (State or foreign country) Ate of Indiana, Birthplace of mother (State or foreign country) Ate of Indiana, New Address New Address New Address Mary August Hendrick Mary Agaw August Herk, HENDRICK	actory proof that you are in Lubey Walkup the information given is true and correct. C	If answer is "yes", it is required that this Applie compliance with any court order or orders issue 8. Full name of father	ation be accompanied by satisfactory proof that yo d for their support. Init the Plainfield In Plainfield In Plain
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If answer is "yes", it is required that this Application be accompanied by satisfa compliance with any court order or orders issued for their support. Full name of father (if deceased so state) Birthplace of father (State or foreign country) Full maiden name of mother prut doutse Residence of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country) ate of Indiana, muty of HENDRICKS New Address bescribed and sworn to before me this. Mary Dave Dutselberk. HENDRIC DNSENT OF PARENTS, PARENT OR GUARDIAN e, the parents, of this applicant hereby give consent for this marriage	actory proof that you are in Subsey Walkup the information given is true and correct. C	If answer is "yes", it is required that this Applie compliance with any court order or orders issue 8. Full name of father (Indeceased so state) Birthplace of father (State or foreign country) 9. Full maiden name of mother (Indeceased so state) Birthplace of mother (If deceased so state) Birthplace of mother (If deceased so state) Birthplace of mother (State or foreign country) State of Indiana, County of HENDRICKS Signed New Address Subscribed and swern to before me this 1.4 Mary Anne Russe CONSENT OF PARENTS, PARENT OF GU	ation be accompanied by satisfactory proof that you d for their support. Init the Plainfield In Plainfield Info Plainfield In Plainfield In Plainfield In Plainfield In Plainfield In Plainfield Info Plainfield Info Info Info Info Info Info Info Info
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State of Indiana, County of	State of Indiana,
Simel	County of HENDRICKS
Signed	Father
Signed	Signed.
Subscribed and syrorn to before me this	Mother Signed
Subscribed and syrorn to before me this	
	Clark
COMPLETE IF MARRIAGE LICENSE ISSUED IN	
HENDRICKS County	R OF COURT. A marriage license having been refused to the above named parti
in	The issuance of a marriage license to the above named parties.
authorizes and directs	the issuance of a marriage ligence to the characteristic
Be It Bemanten RETURN OF MARRIA	CE LICENSE to the above named parties.
of Indiana dated the	AGE LICENSE AND MARRIAGE CERTIFICATE marriage license issued by the clerk of the HENDRICKS Circuit
Be it further remembered, the following marriage certificate was ne thousand size loc. Walters	and NANCY L SMITH
to the further remembered the full	, 19, authorizing the joining together as husband
Robert Joe Wall	and NANCY L! SMITH
	filed in my office to it
and the hundred	
State of Indiana Groom	hereby certify that on the 22nd day of December
State of Indiana, Groom STEVEN M. HULSEY	hereby certify that on the 22nd day of December at Plainfield , County of Hendricks
State of Indiana, Groom STEVEN M. HULSEY	hereby certify that on the 22nd day of December at Plainfield , County of Hendricks
State of Indiana, Groom STEVEN M. HULSEY and, Bride NANCY L. SMITH were by me united in marriage as authorized by	hereby certify that on the 22nd day of December at Plainfield , County of Hendricks of Houston County, State of Georgia Hendricks Indiana
State of Indiana, Groom STEVEN M. HULSEY and, Bride NANCY L. SMITH were by me united in marriage as authorized by	hereby certify that on the 22nd day of December at Plainfield , County of Hendricks of Houston County, State of Georgia Hendricks Indiana
State of Indiana, Groom STEVEN M. HULSEY and, Bride NANCY L. SMITH were by me united in marriage as authorized by	hereby certify that on the 22nd day of December at Plainfield , County of Hendricks of Houston County, State of Georgia Hendricks Indiana
State of Indiana, Groom STEVEN M. HULSEY and, Bride NANCY L. SMITH were by me united in marriage as authorized by a marriage licens Dated this 4 day of January	hereby certify that on the 22nd day of December at Plainfield , County of Hendricks of Houston County, State of Georgia Hendricks County, State of Indiana se issued for that purpose by the Clerk of the Circuit Court of HENDRICKS , 19. 85
State of Indiana, Groom STEVEN M. HULSEY and, Bride NANCY L. SMITH were by me united in marriage as authorized by a marriage licens Dated this 4 day of January	hereby certify that on the 22nd day of December at Plainfield , County of Hendricks of Houston County, State of Georgia Hendricks County, State of Indiana se issued for that purpose by the Clerk of the Circuit Court of HENDRICKS , 19. 85
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State of Indiana, Groom STEVEN M. HULSEY and, Bride NANCY L. SMITH were by me united in marriage as authorized by a marriage licens Dated this 4 day of January	hereby certify that on the 22nd day of December at Plainfield , County of Hendricks of Houston County, State of Georgia of Hendricks County, State of Indiana se issued for that purpose by the Clerk of the Circuit Court of HENDRICKS , 19 85 Signed /s/ Robert Joe Walters Official Designation Associate Pastor diana this 4th day of January , 19 85
State of Indiana, Groom STEVEN M. HULSEY and, Bride NANCY L. SMITH were by me united in marriage as authorized by	hereby certify that on the 22nd day of December at Plainfield , County of Hendricks of Houston County, State of Georgia Hendricks County, State of Indiana se issued for that purpose by the Clerk of the Circuit Court of HENDRICKS , 19. 85

CDE G

-AMMANIALALA KIMUMI

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	N 4.2
STATE	DF INDIANA No. 608
Form Prescribed By Indiana State Board of Authority	MARRIAGE LICENSE File
Health under Authority HENDRI	
Effective July 1, 1977	Date of Application
	FEMALE Medical Examination Report Dated 12-11-84
MALE Medical Examination Report Dated 12-11-89 Medical Examination Report Dated 90	Do Di ·····
The second secon	Name of Physician M. J. Mober 2016)
Name of Physician A . A . A ob Constant - Faise statement - W	hoever procures the issuance of a lacense to marry by any false statement, represented
ALL QUESTIONS MUST BE ANSWERED, 10: 31-1-3-6 presented in any sum not exceeding five hundred dollars (\$500.007	hoever procures the issuance of a license to marry by any false statement, representation or preter
MALE APPLICANT	FEMALE APPLICANT
Name First A user Middle the been	Dancy L. Milan
Date of Birth Month Day Year	Date of Birth Month Day Year
Apt 10-11-	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Regidence Address Street or R. R. City Counting
Residence Address Street or R. R. J. Sity County County	9810 W. Morris St. Indolo Sm.
- 4 10 al .: for force	Previous Marital Status Never Married DOR
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By Death D Divorce D Annulment D
Last Marriage Ended By: Death Protect Decree	Date of birth verified by Birth Certificate D Judicial Decree
Date of birth vertice of	
Other (Specify) Ne Yes	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound minu	 Are you now or have you ever been adjudged to be of unsound mind? No D feel If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed	NoO Yest
2. Are you afflicted with a transmissible disease	No G Yest
 3. Are you related to the female applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor? No T Yes D 	No 9 Test
 Are you now under the influence of intexticating indext. Are you now under the influence of a narcotic drug? No C Yes D 	No D Yes
6. List the full names of any dependent children.	6 List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆	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	orpendent children." No D Yel D If answer is "yes", it is required that this Application he accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any qoupt order or orders issued for their surport.
8. Full name of father Flank Joylov Thubsey	" Full name of tather Whetness a. Smith
Residence of father (if deceased so state)	Residence of tather il deceased so states Plain field In
Birthplace of father (State or foreign country)	Dhin .
9. Full maiden name of mother Source Walkup	Birthplace of father (State or foreign country)
Lion .	9 Full maiden name of mother. Il flokelle ID. Tflel
Residence of mother (if deceased so state)	Residence of mother (if deceased sestate) mallanapolis, m.
Birthplace of mother (State or foreign country) 71) ass	Birthplace of mother (State or foreign country) Ohio
State of Indiana, County of	State of Indiana, County of HENDRICKS as: I depose and state the information given in this application is true and correct.
	County of
Signeal Steven Alsey	Signed Marcidelmith
New Address	New Address
Subscribed and sworn to before me this 14 day of Nelc 1884	illel des al
71 ary Jane Russeller HENDRICKS	Subscribed and sworn to before me this / Tthe day of Alle , 19.
Circuit Court	71 Jaly Jane Thesell Cherk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSERVE OF PARENTS
	CONSENT OF PARENTS, PARENT OR GUARDIAN
	If only one parent
	The second se
T li 1 n li	
1, I da your Borker	,hereby give my consent for
my daughter	
, anna ga strufal	eto

mar Father Mothe Subscribed and sworn to before me this 19..... of Clerk ----ties, the the and filed Be It Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the..... . Circuit Court MENDRICKS Lecember STEVEN M/ HULSEY Be it further remembered, the following marriage certificate was filed in my office, to-wit: 19.84, authorizing the joining together as husband and wife NANCY L. SMITH one thousand nine hundred and eighty-four hereby certify that on the 22nd day of December State of Indiana, Groom STEVEN M. HULSEY Hendricks at Plainfield and, Bride....., County of. NANCY L. SMITH of Houston were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County. GeorgiaCounty, State of. Indiana .County, State of HENDRICKS , 19 85 Filed and recorded in accordance with the laws of the State of Indiana this.... Signed /s/ Robert Joe Walters. Official Designation Associate Pastor 4th 85 January 19. .day of ... Clerk mary Jone Russell Signed. Circuit Court HENDRICKS

Form Prescribed By STATE OF	INDIANA No loh a
Health under Authority Health under Authority	IARRIAGE LICENSE
Health under 11-1-3-2 of LC. 31-1-3-2 Effective July 1, 1977	SCounty
	Date of Application
MALE Medical Examination Report Dated 12-13-84	I EMALE
Name of Physician Married B. Haggard	Medical Examination Report Dated 12-13-84
Name of This Part of the New York of the New York of the Statement - Whee	Name of Physician avid B. Haggard
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT First, Middlg Middlg	FEMALE APPLICANT
Name Jorace Jake Bacon	Middle D Last
Date of Birth (29 1942)	Date of Birth Month Day Year
Place of Binth (State or foreign country)	Place of Birth (State or foreign country) 6 19.76
Residence Address Street or R. R. R. City County State	Residence Address Street or R/R. City County State 6
Previous Marital Status: Never Married OR	20 sould mith Rd. Indolo In
Annulment	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Divide Divide Dudicial Decree
Other (Specify) Nuvers License	- II. P.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	Other (Specify) NHWERS TIPENSE Are you now or have you ever been adjudged to be of unsound mind? No Free D
If answer is "yes", has the adjudication been removed? No Ves	If answer is "yes", has the adjudication been removed? No Pyes D
2. Are you afflicted with a transmissible disease? No Ves D	2. Are you afflicted with a transmissible disease? No Yes D
3. Are you related to the female applicant closer than second cousin? No □ Yes □ 4. Are you now under the influence of intoxicating liquor? No □ Yes □	3. Are you related to the male applicant closer than second cousin? No B Yes D
4. Are you now under the influence of intoxicating induor: No I Yes I 5. Are you now under the influence of a narcotic drug? No I Yes I	 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug?
 Are you now under the target of t	Are you now under the influence of a narcotic drug? No Yes
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Ves I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Yes D
compliance with any court ofder or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father N. L. Bacon M.	8. Full name of father Heigh D. Brown
Residence of father (if deceased so state) Rose Hell Hugerico	Residence of father (if deceased so state) Rockvelle In.
Birthplace of father (State or foreign country) Rose Thell Ungerica	Birthplace of father (State or foreign country)
9. Full maiden name of mother ang Pauline the Bush	9. Full maiden name of mother Barbara Jean stanley
Residence of mother (if deceased so state) Adre Thill Vingenia	Residence of mother (if deceased so state) Rockrello In.
Birthplace of mother (State or foreign country) Rose Hell Virginia	Birthplace of mother (State or foreign country) South Bend In.
State of Indiana,	State of Indiana, HENDRICKS County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.
County of HENDRICKS ss: In this application is true and correct.	County of
Signed Abrace J. Dacon	Signed Delanda ann Stown
New Address 3/39 S. Smith F.J.	New Address 3139 So. Smoth Rd
Subscribed and sworp to before me this	Subscribed and sworn to before me this 1400 day of 19.9.1
Mary Jane Russell Cherk HENDRICKS Circuit Court	Mary Jane Russell Clerk HEINDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant netery site that the other parent unnecessary.
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the content of the
State of Indiana, Countries HENDRICKS }ss:	State of Indiana, HENDRICKS
Soundy of	County ofFather
Signed	Signed Mother
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me tills
	the second matting the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above named parties, the
	hipt by written order to and
authorizes and directs the issuance of	1 a married
PETUEN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licer	ise issued of the del is interesting the joining together as husband and wife
of Indiana dated the day of Mucemba	BELINDA ANN BROWN
Be it further remembered the full in my continue continues filed in my continues and filed in my	ffice, to-wit: December.
I,Albert I. Hilling	hereby certify that on the
Pighty-tour	atthe State of
HURACE FANE BACON	County, State of HENDRICKS
and, BrideBELINDA_ANN_BROWNofofofofof	that purpose by the Clerk of the Circuit Court of
County.	
Dated this 18th day of December , 19.84	A <u>Albert L. Williams</u> Signed /s/ Minister Official Designation /s/ Japuary, 19.85
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation January, 19.85.
Filed and recorded in accordance with the laws of the State of Indiana this	Ath day of Durn Russell Signed Mary Jone Russell HENDRICKS Circuit Court
the second s	Signed

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STATE O	FINDIANA No. 610
STATE OF	MARRIAGE LICENSE File
Form Prescribed By Indiana State Board of Indiana State Authority	
Health under Autority HEINDRIC	KS County Data of A 194
effective July 1, 1977	FEMALE
12-2-84	Medical Examination Report Dated
MALE Medical Examination Report Dated	Name of Physician Boothe
Medical Examinant Boothe	
Name of Physician 7000	oever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 preservous". shall be fined in any sum not exceeding five hundred dollars (\$500.000".	FEMALE APPLICANT
shall be fined in any same MALE APPLICANT	Name First A Middle
Name Eirst Middle Aragon	Date of Birth Month Day
Date of Birth / Month Day Year Year	June to 1950
Place of Birth (Stoffe or foreign country)	Place of Birth (State of foreign fountry)
T GRAM THE PROVIDENT State	Residence Address Street or R. R. Pully County State
Residence Address Street or R. R. B bung And	a man and the shall
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death D Divorce Annulment D
Annulment	Last Marriage Ended By: Death Divorce Annument D
Last Marriage Ended B) Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by
Other (Specify) M. lic No Yes	Other (Specify) U. UC
Other (Specify) ML. United to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
1. Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □ No □ Yes □	If answer is "yes", has the adjudication been removed? No Ves
If answer is "yes", has the adjudication been removed? No D Test 2. Are you afflicted with a transmissible disease? No D Yest	2. Are you afflicted with a transmissible disease? No 0 yes 0
No les related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin? Not Yes D
A re you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor? No Yes D
5. Are you now under the influence of a narcotic drug?	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Kari	11 junio
Daniel	De Hynke
Mender	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children? No \Box Yes \Box
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
compliance with any count order or orders issued for their support. 8. Full name of father And Peter Angon	8. Full name of father Alland Key Songly
Para Statite	Shin by Stilling h
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother_ NAMA ABG JUSON_	9. Full maiden name of mother Allene Phylips Allen
Residence of mother (if deceased so state) Myc Haute	Residence of mother (if deceased so state) Dunker All M
Birthplace of mother (State or foreign country And	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.	State of Indiana, I depose and state the information given
County of	County of HENDRICKS
Signed america agan	signed Darinda D. Edens
New Address 803 NO CENTER Red Plainfic	Q New Address 803 N. Center, Plfd, +
Subscribed and sworn to before me this day of here is	Subscribed and sworp to before me this 14 day of Alc 19.4
my thre kupell and HENDRICKS	MAN Gras Puppell HENDOLOUS
ClerkCircuit Court	flow which which ark Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PAPENTS, PAPENT OF CHAPPIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
and a site other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS	
County of	State of Indiana, County of HENDRICKS
Signed	Father
Signed	Signed
	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ODDER	
HENDRICKS	T. A marriage license having been refused to the above named parties, the
in	ourt by written order issued
During and diffects the issuance of	of a marriage license to the above named parties.
we It Remembered, there was find or MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
autea the	ise issued by the clerk of the
Be it further remembers DANIEL DRAGON	nse issued by the clerk of the <u>HENDRICKS</u> Circuit Court , 1984, authorizing the joining together as husband and wife DARINDA DENICE EDENS
I, David Dragon	DARINDA DENICE EDENS
one thousand nine hundred	IndDARINDA_DENICE_EDENS
eighter c	hereby certify that 22nd , December
CTOOM	Dennis and Hondisterio
were by me united in marrie DARINDA DENICE EDENS	at Danville , County of Hendricks , of Indiana , Hendricks , County, State of Indiana , Hendricks , County, State of Indiana , HENDRICKS , Hendricks , Hendricks , County, State of , Hendricks , Hend
County County as authorized here	County State of
Dated this 22nd day of December , 19.84	that purpose by the Clerk of the Circuit Court of
Filed and recorded in an	Signed/s/ Rev. David Dragon
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Minister
Indiana this	
	Signed Mary January 19 Clerk HENDRICKS Circuit Court
	HENDRICKS Circuit Com

m Prescribed of iana State Board of ith under Authority of 1.8.2	F INDIANA MARRIAGE LICENSE No. 611
C. 31-1-3-2 ective July 1, 1977	KS File
	County
MALE Medical Examination Report Dated 12/8/84	FEMALE Date of Application
	Medical Examination Report Dated 12/ 8/8/1
Name of Physician A teneral Colla	Name of Di
LOUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Who	oever procures the issuance of a license to marry by any false statement, representation or preten
be fined in any sum not exceeding five hundred donars (\$500,00) .	If the energy of a license to marry by any false statement, representation or protocol
MALE AFFLICANT Middle / Last of	FEMALE ADDITION
ne Gordon Heat Trables	Name First Middle
e of Birth Month Day Year 1956	Date of Birth Month To Clast.
e of Birth (State or foreign country)	Place of Birth (State or foreign country) 12 1250
dence Address Street or R. R. City County State	Residence All Capland City DI
9147 21. 30th Shapper and	22 C. College City County State
ious Marital Status: Never Married OR	The state of the s
Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Death Divorce Annulment D
(Arigen Fignand)	Judicial Decree
Other (Specify)	Other (Specify) Arevels Jeenso)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
f answer is "yes", has the adjudication been removed? No UYes UARE you afflicted with a transmissible disease? No Yes U	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? Not Yes	2. Are you afflicted with a transmissible disease?
Are you now under the influence of intoxicating liquor? No Yes	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of intoxicating liquor?
ist the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? 6. List the full names of any descedant bill
	6. List the full names of any dependent children.
	Hason Haip
	Ayan Bird
re you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Yes
ompliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
ull name of father Moral alvin Arabhorn	compliance with any court order or orders issued for their support. 8. Full name of father Joseph J. William
esidence of father (if deceased so state)	1.0
	Residence of father (if deceased so state)
irthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
ull maiden name of mother for any Gerry	9. Full maiden name of mother Shirley Clouse Oldo
esidence of mother (if deceased so state)	Residence of mother (if deceased so state)
irthplace of mother (State or foreign country)	D. J.
of Indiana	Birthplace of mother (State or foreign country)
ty of HENDRICKS ss: I depose and state the information given in this application is true and correct.	County of HENDRICKS
Signed Jacker Kent pabbam	The Marcia & Burd
1008 PID. Due Prochum	Signed 12 9 Mallera Bygrous
New Address and a way come for working	New Address of Court of the Address
tribéd and sworn to before me this day of Alecember, 124	Subscribed and sworn to before me this
aug faster funsel Gerk HENDRICKS Circuit Court	Mary fore Bussell Cierk HEINDRICKS Circuit Cou
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
of Indiana, y of HENDRICKS }ss:	State of Indiana, HENDRICKS } ss:
y of	County of
Signed	Signed
Signed	Signed
	Subscribed and sworn to before me this
ribed and sworn to before me this	Subscribed and sworn to before the children Cle
Clerk	
PLETE IF MARRIAGE LIGENOR LEGUED DE COUD	T. A marriage license having been refused to the above named parties, that and file
HENDRICKS	and file
authorizes and directs the issuance of	f a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Course issued by the clerk of the
diang date is a set of the set of	se issued by the clerk of the solution of the
day ofdluce	nd
further remembered, the following marriage certificate was filed in my o	fice, to-wit:
RUTH K. EICKHORST	ffice, to-wit: hereby certify that on the 29th day of DECEMBER , County of MERION
housand nine hundred and	nereby certify that on the County ofMERION, County ofMERION, LENDRICKSCounty, State ofINDIANA
of Indiana, Groom GORDON KENT CRAPHORN	of HENDRICKS County, State of INDIANA County, State of INDIANA
of Indiana, Groom GORDON KENT GRABHORN of	HENDRICKS
by me united in marriage as authorized by a marriage license issued for t ty.	hat purpose by the Clerk of the Circuit Court of
a white a 1n manual and the second se	and the second
ty.	
1 + 1 :-	Signed /s/_RUTH_KEICKHORST
l this	Signed /.s./ RUTH K. EICKHORST
l this	

and the second	262		
	STATE OF	INDIANA	No. 612
	Form Prescribed By Indiana State Board of APPLICATION FOR M	ARRIAGE LICENSE	File
*	Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	5County	Date of Application
* - 111	-1-1-2-1	FEMALE Medical Examination Report Dated.	12/6/84
	MALE Medical Examination Report Dated 12/5/84	Name of Physician Robert	a. Neavin
-	Name of Physician <i>Hobert G. Aearette</i> ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Whoe ALL QUESTIONS must exceeding five hundred dollars (\$500,000".		ny false statement, representation or pretan
A HUMAN AND A REALINA		FEMALE AP	PLICANT
	MALE AFTERONICA	Name First Jeresa	Middle R Last
	Name First Maine Jackson Date of Birth Month Day, 1963	Date of Birth Month	Day Year Year
	Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Residence Address Street or R. R.	Ind.
	Residence Address Street or R. R. City County State	Residence Address Street or R. R. P.O. Boy 123 Clo	city County State
1.1.1	Previous Marital Status: Never Married VOR	Previous Marital Status: Never Married OR	0
1 a H 2 A 4	Let Marriage Ended By: Death Difforce Annulment	Last Marriage Ended By: Death Divorce Ann Date of birth verified by: Birth Certificate Ju	
T	Date of birth verified by: Birth Certificate Judicial Decree		
	Other (Specify)	Other (Specify) Are you now or have you ever been adjudged to be of	f unsound mind? No Yes D
4 - 1997 - 1997	1. Are you now or have you ever been adjudged to be of unsound mind? No See See See See See See See See See Se	If answer is "yes", has the adjudication been remove	
	2. Are you afflicted with a transmissible disease?	 Are you afflicted with a transmissible disease? Are you related to the male applicant closer than see 	cond cousin? Not Yes D
	3. Are you related to the female applicant closer than second coustin.	4. Are you now under the influence of intoxicating liqu	Not Yes D
	5. Are you now under the influence of a narcotic drug?	 Are you now under the influence of a narcotic drug? List the full names of any dependent children. 	Not Yes D
	6. List the full names of any dependent children.		
		/	
	7. Are you required by any court order or orders to support the above	Are you required by any court order or orders to sup dependent children?	pport the above
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application	be 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 Lewes Lister	compliance with any court order or orders issued for 8. Full name of father Albuque	teven Burnott
E F	Residence of father (if deceased so state) P.O. Boy 155 Clayton	Residence of father (if deceased so state)	. Boy 123 Clayton
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	And I
	9. Full maiden name of mother fudith ann Williams	9. Full maiden name of mother Minnie	e Pearl Jumbler
	Residence of mother (if deceased so state) P.O. Boy 155 Charfton	Residence of mother (if deceased so state)	O. Boy 123 Clayton
- the spin where	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) State of Indiana,	Ind
- 11.	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	County of HENDRICKS	I depose and state the information given in this application is true and correct.
	Signed Marrell Wayne Jackson	Signed Deras	Hay Burnett
	New Address Po DOX 105 Clayton	New Address P.O.P	rotepp, Claster
	Subscribed and sworn to before me this day of Acember, 1984	Subscribed and sworn to before me this	day of Ascender, 1984 HENDRICKS Circuit Court
	Circuit Court	To puy Jane Russel	Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARI	DIAN COLORAD AND COLORAD
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give co	onsent for this marriage. If only one parent
	the consent of the other parent unnecessary	signs, state facts which render the consent of th	e other parent unnecessary
	State of Indiana, County of	State of Indiana,	
and the second	Signed	County of HENDRICKS	
		Signed	Father
	Subscribed and sworn to before me this		Mother
		Subscribed and sworn to before me this	
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS		in the
	HENDRICKS County	C. A marriage license having been refuse	ed to the above named parties, the
	of the subscription of the	a marriage license to the above named pa	rties.
	Be It Remembered, there was fled in	AND MARRIAGE CERTIFICATE	
	of Indiana dated the day of dere la	e issued by the clerk of the.	hushand and wy
	one thousand nime is the		
	one thousand nine hundred and eighty-four h State of Indiana, Groom DARRELL WAYNE JACKSON and Bride	t. Clayton	, County of Hendricks
			and a second sec
	were by me united in marriage as authorized by a marriage license issued for the Dated this	hat purpose by the Club of the Court	nty, State of HENDRICKS
	Dated this 29th day of December , 19.84	in pose of the Clerk of the Circuit Cou	irt of
			O.McIntyre
	Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Minister	
		Signed Mary Jour Puscel	Y
		Signed I Harry Jow Kurren	HENDRICKS Circuit Court

199

No. of Concession, Name

Form Prescribed By STATE O	FINDIANA
Form Prescribed OF Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	MARRIAGE LICENSE No. 613 KS File
LINE	County
MALE 12-17-84	FEMALE Date of Application
MALE Medical Examination Report Dated 12-17-84	
Name of Physician Denn Baker, M.J.	Medical Examination Report Dated 12-17-84
THE ANSWERED, I.C. 31-1-3-6 prescribed "False statement, Wh	Name of Physician Blenn Baker
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license to marry by any false statement
MALE APPLICANT	
Name First Middle Past	FEMALE APPLICANT
Date of Birth Month Day Near Year	Date of Birth Math
Place of Birth (State or foreign country)	Day Van
El Paso Lepas	Place of Birth (State or foreign country) Menuelle, Ollengin
Residence Address Street or R. R. City County State R. 45, Boy 131, Manuelle, S. 46122	Street or R. R. City
1	The 1, Doy 96A. Auston on 46149
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married & OR
Last Marriage Ended By. Death Determined By Death Determined By Date of birth verified by:	Last Marriage Ended By: Death D Divorce Annulment D
Date of birth verified by	Date of birth verified by: Birth Certificate D Judicial Decree
Other (Specify) house surver and fiel	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No. Yes	2. Are you afflicted with a transmissible at
3. Are you related to the female applicant closer than second cousin? No Xes D	3 Are your related to the mail it is a not result of the second s
4. Are you now under the influence of intoxicating liquor? No Yes	4. Are you now under the influence of intoxicating liquor? No Yes D
5. Are you now under the influence of a narcotic drug? No Yes D	5. Are you now under the influence of a narcotic drug? No. Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	
dependent children? No Ves D	7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Fullname of father former 2. Ragsdale, f.	8. Full name of father John Caymond Conault
Residence of father (if deceased so state) Manuelly M.	Residence of father (if deceased so state) Hullshow, In.
Birthplace of father (State or foreign country) Indiana	0,1
Qui Ann Agutta	Birthplace of father (State or foreign country)
9. Full maiden name of mother All The Town Curlow	9. Full maiden name of mother Mances and Aloban
Residence of mother (if deceased so state) Alemuelle, M.	Residence of mother (if deceased so state) Alloboro, m.
Birthplace of mother (State or foreign country) Kentuckey	Birthplace of mother (State or foreign country) Dithian, Illinois
State of Indiana. HENDRICKS	State of Indiana, its indicate and state the information given
County of In this application is true and correct.	County of BS: in this application is true and correct.
+ signed and E hagsdaleth	Signed Dammy Jo Covault
New Address RRI Box 96- A Liston	New Address R.R.J. Box 96 A higton 9 K
1814 10 6 91	18a Ilan buil 8d
Subscribed and sworn to before me this day of Neccompany, 19.84	HENDRICKS
Mary Jone Cussier Clerk HENDRICKS Circuit Court	Mary Jone Reissel Clerk Clerk Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS ss :	County of
SignedFather	Signed
Signed	SignedMother
a contract of the second se	Subscribed and sworn to before me thisday of
Subscribed and sworn to before me thisday of, 19,	Subscribeu and snorth to Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T A marriage license having been refused to the above named parties, the
HENDRICKS	1. A maining order issued 3 May Warver and filed
in Clerks presenty reputer to	T. A marriage license having been refused to the data and filed urt by written order issued
authorizes and directs the issuance of	
Be It Remains and RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court se issued by the clerk of the
of Indiana dated the	se issued by the clerk of the
day of day of	, Janny Jo Covault
Be it further remembered, the following marriage certificate was filed in my o I,	hereby certify that on the22ndday oftectured Hendricks
Pighty-four	at the fillerance
one thousand nine hundred and eighty-four State of Indiana, Groom JAMES E. RAGSDALE, JR. and, Bride	of Hendricks County, State of Indiana
State of Indiana, Groom JAMES E. RAGSDALE, JR. and, Bride	Hendricks County, State of HENDRICKS
were by me united in marriage as authorized by a marriage license issued for the County.	that purpose by the Clerk of the Circuit Court of
County. County.	
Dated this 22nd day of December , 19.84	Signed /s/ Rev. Raymond L. Rader
	Signed /s/ Key. Merman Minister Official Designation January ,19 85
Filed and recorded in accordance with the laws of the State of Indiana this	4th day of January , 19 Clerk
recorded in accordance with the laws of the State of Indiana this	4th day of January Clerk Signed Mary Jane Reissell Clerk HENDRICKS Circuit Court
	Signed

and the	2	i04			
TREAT		STATE OF INDIANA No. 014			
5		Form Prescribed By Indiana State Board of APPLICATION FOR MARRIAGE LICENSE			File
A		Health under Authority	HENDRICK	County	Date of Application
GL		Effective July 1. 1977		FEMALE	
		MALE Deted /2	12-84	Medical Examination Report Da	ted84
2		MALE Medical Examination Report Dated 12 Name of Physician Patricia M.	Cochowski	Name of Physician Halfree	in M. CacRoniski'
C	in a state			ever procures the issuance of a license to marry l	by any false statement, representation or pretense
And And	ALAKABILIMA			FEMALE	APPLICANT
E D L		MALE ATT MOL	ALast	Name Martha	Middle Han Last
		Name Brist Day	Year 1955	Date of Birth Month	Day Year 26 1951
		Date of Birth Month 4/1 Place of Birth (State or foreign country)	1100	Place of Birth (State or foreign country)	Indiana
		Oundon B City	County State	Residence Address Street or R. R.	Al City County State
		10014 Patoka Any Ind	Als, Sr.	Previous Marital Status: Never Married O OR	
		Previous Marital Status: Never Married OR		Last Marriage Ended By: Death Divorce	
6		Previous Marital Status. Recent Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	e	Date of birth verified by: Birth Certificate	Judicial Decree
			-	Other (Specify)	
Con I		 Other (Specify) Are you now or have you ever been adjudged to be of unsound million 	ind? No Yes	1. Are you now or have you ever been adjudged to	you Tes U
		If answer is "yes", has the adjudication been removed?	No Yes	If answer is "yes", has the adjudication been ret 2. Are you afflicted with a transmissible disease?	thu to Ites L
		 Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second cousin 	N P V D	3. Are you related to the male applicant closer that	an second cousin? No 7 Yes 0
		 Are you related to the female applicant closer than account related Are you now under the influence of intoxicating liquor? 	Ngt Yes	4. Are you now under the influence of intoxicating	g liquor? No 2 Yes D
		5. Are you now under the influence of a narcotic drug?	No Ves	 5. Are you now under the influence of a narcotic d 6. List the full names of any dependent children. 	drug? No Yes D
		6. List the full names of any dependent children.		michael +	amiltin
all the		the contract of the contract o		Christephen +	tamilton
1 m		allundel Cort			
		7. Are you required by any court order or orders to support the abo	ve	7. Are you required by any court order or orders t	
G		dependent children? If answer is "yes", it is required that this Application be accompar	No Yes	dependent children? If answer is "yes", it is required that this Applic	nation be accompanied by satisfactory proof that you are in
L L		compliance with any court order or orders issued for their support		compliance with any court order or orders issue	
	-	8. Full name of father Marles Arthur	1) to	8. Full name of father fames	Rabert In Dowan
		Residence of father (if deceased so state)	I La t	Residence of father (if deceased so state)	aleceased the
		Birthplace of father (State or foreign country)	ton, Antucky	Birthplace of father (State or foreignpountry)	lugner, Struc
		9. Full maiden name of mother Berry Court	A. P.	9. Full maiden name of mother Agara	di massila (sense
		Residence of mother (if deceased so state)	the Kentup	Residence of mother (if deceased so state)	Alan Para
		State of Indiana	fact and and g	Birthplace of mother (State or foreign country). State of Indiana,	I depose and state the information given
		County of HENDRICKS	e and state the information (given application is true and correct.	County of HENDRICKS	as: in this application is true and correct.
6		Signed Bernard Zo	Cox	× signed Marth	a f. Samilton
		New Address 10014 PATOKA	, D.R. INDOLS 1623	New Address 10014	Pato ka Dr. Indels 40
		Subscribed and sworn to before me this day o	E NECENDU 19.84	Subscribed and sworn to before me this	day of Alleember, 1984
P		f lang fore arssellerk	HENDRICKS Circuit Court	Thany Jone Pusse	Glerk HENDRICKS Circuit Court
		CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR GU	UARDIAN
S 0 -		We, the parents, of this applicant hereby give consent for	this marriage. If only one parent	We, the parents, of this applicant hereby give	
1000 - 1		signs, state facts which render the consent of the other pa	rent unnecessary	signs, state facts which render the consent	
Co Line					and a second
CT		State of Indian			
S - 1		State of Indiana, County of HENDRICKS		State of Indiana,	581
States -	541.28	Signed		County of HENDRICKS	
		Signed	Father	Signed	Father
All and		Subscribed and sworn to before me this	f	Signed	Mother
CTT TIL				Subscribed and sworn to before me this	
		COMPLETE IF MARRIAGE LICENSE LOS	ED DV CDD	***************************************	
G.		COMPLETE IF MARRIAGE LICENSE ISSU HENDRICKS	enor of # COUR	T. A marriage license having been re- urt by written order issued	fused to the above named parties, the
		in Clear A A	Col	urt by written order issued	& and the matter and mes
		Be It Bemembers	RN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE	l parties.
		of Indiana dated the	A line uge men	se issued by the clerk of the	
1999		of Indiana dated the	of Mecemper	, 19.84, authorizing the	joining together as husband and wife
1998 - L		I, Judge John C. Mowrer	e certificate was filed in my o	flice, to-wit:	N
		BEDNADD -	1	at Danville	, County of Hendricks
	L. Pro	State of Indiana, Groom BERNARD L. C and, Bride	amilton	Hendricks	County, State of Indiana
		1. Ountar		that purpose by the Clerk of the Circuit	County, State of HENDRICKS
and the second		Dated this	nber 19 84	4	Court of
and a		Filed and manual and		·····	John C. Mowrer
		Filed and recorded in accordance with the laws o	f the State of India	Official Designation Hend. Co. S	Superior Court II Judge 85
			, anuana this	Signed MAA Dave D	Y, 19 Clerk
all all				Signed Mary Jane Kee	HENDRICKS Circuit Court

Kemar	riage	
	265	
Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-32 Effective July 1, 1977		
12 12 21	County <u>Date of Application</u>	
MALE Medical Examination Report Dated 12-17-84	FEMALE Medical Examination Report Dated/2-19-84	
Name of Physician Bleft Allen 114.	Name of Physician Joseph Kerlin Ind.	
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement-Whoever shall be fined in any sum not exceeding five hundred dollars (\$500,00)", shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver procures the issuance of a license to marry by any false statement, representation or pretense	
shall be fined to MALE APPLICANT	FEMALE APPLICANT	
Name First Marcon Middle Mc Last	Name First Middle Middle	
Date of Birth John 31 19481	Date of Birth Month Day Year	
Place of Birth (State or foreigh country) Place of Birth (State or foreigh country) Address Street or R. R. City County State	Place of Birth (State or foreign country) Residence Address Street or P. P. C. Kentuch,	
Residence regime Box 97-3 degton M.	Residence Address Street or R. R. City County State	
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment C	Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death = Dirotec Date of birth verified by: Birth Certificate I Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree	
a Other (Specify) d'unic laurie platine	Other (Specify) Crunic bicine picture	
1. Are you now or have you ever been adjudged to be of unsound mind? No ⁶ Yes	1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes D	
If answer is "yes", has the adjudication been removed? No Vest	If answer is "yes", has the adjudication been removed? No □ Yes □ 2. Are you afflicted with a transmissible disease? No.□ Yes □	
2. Are you afflicted with a transmission of the second cousin? No Ves	2. Are you afflicted with a transmissible disease? No Yes 3. Are you related to the male applicant closer than second cousin? No Yes	
4. Are you now under the influence of intoxicating liquor? No Ves	 4. Are you now under the influence of intoxicating liquor? No□ Yes □ 5. Are you now under the influence of a narcotic drug? No□ Yes □ 	
 Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. 	6. List the full names of any dependent children.	
Stepanie ne Kenny	« Same	
7. Are you required by any court order or orders to support the above dependent children? No Ves Ves	7. Are you required by any court order or orders to support the above dependent children? No P Yes D	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	
compliance with any court order or orders issued for their support. 8. Full name of father Sau Michael Sau	8. Full name of father Levige award Raggard	
Residence of father (if deceased so state) Mangella Une	Residence of father (if deceased so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Aluttucky Bagging	
9. Full maiden name of mother	9. Full maiden name of mother Mile Mal Frown	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kurthurg State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.	
State of Indiana, County of		
Signed Sohn M. M. Kunning	Signed Brends Varlene 70/ Sunney 201 B- 9F-3 Linton In. 46149	
New Address R. R. J. Boy YF3 LIZTOW IN 461	New Address R. R. I Box 9F-3 Laten In. 46149 19th day of 19th, 19 84	
Subscribed and sworn to before methis	Subscribed and sworn to before me this day of HENDRICKS Man and Subscribed and Subscribed Clerk HENDRICKS Circuit Court	
fflith tene Allest Clerk Clerk Circuit Court		
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for the start signs, state facts which render the consent of the other parent unnecessary	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which the	
State of Indiana,	State of Indiana, HENDRICKS } ss:	
County of HENDRICKS } ss:	County of	
Signed	Mother	
SignedMother	day of	
Subscribed and sworn to before me thisday of		
Clerk	IRT. A marriage license having been refused to the above named parties, the Court by written order issuedand filed	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	RT. A marriage license having been refused to the door and filed Court by written order issuedand filed to f a marriage license to the above named parties.	
inauthorizes and directs the issuance	of a marriage license to the above named parties.	
THE PARTY OF THE P	CE AND MARRIAGE CE	
Be It Remembered, there was filed in my office a marriage lic	and BRENDA DARLENE MCKINNEY	
JOHN MARION MCKINNEY	and BRENDA DARLENE MONA	
I Down D i	hereby certify that one	
one thousand nine hundred and eighty-four	hereby certify that on the 24th day of Beau Hendricks hereby certify that on the 24th day of Hendricks Brownsburg , County of Indiana of Hendricks County, State of Indiana 	
State of Indiana, GroomJOHN MARION MCKINNEY	at Brownsburg County, State of Indiana of Hendricks County, State of Indiana Hendricks County, State of HENDRICKS	
and, Bride	it to a sumose by the Clerk of the Chount	
County.		
Dated this 24th day of December, 19	84 Signed /s/ Rev. Dennis L. Dodson Minister Official Designation January , 19 85 Ath Inster	
Filed and recorded in accordance with the laws of the State of Indiana this		
and recorded in accordance with the laws of the State of Indiana this.	Official Designation January 4th day of <u>Clerk</u> Signed <u>Mary</u> <u>Jane Ressell</u> HENDRICKS <u>Circuit Court</u>	

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and the	266	
	STATE OF	No. 616
	STATE OF	MARRIAGE LICENSE File
	HendRick Hendrity	S County /2-16 ett
	of LC. 31-1-3-2 Effective July 1, 1977	Date of Application
	MALE Dort Dated 1212-84	FEMALE Medical Examination Report Dated 12-84
	Medical Examination Report Dates	Name of Physician Margie Sweenes
	Name of Physician Marque, and Talse statement-Who	ever procures the issuance of a license to marry by any false statement, representation or pretense
AND DESCRIPTION OF A PARTICULAR	ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-5 preserved " shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	FEMALE APPLICANT
	shall be fined in any sum a MALE APPLICANT Middle - Last	Name Vecki Lunn Strange Itaat
	Name John Mente Melung Year	Date of Birth Month Day Year
	Date of Birth Month 12 1957 March 12 1957 Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Induana
	Place of Birth (State or foreign county Indiana Residence Address Street or R. R. L. BBuyen Hendrick mel	Residence Address Street or R. R. City County State
F 11 11 11	313 M Sheller Sherward	Previous Marital Status: Never Married OR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Dudicial Decree
	Last Marriage Ended By. Deal. Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certaincate - Judicial Decree
	D. Around	Other (Specify)All - Kicence
	1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? N₀ □ Yes □ If answer is "yes", has the adjudication been removed? N₀ □ Yes □
	If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease? No Vie D
	2. Are you afflicted with a transmission discussion of the second cousin? 3. Are you related to the female applicant closer than second cousin? No Ves	 Are you related to the male applicant closer than second cousin? No Yes 0 Are you now under the influence of intoxicating liquor? No Yes 0
	4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? NoD Yes D
	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 	6. List the full names of any dependent children.
		Jauna M. Starback
	7. Are you required by any court order or orders to support the above No Yes dependent children?	 Are you required by any court order or orders to support the above dependent children? No D Yes D
- 1997年3月4月1日	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
	compliance with any court order or orders issued for their support. 8. Full name of father John Milum Young	8. Full name of father Walter Dale Jallowfield
	Residence of father (if deceased so state) Indiana	Residence of father (if deceased so state) Indiana
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Induced
	9. Full maiden name of mother Barbara and Wlaver	9. Fullmaiden name of mother Carolyn Buth Wagner
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
- and the strategy and the second	Birthplace of mother (State or foreign country) Andrama State of Indiana, June June June June June June June June	Birthplace of mother (State or foreign country)
	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS as: I depose and state the information given in this application is true and correct.
	signed John M Joury 200	Signed Vick J. Starluch
	New Address 313 N/Green St. Browpsburg I	New Address 313 7 Sreen Street Browndung on
	Subscribed and sworn to before me this	Subscribed and sworn to before me this
	Clerk HENDRICKS Circuit Court	Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana.	
	County of HENDRICKS } ss:	State of Indiana, HENDRICKS
	Signed	County of Father
	Signed	SignedMother
	Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
	Clerk	Clerk
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR'	The answer parties, the
	inCountyCo	urt by written order issuedand filed
	authorizes and directs the issuance of	f a marriage license to the above named parties.
	Be It Remembered there are find	E AND MARRIAGE CERTIFICATE
	of Indiana dated the day of	se issued by the clerk of the
	I,	fice, to-wit:
	Thaiana, Groom	at INDPLS. I. II. MEDICAL CENTER County of MARION
	, Drue	of TNDTANA
	County. County and a marriage as authorized by a marriage line	HENDRICKS County, State of County State of County
	Dated this	that purpose by the Clerk of the Circuit Court of
	1985.	CUMMINGS
	Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ RHONDA LINK CUMMINGS Official Designation CHAPLAIN RESIDENT - I.U. MED. CENTER
		Clerk
		Signed Many Greek Resell HENDRICKS Circuit Court

	26'
Form Prescribed By ST	TATE OF INDIANA
Indiana State Duthority APPLICATION	FOR MARRIAGE LICENSE
Health difference of the second secon	HENDRICKS County /2 2 B(/
	EFMALE Date of Application
MALE Medical Examination Report Dated 12-1989	I DMALE
Name of Physician Tomothy Apellal	Medical Examination Report Dated 12-20-84
The second part of the second terms	Name of Physician I mothy Aicherts
ALL QUESTIONS MUST BE ANSWERED. LC. 311-3-6 prescribed "False stater shall be fined in any sum not exceeding five hundred dollars (\$500,000", MALE APPLICANT	ment-Whoever procures the issuance of a license to marry by any false statement, representation or pretense
First Mildle O Last	FEMALE APPLICANT
Name Ann Day Pear Date of Birth Month Day Year	Detact Division Middle Mine to ling Last
Place of Birth (State or foreign country)	Day Year
	Place of Birth (State or foreign confirty)
Residence Address Street or R. R. City County Sta 10 X. 400 E 1417 Hanvelle h-	ate Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married D OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death D Divorce Annulment D
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
Other (Specify) And Acunae	- Other (Specify) Dr. Sycense
1. Are you now of marce you that	Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D If answer is "yes" has the adjudication have you are all?
11 allower and a second s	Yes D 2 Amount of the adjudication been removed? No U Yes D
2. Ale you antice the	Yes 2. Are you afflicted with a transmissible disease? No G Yes Yes 3. Are you related to the male applicant closer than second cousin? No G Yes
4. Are you now under the influence of intoxicating liquor? No l	Yes 4. Are you now under the influence of intoxicating liquor? No Yes 0
5. Are you now under the intractice of a	Yes D 5. Are you now under the influence of a narcotic drug? No D Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Xhella Opuck
7. Are you required by any court order or orders to support the above dependent children? No I	Yes 7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that	you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. 8. Full name of father Aram Bracco	compliance with any court order or orders issued for their support. 8. Full name of father M Showecher
Residence of father (if deceased so state) Plainfully, In.	Residence of father (if deceased so state) Alcuased
K	P.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother // // // // // // ////////////	9. Full maiden name of mother 15000 100 particular
	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) State of Indiana, I depose and state the informati	Birthplace of mother (State or foreign country)
County of HENDRICKS	
Signed John Saar	Signed Anall- Hucklefend
New Address 205 400E gpt 7 1	DANVILle New Address 105 400 E. Upt 7 Darwelle Und
Subscribed and sworm to before me this 20 day of Dile	. 19.77. Subscribed and sworn to before me this 20 day of Ulle
Mary one Rusall Gerk HENDRICKS Circ	uit Court Mary and Jusself Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	this applicant bareby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only on	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the constant of
State of Indiana, County of HENDRICKS }ss:	State of Indiana, HENDRICKS
County of	County of
Signed	Mother
Signed	day ofday of
Subscribed and sworn to before me this day of	, 19
	in the above named parties, the
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
HENDRICKS County Superior 1	OF COURT. A marriage license having been refused to the above manage in and filed Court by written order issued
authorized and directs the	Isoudiec of the
DEFUEN OF MARRIAGE	LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
the MI Remembered there was filed in my office a mar	ridge license would be city initiation together as husband and the
JOHN S ISAAC	and ANNA M. HUCKLBERRY and Office, to-wit: and the 24th day of December,
Be it further remembered, the following marriage certificate was file	ed in my office, to-wit:
I,Scott_Ging	and
State of Indian C	at Indianapolis County of Indiana of Hendricks County, State of Indiana Hendricks County, State of Indiana HENDRICKS
JOHN S. ISAACS	County, State of USUDDICKS
and, Bride	include for that purpose by the Clerk of the Circuit Court of
County.	
Dated this	, 19
P/L .	
rued and recorded in accordance with the laws of the State of India	ina this <u>4</u> day of JANUARY <u>Clerk</u> Signed <u>Mary Jew Russell</u> <u>HENDRICKS</u> Circuit Court
	Signed

and the second second	268	
NO BOOM	STATE OI	FINDIANA No. 618
C.	Breeribed By	MARRIAGE LICENSE File
	Form Freedback Board of Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	KS County Date of Application 1984
6 -		FEMALE Medical Examination Report Dated 12-21-84
e i se i	MALE Medical Examination Report Dated 12-21-84 Name of Physician M. Jamils Black Ind.	Name of Physician M. House Black Mr
(C)	Name of Physician M. Jamils Black Man	Contract Con
Sindersteining kentigte	ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whe shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	bever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
C - A Mark Blow	shall be fined in any sum not exceeding five name MALE APPLICANT	Name First Middle Lat
	Name First Middle Vale	Date of Birth Month Day Year
	Date of Birth Month Day 1948	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country) Registered Address Street or R. R. City County State	Residence Address Street or R. W City County State
	2105 15th St. Cuyatoga raus the	Previous Marital Status: Never Married D OR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D
Tr -	Last Marriage Ended By: Death D Divorce Innum Date of birth verified by: D Birth Certificate D Judicial Decree	Date of birth verified by Birth Certificate Judicial Decree
CO L	David Consilion Altin perture	Other(Specify)
177	1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D If answer is "yes", has the adjudication been removed? No D Yes D
	If answer is "yes", has the adjudication been removed."	2. Are you afflicted with a transmissible disease? Nod Yes D
GT	3. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin? No Yes
	4. Are you now under the influence of intoxicating liquor? No □ Tes □ 5. Are you now under the influence of a narcotic drug? No □ Yes □	5. Are you now under the influence of a narcotic drug? NgD Yes D
	6. List the full names of any dependent children.	6 List the full names of any dependent children.
	Stepen Waved Vale	
C.	- Susan pare l'ale	
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
L. L.	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
The second	8. Fullname of father Cufune X. Vall	8. Full name of father Contract Plantality
	Birthplace of father (State or foreign country)	Residence of father (if deceased so state)
	9. Full maiden name of mother NAM He Care	9 Full maiden name of mother Drive ha D Steadman
RICH	Residence of mother (if deceased so state) & alfahurga Falle, Chio	Residence of mother (if deceased so state) Pellinfully In-
the second star	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	State of Indiana, County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana. County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.
	Signed Steven & Vale	signed Darrice L. Lord Mol
	New Address 2105 15test CUY. F. OHIO	New Address 2105 15th Str Cury Halls UN
	Subscribed and sworn to before me this day of Mice	Subscribed and sworn to before me this It day of Mate 19.24
P		Mary Jone Dursell alerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
RE		
S		
S	State of Indiana, County of HENDRICKS }ss:	State of Indiana,
	Signed	County of HENDRICKS
	Signed	Signed
	Subscribed and sworn to before me this	Signed
TTY FILL !!!	Clerk	Subscribed and sworn to before me thisday of
<u>-</u>		T. A marriage license having been refused to the above named parties, the
G		
	11 of the second	of a marriage license to the above named parties.
	Be It Remembered theme and OF MARRIAGE LICENS	E AND MARRIACE CERTIFICATE
	day of Mulana dated the day of day of	ise issued by the clerk of the
	Be it further remembered, the following marriage certificate was filed in my o	nd
	one thousand nine hand a l	hereby series in the series of
Contraction of the second		
	were by me united in marriage as authorized by a marriage license issued for County. Dated this	that purpose by the Clerk of the Circuit Court of HENDRICKS
	Dated this	B.4.
and the		
	Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Judge Superior Court I Hend.Co.
		Signed Mary Jane Russell unplicks Clerk
		HENDRICKS Circuit Court

orm Prescribed of diana state Board of APPLICATION FOR	FINDIANA MARRIAGE LICENSE No. 619
Idiana State Board (Constraint)	KS File
ffective sury c	County 19_21_84
MALE Report Dated 12-20-84	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination Report Dated
Name of Physician Aurflett 71. Tull M.	Name of Physics Adaption to 10 111
11 OUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whe	ever procures the image of the
LL QUESTIONS MUST BE ANSWERED, IC. SPEND preserved Faise statement—Who all be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	bever procures the issuance of a license to marry by any false statement, representation or pretense
First Middle A Last	FEMALE APPLICANT
ame Janes L' Codwards	Baura First Lall Middle Alart
ate of Birth 5 21 1955	Date of Birth Month Day Commercelle
ace of Birth (State or foreign country)	Place of Birth (State or foreign country) 5 1964
sidence Address Street or R. R. City County State	Residence Address Streter m.
get Bottly Jashulles, Sol.	1 - 4 Genderson Dr. Brannach
evious Marital Status: Never Married OR	Previous Marital Status: Never Married DOR
at Marriage Ended By: Death Divorce Annulment Annu	Last Marriage Ended By: Death Divorce Annulment D
	Date of birth verified by: D Birth Certificate D Judicial Decree
& Other (Specify) Drivers License	Tother (Specify) Daviers License)
Are you now or have you ever been adjudged to be of unsound mind? No Yes D	
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	If answer is "yes" has the adjudication to
Are you afflicted with a transmissible disease? No Ves O	2. Are you afflicted with a transmissible disease? No □ Yes □ No □ Yes □
Are you related to the female applicant closer than second cousin? No Tes D	3. Are you related to the male applicant closer than second cousin? No Ves
Are you now under the influence of intoxicating liquor? No I Yes I Are you now under the influence of a narcotic drug? No I Yes I	4. Are you now under the influence of intoxicating liquor? No 🗗 Yes 🗆
Are you now under the influence of a narcotic drug. No D Yes D List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? Nother Yes
Our Dicole Edwards 10 may	6. List the full names of any dependent children.
Paral Paral Company	
James Jogen gewoods signs.	
- Father Das legal Custody	
Are you required by any court order or orders to support the above dependent children? No Ves Ves	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	dependent children? No Ves If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
Full name of father fames . Codwards	8. Full name of father Duis Commercelle
Residence of father (if deceased so state)	Residence of father (if deceased so state) Brownsbeerg In
Birthplace of father (State or foreign country) Indiana	Indiani
Oli bith A show by	Birthplace of father (State or foreign country)
Full maiden name of mother la and a la and a statisma tele	9. Full maiden name of mother for the started
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)Mallance)
ate of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.
De 1 40 HIDOTT	
Signed Annes Concerned	Signed Sama M. Commeville
New Address RKI Dex 104 Moshrule and	New Address R. 1 BOX 104 Mashvelle, J
ubscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk HENDRICKS Circuit Court	Clerk HENDRICKS Circuit Court
DNSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
ns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	and the second
te of Indiana, inty of	State of Indiana, HENDRICKS
	County of
Signed	Signed
Signed	Signed
scribed and sworn to before me this	Subscribed and sworn to before me this
	Cleri
	I setured to the above named parties, the
Clerk	T. A marriage license having been refused to the above mand filed
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	burt by written order issued
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS Luke office authorizes and directs the issuance of	of a marriage license to the above named parties.
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Curcuit Co Multonizes and directs the issuance of RETURN OF MARRIAGE LICENS	of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
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DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Multiple Multiple Be It Remembered, there was filed in my office a marriage licen Indiana dated the JAMES J. EDWARDS it further remembered, the following marriage corriferate was filed in my of	burt by written order issued in a successful parties. of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ase issued by the clerk of the issued in the point of the point of the successful parties. , 1984., authorizing the joining together as husband and wife , 1984., authorizing the joining together as husband and wife , 1984., authorizing the joining together as husband and wife , 1984., authorizing the joining together as husband and wife , 1984., authorizing the joining together as husband and wife , 1984., authorizing the joining together as husband and wife , 1984., authorizing the joining together as husband and wife , 19
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County County Mults Affect authorizes and directs the issuance of RETURN OF MARRIAGE LICENS RETURN OF MARRIAGE LICENS Indiana dated the 21 day of JAMES J. EDWARDS authorizes certificate was filed in my of Myron Barnard Myron Barnard	burt by written order issued
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County County Multo Affect authorizes and directs the issuance of RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licen Indiana dated the 21 day of December JAMES J. EDWARDS a it further remembered, the following marriage certificate was filed in my of Myron Barnard e thousand nine hundred and eighty-four	burt by written order issued
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Multiple Multiple Multiple Multiple Multiple Multiple Multiple Multiple Multiple Multiple Multiple Marriage authorizes and directs the issuance of RETURN OF MARRIAGE LICENS RETURN OF MARRIAGE LICENS Marriage licen Indiana dated the 21 day of December JAMES J. EDWARDS it further remembered, the following marriage certificate was filed in my of Myron Barnard thousand nine hundred and eighty-four the of Indiana, Groom JAMES J. EDWARDS	burt by written order issued in a solution of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ase issued by the clerk of the
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Multiple Multiple Multiple Multiple Multiple Multiple Multiple Multiple Multiple Multiple Multiple Marriage authorizes and directs the issuance of RETURN OF MARRIAGE LICENS RETURN OF MARRIAGE LICENS Marriage licen Indiana dated the 21 day of December JAMES J. EDWARDS it further remembered, the following marriage certificate was filed in my of Myron Barnard thousand nine hundred and eighty-four the of Indiana, Groom JAMES J. EDWARDS	burt by written order issued in a solution of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ase issued by the clerk of the
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MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County County Multiple County County Indiana dated the 21 day of December JAMES J. EDWARDS County County Myron Barnard thousand nine hundred and eighty-four County County the of Indiana, Groom JAMES J. EDWARDS County County the of Indiana, Groom JAMES J. EDWARDS County County the of Indiana and the in marriage as authorized by a marriage license issue	burt by written order issued in a solution of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ase issued by the clerk of the <u>issued in the issued is the term of term of the term of term of term of term of the term of </u>
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County County Multiple County County Indiana dated the 21 day of December JAMES J. EDWARDS County County Myron Barnard Petosiand nine hundred and eighty-four County County Mute of Indiana, Groom JAMES J. EDWARDS County County I, Bride LAURA MICHELLE COMMEVILLE Commentume County re by me united in marriage as authorized by a marriage license issued fo	burt by written order issued in a solution of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ase issued by the clerk of the isoning together as husband and wife 1984., authorizing the joining together as husband and wife ind LAURA MICHELLE COMMEVILLE ind LAURA MICHELLE COMMEVILLE indianapolis , County of Marion , at Indianapolis , County of Marion , at Indianapolis , County of Indiana of Brown County, State of Indiana Brown County, State of Indiana , Brown HENDRICKS that purpose by the Clerk of the Circuit Court of HENDRICKS that purpose by the Clerk of the Circuit Court of , 19.85

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STATE	OF INDIANA No. 620
End By	MARRIAGE LICENSE File
Form Prescribed By Indiana State Board of APPLICATION FOR	MARINA THE
Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	CKS County Date of Application
Ellective sus	FEMALE
MALE Benert Dated 12-20-84	Medical Examination Report Dated2-20-84
Medical Examination Report Dated	Name of Physician Rabert W. Ogle
Name of Physician A obert W. Offer	hoever procures the issuance of a license to marry by any false statement, representation or pre-
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 preserved and a standard dollars (\$500.00)".	hoever procures the issuance of a license to marry by any false statement, representation or pres FEMALE APPLICANT
MALE APPLICANT	Name (First) / Middle
Name First Middle Moderflat	A folia Edance (met)
Samuel Day Year	Date of birth 10 16 1910
Date of Birth	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) Dilace Address Street or B. R. City County State	Residence Address Street or R. R. City County State
Residence Address Street or R. R. R. 2 Boy 171 C Clayford	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annument	Date of birth verified by Birth Certificate Dudicial Decree
Date of birth verified by: Birth Certificate U Judicial Decree	
	Other (Specify)
Other (Specify) Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No y
Are you now or have you ever been adjudged to be of unsound mind?	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?
Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin"
Are you related to the female applicant closer than second cousting	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of intoxicating liquor?	5. Are you now under the influence of a narootic drug?
Are you now under the influence of a narcotic drug?	6 List the full names of any dependent children.
Samuel Chad	
Matthew David	
Are you required by any court order or orders to support the above	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you ar
	compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support. Full name of father Samuel Odell Mendenhall	8. Full name of father Ace McDonald
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
CIL A P.A.	Bara Pathing (Ru
Full maiden name of mother anna Mangel Solenberg	9. Full maiden name of mother Orna Calpenne Dell
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) 468 Parkeren
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
te of Indiana,	State of Indiana.
unty of HENDRICKS	County of HENDRICKS as: in this application is true and corre
Signed Sem Monderful	halista Melanda
New Address H 2 Bar DI COayton My GHY	New Address B. 2 BOX 17 C Cautor
bscribed and sworn to before me this 2124 day of December 1984	Subscribed and sworn to before me this 21 pt day of December, 198
Mary fane Baselder HENDRICKS Circuit Court	Man fane Busselleterk HENDRICKS Circuit Con
NSENT OF PARENTS, PARENT OR GUARDIAN	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent ins, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS Signed Father	State of Indiana. County of HENDRICKS Signed
Signed Mother Subscribed and sworn to before me this day of	Signed Moth Subscribed and sworn to before me this
in <u>Shepenne</u> The authorizes and directs the issuance of	of a marriage license to the above named parties.
be it Remembered, there was filed in my office a marriage lice day of December Be it further remembered, the following marriage certificate was filed in my of I,	SE AND MARRIAGE CERTIFICATE nse issued by the clerk of the HENDRICKS Circuit Cou , 19.84, authorizing the joining together as husband and wi and ROBIN ELAINE MCDO:NALD office, to-wit:
I. Everett W. Gasaway one thousand nine hundred and eighty-four State of Indiana, Groom SAMUEL DAVID MENDENHALL and, Bride ROBIN ELAINE MCDONAL of were by me united in marriage as authorized by a marriage license issued for County. 29th day of December , 19 8	hereby certify that on the 29th December at New Whiteland County of Johnson of Hendricks County, State of Indiana Johnson
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ Everett W. Gasaway Official Designation Minister 4th day of January, 19.85. Signed Mary Presell HENDRICKS Circuit Cou
STATE OF	
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Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR M	INDIANA MARRIAGE LICENCE
Health under 114 of I.C. 31-1-3-2 Effective July 1, 1977	S File
	County 12-21-84 Date of Application
MALE Medical Examination Report Dated 12-10-84	FEMALE Medical Examination Report Dated_/P-28-84
Name of Physician the Taype MD.	Name of Physician Ahn, R Pars MO
	ever procures the issuance of a license to marry by any false statement, representation or pretense
shall be fined in any sum not executing indexecting in the state of th	
Name First . Middle Vissells	Name FEMALE APPLICANT
Date of Birth Month Day Year	Date of Birth Month Acthryp Visell
Place of Birth (State or foreign country) Okla.	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street opR. R.' City County () State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
	Date of birth verified by:
Other (Specify) Naverus License Are you now or have you ever been adjudged to be of unsound mind? No Yes D	B Other (Specify) & revers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D If answer is "yes", has the adjudication been removed? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D If answer is "yes", has the adjudication been removed? No D Yes D
2. Are you afflicted with a transmissible disease? No Yes D	2. Are you afflicted with a transmissible disease? No Pres D
 Are you related to the female applicant closer than second cousin? No P Yes D Are you now under the influence of intoxicating liquor? No P Yes D 	3. Are you related to the male applicant closer than second cousin? No E Yes D
5. Are you now under the influence of a narcotic drug? No Ves D	4. Are you now under the influence of intoxicating liquor? No I Yes I 5. Are you now under the influence of a narcotic drug? No Yes I
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No 🗆 Yes 🗆
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father price Odus Vissells	8. Full name of father Craig albert Warren
Residence of father (if deceased so state) 11 Uldrow OPla.	Residence of father (if deceased so state) Roland, Opla.
Birthplace of father (State or foreign country) Urkansas	Birthplace of father (State or foreign country) Urransas
9. Fullmaiden name of mother Olice of the Olice	Cland Obla
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given	Birthplace of mother (State or foreign country) Unter
County of HENDRICKS sa: in this application is true and correct.	County of
Signed Jimmy V. Jeney	Signed & Judy Kathryn Vessell DA 3 Bar 127 Denville who the
New Address AT 3 Box 12 1 Marolle, Chn.	New Address 194 9 Lot day of Dec. 19.8.4
Subscribed and sworn to before me this a list day of Automatic and the HENDRICKS	Subscribed and sworn to before me this 2/2t day of Alle
fi fully farte fullsell Clerk Chronic Circuit Court	- por participation of the second sec
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other pro-
State of Indiana.	State of Indiana, up up up up to the state
County of HENDRICKS } ss :	County of Father
SignedFather	Signed
Signed Mother	Signed
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me thisday ofday ofday
Clerk	a lite the shows named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the above named parties, the and filed
in <u>luke</u> County <u>Superior</u> <u>County</u> <u>Superior</u> <u>Superior</u> <u>County</u> <u>Superior</u> <u>Superior</u> <u>County</u> <u>Superior</u> <u>County</u> <u>Superior</u> <u>County</u> <u>Superior</u> <u>County</u> <u>Superior</u> <u>County</u> <u>Superior</u> <u>County</u> <u>Superior</u> <u>Superior</u> <u>County</u> <u>Superior</u> <u></u>	RT. A marriage license having been refused to the above named partner, and filed ourt by written order issued
authorizes and directs the issuance	
we will kemembered, there was filed in my office a marriage lice	is issued by
of Indiana dated the21stday ofDecember	nse issued by the clerk of the , 19
Be it further remembers dill is mu	office, to-wit:
I,	hereby certify that on the Hendricks
elabty-tour	County State 01
, statuta, Groom. OTHIT ODOB VIBODID	County, State of LIENIDDICKS
and, BrideJUDY_KATHRYN_VESSELLof were by me united in marriage as authorized by a marriage license issued for County.	that purpose by the Clerk of the Circuit Court of and
Dated this2.1st	4 Signed /s/ Judge John C.Mowrer Hond Co. Superior Crt. II Judge
aay of December	a grial Designation
Filed and recorded in accordance with the laws of the State of Indiana this	Ath day of January Clerk Signed Mary Jan Russell HENDRICKS Circuit Court
and which the ways of the State of the	Signed Hendrichter Circuit Court



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STATE O	FINDIANA No. 622
Proscribed By	MARRIAGE LICENSE File
Health under Authority HENDRIC	
Effective July 1, 1977	Date of Application
MALE p + Dated 12:17-84	FEMALE Medical Examination Report Dated12-18-84
Medical Examination Report Dated	Name of Physician R. Stregmolley
Name of Physician D. Michmonde	oever procures the issuance of a license to marry by any false statement, representation
Name of Physician <i>W</i> . <i>Mathematical Mathematical Science</i> (Name of Physician <i>W</i>). <i>Mathematical Mathematical Science</i> (Name of Physician <i>W</i>) (Name of Physician W). <i>All QUESTIONS MUST BE ANSWERED</i> . LC. 31-1-3-6 prescribed "False statement—Who all physician of the statement o	FEMALE APPLICANT
shall be fined in any sum that MALE APPLICANT	Name First Middle
Name First allow Bartlow	Date of Birth Month Day Ches
Date of Birth Month Day Year The Day 1962	Place of Birth (State or foreign country) 2 1965
Place of Birth (State or foreign country) Indiance	Indiana Strata P. P. Indiana
Residence Address A Street or R. R. City County State State	Residence Address H Street of R. R. A Manvell State
169 North Cast aufaque aufor	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Alt fac	Other (Specify) _ L Lec.
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? $N_0 \Box_{-1}$
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No D y 2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease:	2. Are you afflicted with a transmissible disease? No D-y 3. Are you related to the male applicant closer than second cousin? No D-y
Are you now under the influence of intoxicating liquor? No Yes	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
An university of the second se	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above No Ves No Yes	dependent children? No D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you compliance with any court order or orders issued for their support.
5. Full name of father Mchard a. Bartlow	8. Full name of father Rabert Lee abversor
Residence of father (if deceased so state) Indiance	Residence of father (if deceased so state) Indiand
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country)
. Full maiden name of mother Mounce Jean Hall burto	109. Full maiden name of mother. Jeanne, Lee alds
Residence of mother (if deceased so state) Induand	Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Inducine	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana. County of HENDRICKS }ss: I depose and state the information g in this application is true and cor
mb a Batla	County of
New Address 169 Point East Lafavette IN 47905	Signed fulla and allowetter
Subscribed and sworn to before me this 21 day of 2102 1984	New Address 169 1011 Card Doffay with
Mary Dane Result - HENDRICKS	Subscribed and sworn to before me this day of HENDRICKS
ClerkCircuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pa
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
County of HENDRICKS ss:	State of Indiana,
Signed	County of HENDRICKS
Father	Signed
	Signed
subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County	
nCountyCo	ourt by written order issuedand f
and unetts the issuance o	of a marriage license to the above named parties
me il Remembered there we all of MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
day of Allember	ise issued by the clerk of the
Be it further remembered, the follow MARK ALLEN BARTLOW	, 1. authorizing the joining together as husband and
, the second sec	fice to wit .
ne thousand nine hundred and	hereby contife the second se
ne thousand nine hundred and	at.BARTLETT.CHAPEL.UNITED.METHOD Samty of HENDRICKS
tate of Indiana, Groom MARK ALLEN BARTLOW nd, Bride	ofTIPPECANOE
ounty.	County State of
Dated this	nut purpose by the Clerk of the Circuit Court of
0ANOARY	
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation PASTOR
the state of Indiana this	8th
	Signed Mary Gauge Cle HENDRICKS Circuit Con
	HENDRICKS Circuit Con

alth under Authority APPLICATION FOR	MARRIAGE LICENSE
IC. 31-1-3-2 fective July 1, 1977	KS File
	County
MALE Medical Examination Report Dated 12-18-84	FEMALE Date of Application
Name of Physician Mar Harris	Medical Examination Report Dated
Name of Physician	Name of Di
L QUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement-Whe	bever procures the issuance of a license to marry by any false statement, representation or pretens
I be threat in any MALE APPLICANT	
me First Charles Breach	FEMALE APPLICANT Name / First
te of Birth Month Day Year	Date of Birth Milling Last
ce of Birth (State or foreign country)	Month Day
Let no	Frace of Birth (State or foreign country) 96 1956
idence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
vious Marital Status: Never Married OR	1 12 monora many on
Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
e of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Dudicial Decree
	Birth Certificate 🖬 Judicial Decree
D Other (Specify)	Other (Specify)_ La ter.
Are you now or have you ever been adjudged to be of unsound mind? No P Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 Are you afflicted with a transmissible disease? No 🖵 Yes 🗆	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease. No Ves U Are you related to the female applicant closer than second cousin? No Ves U	2. Are you afflicted with a transmissible disease?
Are you now under the influence of intoxicating liquor? No V Yes D	3. Are you related to the male applicant closer than second cousin? No D Ver
Are you now under the influence of a narcotic drug? No 🖓 Yes 🗆	4. Are you now under the influence of intoxicating liquor? No D-Yes
List the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? No^Q Yes 6. List the full names of any dependent children.
amy Pershell Bush	
Carrie andre Buch	Bradford Eugene Lindeo
Ja i have been to	Betty Jean Linder
Server Bright Brish.	
Are you required by any court order or orders to support the above Rependent children? No D Yes D	7. Are you required by any court order or orders to support the above dependent children?
fanswer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
ompliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
Full name of father all the triad buch	8. Full name of father Robert Jerry Mobley
Residence of father (if deceased so state)	Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country)	
Full maiden name of mother that the lee pearle to hite	Birthplace of father (State or foreign country)
ul maiden name of mother	9. Full maiden name of mother Interesting Internet
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Anduana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) malana
Mary Markey Mark	Signed Mailue Sur Cunder New Address P-O-Box 431 MONTCULA C Subscribed and sworn to before me this algorithm day of the 19.8 HENDRICKS Circuit Com
Circuit Court	Circuit Courses
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary.
s, state facts which render the consent of the other parent unnecessary	signs, state facts which fender the content of the sales the
of Indiana,	State of Indiana, HENDRICKS
ty of HENDRICKS } ss :	County of an and a second s
Signed	Signed
A CARLEN AND A CARLEN	Signed
	Signed
ribed and sworn to before me this	Subscribed and sworn to before me thisCler
Clerk	
IPLETE IF MARRIAGE	T. A marriage license having been refused to the above named parties, th and file
HENDRICKS	T. A marriage license having been and file urt by written order issuedand file
authorizes and directs the issuance of	for marriage license to the above named parties.
authorizes and directs the issuance of	f a marriage license to the above and the
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Cour
ndiana dated the 28 day of	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Cour se issued by the clerk of the
ndiana dated the 28 day of Neurophic HOWARD CHARLES BUCH t further remembered, the following marriage certificate was filed in my of	nd MARLENE SUE LINDER
thousand air 1	nd <u>MARLENE SUE HINDER</u> ffice, to-wit: JANUARY hereby certify that on the <u>JANUARY</u> hereby certify that on the <u>MORGAN</u> hereby certify that on the <u>MORGAN</u> hereby certify that on the <u>JANUARY</u>
analana, Groom	HENDRICKU State of INDIANA
STARE	of
by mean is a market of market of mean	hat purpose og orde
ity.	
ity.	
ty. d this5th	Signed /s/ MYRON E. HOCKMAN
aty. d this5th	Signed /s/ MYRON E. HOCKMAN

PO



CTATE	OF INDIANA No. 624
The service By	R MARRIAGE LICENSE File
Indiana State Board of Health under Authority HENDR	
fleatin under 1-13-2 of I.C. 31-1-3-2 Effective July 1. 1977	County Date of Application
Effective subsection	FEMALE
MALE . 12 27-84	Medical Examination Report Dated 12-27-84
MALE Medical Examination Report Dated 12 27-84 Check Clark	Name of Physician Cree Clark
at 1.2 g preseribed "Faise statement	Wheever procures the issuance of a license to marry by any false statement, representation or preto FEMALE APPLICANT
	FEMALE APPLICANT
MALE APPLICANT	Name First Middle G Last
Name Gremoren alan Scott	Date of Birth Month Day Myly
Pay Day 1963	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Place of Birth (State of Toreign country) Indiand
County State ()	Residence Address Street or R. R. City County State
331 y art main denvell undricks m	33/ East Main Manville Hendricky
dai curi	Previous Marital Status: Never Married DOR
Previous Marital Status: Never Married OR Last Marriage Ended By: Death D Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended by: Death Certificate Ujudicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
	Other (Specify) Baptism Certificate
Other (Specify) 11. Lic No 9 Yes D	
I. Are you now or have you ever been adjudged to be of unsound mind?	and it
If answer is "yes", has the adjudication been removed	Je Je
2. Are you afflicted with a transmissible disease:	140 - 1e
3. Are you related to the female applicant closer than second cousin.	4. Are you now under the influence of intoxicating liquor? No Yes
4. Are you now under the influence of intoxicating inquor.	5. Are you now under the influence of a narcotic drug? Not Ye
 Are you now under the influence of a narcotic drug? Node Yes List the full names of any dependent children. 	 List the full names of any dependent children.
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?
dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Ye If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you ar
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
3. Full name of father Daniel Ray Scott	8 Full name of father Eadle alven Meyers
On the second	Denauple Day
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Induana	Birthplace of father (State or foreign country) Sadlana
. Full maiden name of mother Shylles Ray Crane	9. Full maiden name of mother Mildred Jourse Ital
Residence of mother (if deceased so state) Indiana	Rendered methodil decourses Daysille, In.
21	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) And and	Birthplace of mother (State or foreign country)
County of	State of Indiana. HENDRICKS
	County of
Signed Mugg A. Scatt	signed Jessica arlene nyers
New Address 331 F. Main	New Address
Subscribed and sworn to before me this 28 day of dec 1984	3/2th paper link
mary Jane Quessell and HENDRICKS	Subscribed and sworn to before me this day of Our Mutod, 194
Glerk Clerk Clerk Circuit Court	Mary RHCRUSSell Over HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT OR GUARDIAN	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one par
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	and a service one contrary at one article language and

Animeter Alexandra

County of HEINDRICKS } ss:		State of Indiana,	
Signed		County of HENDRICKS	
Signed	Father	Signed	Father
Signed	Mother	Signed	Mother
Subscribed and sworn to before me this day	of		19
		Subscribed and sworn to before me thi	is
			Clerk
COMPLETE IF MARRIAGE LICENSE ISS HENDRICKS	UED BY ORDER OF COUR	T A	parties, the
in County	COUR	1. A marriage license having be	en refused to the above named parties, and filed
inauth	orizes and directs the interest	urt by written order issued	and most
DEm	uncers the Issuance of	f a marriage license to the above i	named parties.
we It Remembered, there was 6	MARRIAGE LICENSE	AND MARRIAGE CERTIFICA	TE
of Indiana dated the da Be it further remembered, the following magnet	tea in my office a marriage licen	E AND MARRIAGE CERTIFICA se issued by the clerk of the	HENDRICKS Circuit Court
Re it family GPECODY	y of and	19 Southorizin	a the joining together as husband and wife
Be it further remembered, the following marrie I,ANDREW	alan SCOTT	IESSICA APLEN	F MVEDC
ANDREW	J. SIMKINS	fice, to-wit:	B.HISKO
I,		ereby certify that on the 5th	day of JANUARY
State of Indiana, Groom	ALAN SCOTT	JHENDRICKO	County State of TNDIANA
ere by me united in marriage as authorized b	ARLENE MYERS of	HENDRICKS	County, State of INDIANA
ated this	a marriage license issued for t	hat purpose by the Clerk state	HENDRICKS
vere by me united in marriage as authorized by County. Dated this5thday of	JANILARY	parpose of the Cierk of the Ci	rcuit Court of
	, 19	8.5	
Filed and recorded in accord		Signed /s/ ANDR	EW J. SIMKINS
accordance with the laws	of the State of Indiana the	fficial Designation MINISTER	05
Filed and recorded in accordance with the laws	c) Induna this	loth	ARY
		Signed Many myanne	ARY Clerk
		- 0 0	HENDRICKS Circuit Court

ndiana State Board of APPLICATION 1	FOR MARRIAGE LICENSE
lealth under f I.C. 31-1-3-2 ffective July 1, 1977	ENDRICKS File_
	County
MALE Medical Examination Report Dated 2/24/84	FEMALE Date of Application
Name of Physician Erics Clark, m. D.	Medical Examination Report Dated 12/24/84
Name of Physician erected and and an an and an an and an and an an and an	
LL QUESTIONS MUST BE ANSWERED. 1.C. 31-1-3-6 prescribed "False statements to be fined in any sum not exceeding five hundred dollars (\$500,00)".	ent-Whoever procures the issuance of a license to marry by any false statement, representation or pretens
MALE APPLICANT	a needse to marry by any false statement, representation or pretens
ame First Middle Tay Last	FEMALE APPLICANT
ate of Birth Month Day Year	Date of River Riddle Alast
ace of Birth (State or foreign country)	addition Day Cellster
and	Place of Birth (State or foreign country) 8 1956
sidence Address Street or R. R. City County State	Hall Landence Address A. Street og R. R.
evious Marital Status: Never Married OR	20. 6034 Do. Clarks Orick Rl. Ind pla Hend.
et Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
te of birth verified by: Birth Certificate , Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Archers Ricense	
Are you now or have you ever been adjudged to be of unsound mind? No	Yes D Other (Specify)
If answer is "yes", has the adjudication been removed? No	Are you now or nave you ever been adjudged to be of unsound mind?
Are you afflicted with a transmissible disease? No E	Yes 2. Are you afflicted with a transmissible dia a
Are you related to the female applicant closer than second cousin? No	Yes 3. Are you related to the male applicant closer than some 1 in the
Are you now under the influence of intoxicating liquor? No D	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug? No Ligt the full names of any dependent children.	Yes 5. Are you now under the influence of a narcotic drug?
Jennifer Marie	6. List the full names of any dependent children.
priving	- apgela marie
	- Dentontee
	- Carmen Tracey
Are you required by any court order or orders to support the above dependent children? No 🗆 Y	Yes 5 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	
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father All for and Sorver	8. Full name of father Marney Stavey Staven
Residence of father (if deceased so state) Methy alked	Residence of father (if deceased so state) Declahed
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Tenneall
Full maiden name of mother Esta Notene Stevenson	2 9. Full maiden name of mother Leve gia Ellen Besha
Residence of mother (if deceased so state) Shelley Ohio	Dla. Diela Dui
Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state)
te of Indiana,	Birthplace of mother (State or foreign country)
inty of HENDRICKS	
Signed A hourd , Josuch)	signed Selecal Clusting
New Address	New Address
scribed and sworn to before me this 36 th day of leverable 19	84 Subscribed and sworn to before me this Ale the day of Melenber, 19 8
When and Russell an HENDRICKS	MALODNO PULLOR HENDRICKS
Circuit (Sourt The Star Contract Court Court Court
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one pa	wrent We, the parents, of this applicant hereby give consent for this marriage. If only one parent
s, state facts which render the consent of the other parent unnecessary.	
parent undersonly	
of Indiana, ty of HENDRICKS }ss:	State of Indiana, HENDRICKS } ss:
	County of
Signed	ther Signed
	ther Signed
ribed and sworn to before me this day of, 19.	Subscribed and sworn to before me this
······································	Clerk
	in found to the above named parties, the
HENDRICKS	COURT. A marriage license having been refused to the above named parties, the
lerke Older County arcuit	Court by written order issued
authorizes and uncers the issu	
RETURN OF MARRIAGE LI	CENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
we of Remembered, there was filed in my office a marriag	e license issued by the clerk of the
day of Allemer	DEBRA A. AUSTIN
further remembered, the following marriage certificate was filed in	my office, to-wit: 20th dou of December,
youn C. Mowrer	hereby certify that on the Hendricks
eighty-four	atat. Indiana
DAVID L. FORSUCH	of
DEBRA A AUSTIN	of. Marion County, State of Indiana, Hendricks County, State of HENDRICKS
ha	d for that purpose of the case
ty.	
ty.	
BrideDEBRA A. AUSTINO by me united in marriage as authorized by a marriage license issue ty. d this28thday ofDecember, 1	9 84. Signed /s/ John C. Mowrer
ty.	9 84. Signed/s/ John C. Mowrer Judge Hend. Co. Superior Crt. II Official Designation

	276			
Carpenter (14		CTATE OI	FINDIANA	No. 626
	Form Prescribed By	TON FOR	MARRIAGE LICENSE	File
A	Indiana State Board of Health under Authority	HENDRIC	KSCounty	12-81 011
	of I.C. 31-1-3-2 Effective July 1, 1977			Date of Application
BH		12-21-84	FEMALE Medical Examination Report D	ated 12 21-84
54	MALE Medical Examination Report Dated	& Clark	Name of Physician	E Clark
C	Name of Physician	C Course	ever procures the issuance of a license to marry	by any false statement, representation or proto-
Alle Alle Alle Alle Alle	ALL QUESTIONS MUST BE ANSWERED. L shall be fined in any sum not exceeding five hun	C. 31-1-3-6 prescribed "Faise statement adred dollars (\$500,00)".	sever procures the issuance of a license to marry FEMALE	APPLICANT
D - A MARPHY WE	shall be fined in any sum and MALE APPL	ICANT Last 0.1	Name First	() Middle Last
E H	Name First Kenne	the me nulty	Date of Birth Month	Day Year Year
	Date of Birth Month	Day 1963	Place of Birth (State or foreign country)	13 1965
	Place of Birth (State or foreign country)	Indiance State	Residence Address Street or R. R.	City County State
	Residence Address Street or R. R. RRH5 Box 148 h	City County County Rendered for	<u>RR#238181 dua</u>	moulo fundrude In
	Marital Status: Never Married DOR		Previous Marital Status: Never Marrieg OF	Annulment
2	Annu	Iment Decree	Date of birth verified by: Birth Certificate	
G	Date of birth verified by: Birth Certificate Judi		Other (Specify) dly- Ar	and the second secon
1	& Other (Specify) army 2. N.	unsound mind? No Tes D	1. Are you now or have you ever been adjudged	to be of unsound mind? No B Yes D
	 Are you now or have you ever been adjudged to be of u If answer is "yes", has the adjudication been removed? 	NO - 1100 -	If answer is "yes", has the adjudication been r	165 0
	2. Are you afflicted with a transmissible disease?	No Contes C	 Are you afflicted with a transmissible disease Are you related to the male applicant closer ti 	163
	 Are you related to the female applicant closer than see Are you now under the influence of intoxicating liquor 	cond cousin.	4. Are you now under the influence of intoxication	ng liquor? No D Yes D
ALL M	 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? 	No G Yes D	 Are you now under the influence of a narcotic List the full names of any dependent children 	
CT H	6. List the full names of any dependent children.		6 List the full names of any dependent children	
a la la				
Cre L				
	7. Are you required by any court order or orders to supp	ort the above	7 Are you required by any court order or order	
	dependent children? If answer is "yes", it is required that this Application be	Not test	dependent children" If answer is "yes", it is required that this Appl	No Yes I
	compliance with any court order or greters issued for		compliance with any court order or orders iss	
	8. Full name of father Chillip Ie	roy me nulty	8. Full name of father Samm	Le Lee Fayne
	Residence of father (if deceased so state)	Indiana	Residence of father (if deceased so state)	Indiana)
	Birthplace of father (State or foreign country)	maiana	Birthplace of father (State or foreign country)	maland Hillin
M. M. H. Halles	9. Full maiden name of mother_12111104a	Joan Dunch	9. Full maiden name of mother	na pan storons
The second second	Residence of mother (if deceased so state)	Indiana	Residence of mother (if deceased so state)	Priciana
A Good Hitter	Birthplace of mother (State or foreign country)	I depose and state the information given	Birthplace of mother (State or foreign country). State of Indiana,	I depose and state the information given
	County of HENDRICKS	in this application is true and correct.	County of HENDRICKS	***: in this application is true and correct.
G	Signed Michael f	K M Maly	Signed Kai	stine haune
01.	New Address KKS	148 DANGILLE IN	New Address RR	5 Box 148 Danville
	Subscribed and sworn to before me this	Le day of Allec, 1984. HENDRICKS	Subscribed and sworn to before me this	all day of all 19.89
P		ClerkClerk	Mary Jane Bues	22 Gerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARD	IAN	CONSENT OF PARENTS, PARENT OR	GUARDIAN
	We, the parents, of this applicant hereby give con		We, the parents, of this applicant hereby	give consent for this marriage. If only one parent
and a second	signs, state facts which render the consent of the	other parent unnecessary	signs, state facts which render the consent	of the other parent unnecessary
1 m				
C	State of Indiana,			
S FIII	County of HENDRICKS } ss:		State of Indiana, HENDRICKS	} ss:
No No No	Signed	Father	County of	Father
	Signed		Signed	Mother
	Subscribed and sworn to before me this	day of	Signed	day of
AR THE		Clerk	this and sworn to before me this	Clerk
and the second	COMPLETE IF MARRIAGE LICENS		RT. A marriage license having been r	the start the
	HENDRICKS	ty	RT. A marriage license having been r	efused to the above named parties, une and filed
		authorizes and directs the issuance	ourt by written order issued. of a marriage license to the above name	ed narties
	Be It Remembered there	RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE	ed partices
	Be it further monoral genneth	MCNIV	, 19, authorizing th	e joining together as husband and wife
	Be it further remembered, the following I,	marriage certificate was filed in my	office, to-wit:	Layne
	one thousand nine hundred and 85)	hereby certify that on the 5	tester Dan.
	and, Bride Kristing To	1 Spenneth MCAulty	of Vernen Pariet	County of Hendricks
	one thousand nine hundred and 85 State of Indiana, Groom Michael and, Bride Kristing Jean were by me united in marriage as author County.	in Layne of t	lendricks	County, State of TD
	were by me united in marriage as author County. Dated this	the by a marriage license issued for	that purpose by the Clerk of the Circuit	County, State of HENDRICKS
	Dated thisday of	Sanuary , 19 8	3	
and the				an Kincade
a second and a second	Filed and recorded in accordance with the	e laws of the State of Indiana this	Official Designation Minister	
			Signed Mary Come	2
			Contraction of the second s	HENDRICKS Circuit Court

Form Prescribed By STATE OF	INDIANA
APPLICATION FOR MARKED AUTOMATICATION FOR MARKED BLASS	MARRIAGE LICENSE No. 627
ffective July 1, 1977 HENDRICK	SCounty File
MALE	Date of Application
Medical Examination Report Dated	Medical Energy in the second s
Name of PhysicianClark	Name of Physician Ola
LL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Whoe hall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a linear the
mall be fined in any sum not exceeding the number donars (2000.00).	a needs to marry by any false statement, representation or pretense
Tame First Middle Last	Name First
Date of Birth Month Day Year	Date of Birth Month Lesan Horton Last
March 10 1942	Day Year
esidence Address Street or R. R. City County //State	Place of Birth (State or foreign country) Residence Address, Street or R. P. Moland
RR#2 But 212 Maylow Neudricks m:	RB +2 By 212 Gity County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
ast Marriage Ended By: Death Divorce Annulment Death Divorce Annulment Death Divorce Divorce Death Dea	Last Marriage Ended By: Death Divorce Annulment D
	Date of birth verified by: Birth Certificate D Judicial Decree
Other (Specify) pass part	Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ¹ Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D
Are you afflicted with a transmissible disease? No P Yes D	If answer is "yes", has the adjudication been removed? No Ves 2. Are you afflicted with a transmissible disease? No Ves D
Are you related to the female applicant closer than second cousin? No Ves D	Are you afflicted with a transmissible disease? NoD Yes NoD Yes NoD Yes
Are you now under the influence of intoxicating liquor? No Yes D	4. Are you now under the influence of intoxicating liquor? No Yes D
Are you now under the influence of a narcotic drug? Not Yes D List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No Tes D
	6. List the full names of any dependent children.
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No 🗆 Yes 🗆	dependent children? No 🗆 Yes 🗆
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
Full name of father George Henry Ware	compliance with any court order or orders issued for their support. " 8. Full name of father Manford Selicite Poster
Residence of father (if deceased so state) England	Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) England	Birthplace of father (State or foreign country)
Full maiden name of mother Mary Demarittee Brown	9. Full maiden name of mother Ruth and Stonebraker
Residence of mother (if deceased so state) Encyland	Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) England	Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, IS
	County of HENDRICKS
Signed Grit Wore	Signed Linda Susan Cull
New Address P. 2. BOX 212 CLAYLONS. 114.17	New Address R. R. Z. Box 212, Clayton, IN 46118
Subscribed and sworn to before me this 26 day of Alec, 19.84	Subscribed and sworn to before me this 26 day of 1984
Mary Jane Reissell Clerk HENDRICKS Circuit Court	mary and Kusselfierk HEINDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
Ve, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
igns, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
and date facts which render the consent of the other parent unnecessary	
	course of Indiana
tate of Indiana, punty of	State of Indiana, HENDRICKS ss:
Signed	Signed
	Signed
Signed	Subscribed and sworn to before me this
	Subscriber and Storm to Clerk
Clerk	the above named parties, the
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above manual and filed
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS 	urt by written order issued
authorizes and directs the issuance of	I a marriage needs to be
RETURN OF MARRIAGE LICENSI Be It Remembered, there was filed in my office a marriage licen	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court se issued by the clerk of the
Be It Remembered, there was filed in my office a marriage licen Indiana dated the	, 1929, authorizing the joining together as husband and wye
ERIC WARE	nd
e it further remembered, the following marriage certificate was filed in my o TIMOTHY D. ROLLER	hereby certify that on the
TIMOTHY D. ROLLER ne thousand nine hundred and 85	at STILESVILLE , County of HENDERDEN,
ne thousand nine hundred and 85 tate of Indiana, Groom ERIC WARE	of
tate of Indiana, Groom	HENDRICKS HENDRICKS
pro ha ma transferre	that purpose by the Clerk of the Cheut Country
over by me united in marriage as authorized by a marriage license issued for a	
ounty.	
ated this	Signed/S/ TIMOTHY D: ROLLER
ated this	Signed /S/ TIMOTHY D. ROLLER Official Designation MINISTER JANUARY , 19 85.
nuty. ated this	Signed/S/ TIMOTHY D: ROLLER

and a set a set (



STATE OI	FINDIANA No. 628
Form Prescribed By APPLICATION FOR	MARRIAGE LICENSE File
Indiana State Authority HENDRIC	KS County 12/27/84
of I.C. 31-1-3-2 Effective July 1, 1977	Date of Application
1-191	FEMALE Medical Examination Report Dated/2/84
MALE Medical Examination Report Dated 2/18/94 Medical Examination Report Dated Stearmaller	Name of Physician Ekie Clark
Name of Physician Ronald Stegemallet	
Name of Physician <u>Ronald</u> <u>Megumac</u> ALL QUESTIONS MUST BE ANSWERED. I.C. 31-F-3-6 prescribed "False statement-Who ALL QUESTIONS MUST be exceeding five hundred dollars (\$500.00)".	sever procures the issuance of a ficense of fiarry by any faise statement, representation or preter
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescripted shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", MALE APPLICANT	
MALLE MIT List Last	Name First Middle Haat
Name Godated G. Successive	Date of Birth Month Day Year
Date of Birth Month Day 1952	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) Placemfield Dendrick Des State	Residence Address Street or R. R. City. County String
HIGHER Address Street or R. R. City County State	436 Beeckwood Rd, Ilderfield Hendreiker)
Space	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married & OR	Last Marriage Ended By: Death Divorce Annulment D
Previous Mariae Status: Death Divorce Annulment Last Marriage Ended By: Death Divorce Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by.	Other (Specify) Alterent License)
Other (Specify) No Z Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Z Yee
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 D Yes
If answer is "yes", has the adjudication been removed? No Z Yes Z 2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease? No 2 yes
No Pres	3. Are you related to the male applicant closer than second cousin? No by Yes
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor? No B yes 5. Are you now under the influence of a narcotic drug? No B yes to you have been been been been been been been be
5. Are you now under the influence of a narcotic drug?	 5. Are you now under the influence of a narcotic drug? Not Yet 6. List the full names of any dependent children.
6. List the full names of any dependent children.	
7. Are you required by any court order or orders to support the above No Ves Ves	 Are you required by any court order or orders to support the above dependent children? No Yee
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you ar
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
8. Full name of fathe Marrie Earl Steuerwald	8. Full name of father Mallrice Coalf Fibrad
Residence of father (if deceased so state) Rocentle M.	Residence of father (if deceased so state) Mer Mother Source
Birthplace of father (State or foreign country) Jadeana	Birthplace of father (State or foreign country) Indeand
9. Full maiden name of mother Mad ge do proces of Murrely	9. Full maiden name of mother Colores alberta Reag
Residence of mother (if deceased so state) Rockville In.	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Indiana	Q-deard)
State of Indiana.	Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information gives
County of	County of HENDRICKS
signed Jugory E. Stevenugla	Signed Jackie & Dower
New Address	New Address
Subscribed and sworn to before me this 37th day of Devember, 1984.	Subscribed and sworn to before me this ITTh day of december, 192
Merey Jane Russell Clerk HENDRICKS Circuit Court	Mague are Russell are HENDRICKS Circuit Co
Circuit coure	All have been provided the second of the sec
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one par
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	
County of HENDRICKS	State of Indiana, HENDRICKS }ss:
Signed	County of
Father	Signed
Wather	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Cl
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	RT. A marriage license having been refused to the above named parties,
in 14 to a) (1) Valaa)	and a stand and a stand and and and and and and and and and
Provide and directs the issuance of	of a marriage license to the above named parties.
Be It Remembered, there was filed in my official	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Col
of Indiana dated the	ise issued by the clerk of the
27 CHIMAN OF CEMPER	hushand and w
one thousand nine hundred and	hereby certify that on the 29th day of DECEMBER
of Indiana, Groom	at INDPLS County of MARION
LARL STEUERWALD	Country State of WITANA
and, BrideGREGORY EARL STEUERWALD were by me united in marriage as authorized by a marriage license issued for Dated this	MARION County, State of INDIANA
Dated this	that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this	
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER 19
the State of Indiana this	
	Signed Many JANUARY Cler HENDRICKS Circuit Cou
	Signed

m Prescribed Dy iana State Board of dth under Authority .C. 31-13-2 .C. 31-13-2	STATE OF	IARPIACE TO
C 31-1:012	HENDRICK	ARRIAGE LICENSE File
.C. 31-1-4-2 ective July 1, 1977	TENDRICK	County 12-21 20
12 211	01	EFMALE Date of Application
MALE Medical Examination Report Dated 2-24	-84	I DMALE.
	and the second states of the	Medical Examination Report Dated_ 12-24-84
Name of Physician days		Name of Physician Clark,
LOUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 preser	ribed "False statement—Whoe	ever procures the issuance of a license to marry by any false statement, representation or pretense
L QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 preser 1 be fined in any sum not exceeding five hundred dollars (\$50 MALE APPLICANT	1	a occurse to marry by any false statement, representation or pretense
MALE AFFLICANT	al last	FEMALE APPLICANT
ne Ponald - Ugane -	Hardman	Name First Middle
te of Birth Month Day	Year	Date of Birth Month Ann Lampfield.
ce of Birth (State or foreign (ountry)	1966	Place of Birth (St. 1974)
1 10 mill strong	Contra A	Place of Birth (State optoreign country) 4 19168
dence Address R Street or R. R. City	County State	Residence Address Street or R. R. City County State
IL-I DOX IN TONIMONES	Arra VV	Jug - Japason Danville Skid b
vious Marital Status: Never Married OR	A MARK AND A MERCE	Previous Marital Status: Never Married D OR
t Marriage Ended By: Death Divorce Annulment	the tractions have by	Last Marriage Ended By: Death Divorce Annulment D
e of birth verified by: A Birth Certificate Judicial Decree	a second second second second second	Date of birth verified by: D Birth Certificate D Judicial Decree
	/	
Other (Specify)		Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	No ^O Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 9 Yes D
If answer is "yes", has the adjudication been removed?	No Ves D	If answer is "yes", has the adjudication been removed? No D yes D
Are you afflicted with a transmissible disease?	Nd Yes	2. Are you afflicted with a transmissible disease? No D yes D
Are you related to the female applicant closer than second cousin?	No Xes	3. Are you related to the male applicant closer than second cousin? No Z Yes D
Are you now under the influence of intoxicating liquor?	No yes D	4. Are you now under the influence of intoxicating liquor? No Tryot
Are you now under the influence of a narcotic drug?	No Yes D	5. Are you now under the influence of a narcotic drug? No D Yes D
List the full names of any dependent children.	The large states and the	6. List the full names of any dependent children.
		and the second
Are you required by any court order or orders to support the above	No Yes D	7. Are you required by any court order or orders to support the above
dependent children?		dependent children? No 🗆 Yes 🗆
If answer is "yes", it is required that this Application be accompanied by sa	atistactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	Hardman.	compliance with any court order or orders issued for their support.
Full name of father All book church church	- in armin	8. Full name of father / full rule culfine carrier
Residence of father (if deceased so state)	em	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Missour	La	Birthplace of father (State or foreign country)
mailer Fin	the Proper	hotte Aslene Mapphir
Full maiden name of mother the angle of the second	1)	9. Full maiden name of mother Strangeneral interruption
Residence of mother (if deceased so state)	em	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	harden aller	Birthplace of mother (State or foreign country)
	state the information given	State of Indiana, J I depose and state the information giver
HENDRICKS	ation is true and correct.	County of As: in this application is true and correct
X La Ca al	2 00	Bongel Cuppe Harton
Signed Mara amp	, ecc	Signed.
New Address 20 4 5 Jefferse	m panull	New Address
abscribed and sworn to before meythis	UC 19.8.9	Subscribed and sworn to before me this day of day of 1900, 1900
Jam Time Kursill HENE	ORICKS Circuit Court	Mary and Kussellerk HENDRICKS Circuit Cour
Will for the second sec	Circuit Court	
NERVE OF REPRINTS, REPRINT OF STREPTEN		CONSENT OF PARENTS, PARENT OR GUARDIAN
DNSENT OF PARENTS, PARENT OR GUARDIAN		We, the parents, of this applicant hereby give consent for this marriage. If only one parent
e, the parents, of this applicant hereby give consent for this ma	arriage. If only one parent	We, the parents, of this applicant nervey site that a separat upperessary
gns, state facts which render the consent of the other parent u	nnecessary	signs, state facts which render the consent of the other parent unnecessary
ate of Indiana,		State of Indiana, up policies
unty of HENDRICKS ss:		County of HENDRICKS
,		Fathe
Cineral		Signed V Porty R. Campbell Mother
Signed	Mother	Signed Kelling (A. 19
		Signed, and sworn to before me this
Signed	10	Cler
Signedbscribed and sworn to before me this		
Signed	Clark	
Signedbscribed and sworn to before me this		A marriage license having been refused to the above named parties, th
Signed	Clerk	RT. A marriage license having been refused to the above named parties, the and file
Signed	Clerk	RT. A marriage license having been refused to the above named parties, the ourt by written order issued 3 day wawe and file ourt by written order issued between a second parties.
Signed bscribed and sworn to before me this day of DMPLETE IF MARRIAGE LICENSE ISSUED HENDRICKS County Juple County Juple authorizes	BY, ORDER OF COUL	of a marriage license to the above named parties.
Signed bscribed and sworn to before me this day of DMPLETE IF MARRIAGE LICENSE ISSUED HENDRICKS County Lupl Authorizes	Clerk BY, ORDER OF COUI	of a marriage license to the above named parties.
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Signed abscribed and sworn to before me this day of OMPLETE IF MARRIAGE LICENSE ISSUED HENDRICKS County Hendrices RETURN OF BE JI Remembered, there was filed in re- f Indiana dated the day of RONALD EUGENE HARDMAN e it further remembered, the following marriage cer Anthony. C. Guido te thousand nine hundred and eighty-four tate of Indiana, Groom RONALD EUGEN	Clerk BY, ORDER OF COUL Month Control and directs the issuance OF MARRIAGE LICENS my office a marriage lice Micentury officate was filed in my retificate was filed in my	of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Count nse issued by the clerk of the difference of the dif
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	STATE OF IN	DIANA	
	STATE OF MA	RRIAGE LICENSE	
Form Prescribed By Indiana State Board of Authority	HENDRICKS	County	811
Indiana State Doub Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	TENEN	Date of Applica	tion
		FEMALE Medical Examination Report Dated 12-27-8	211
MALE in tim Report Dated 12-2	7-84	60. DD A	4
Medical Examination Report		Name of Physician	
Name of Physician Cric Clause	ed "False statement-Whoever	procures the issuance of a license to marry by any false statement, representat FEMALE APPLICANT	ion or pretense
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 preserve shall be fined in any sum not exceeding five hundred dollars (\$500.0 MALE APPLICANT	00)".	FEMALE APPLICANT	
shall be fined in any sum not exceeding MALE APPLICANT		Name First Middle	Last
Name & First hroubling	Villians -	Date of Birth Month Day Yea	ands
Marry Day	Year 10 20	Place of Birth (State or foreign country)	1946
Place of Birth (State or foreign country)		Caltemore, Maridand	
City Co	ounty State	Residence Address Street or R. R. Chy County	State
Residence Address Street or R. R.	10	Previous Marital Status: Never Married OR	
Previous Marital Status: Never Married OR		Last Marriage Ended By: Death Divorce Annulment	
Divorce Annument		Date of birth verified by: Birth Certificate Judicial Decree	
Date of birth verified by: Birth-Certificate Judicial Sector		V Dainer Higgins	
Vai and huvers the	ne	Q Other (Specify)	1
1. Are you now or have you ever been adjudged to be of unsound mind?	No Yes	 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
If answer is "yes", has the adjudication been removed?	No Yes	2. Are you afflicted with a transmissible disease"	No Yes
2. Are you afflicted with a transmissible disease?	Not Yes	Are you related to the male applicant closer than second cousin?	No Yes
Are you related to the female applicant closer than second cousin?	No Yes	4. Are you now under the influence of intoxicating liquor?	No Ves D
4. Are you now under the influence of intoxicating liquor?	No Yes	5. Are you now under the influence of a narcotic drug?	No Yes
5. Are you now under the influence of a narcotic drug?		6. List the full names of any dependent children.	\sim
6. List the full names of any dependent children.			
		7. Are you required by any court order or orders to support the above	
7. Are you required by any court order or orders to support the above dependent children?	No D Yes D	 Are you required by any court order or orders to support the above dependent children? 	No Yes
If answer is "yes", it is required that this Application be accompanied by sat	tisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory	proof that you are i
compliance with any court order or orders issued for their support.	10 AD .	compliance with any court order or orders issued for their support	
8. Full name of father Hickard Ayle	Villiams	8. Full name of father & Prala Ch. Mount	you.
Residence of father (if deceased so state)		Residence of father (if deceased so state) 10316 Mutbal	Orwe
Birthplace of father (State or foreign country)	nes	Birthplace of father (State or foreign country) Kansas City	Hanse
9. Full maiden name of mother Sorraine Acres	se	9. Full maiden name of mother Mary Low Ha	linson
Calil		Residence of mother (if deceased so state) 1316 Hutler	Dr.
Residence of mother (if deceased so state)			
Birthplace of mother (State or foreign country)	nus	Birthplace of mother (State or foreign country) and	information giv
State of Indiana, County of HENDRICKS	tate the information given ation is true and correct.	State of Indiana. HENDRICKS	true and corre
he Kyllean			5
Signed Par 25 Dr	The Is	X Signed	25 5
New Address		New Address	2 1, 10
Subscribed and sworn to before me this 27 day of A	ecember. 1984.	Subscribed and sworn to before me this day of day of	melicitys.
Many Jose Bywselcherk HEN	IDRICKS Circuit Court	Mary Jane Fussellork HENDRICK	Circuit Cou
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this man	rriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage.	If only one pare
signs, state facts which render the consent of the other parent un	necessary	signs, state facts which render the consent of the other parent unnecessa	y
State of Indiana			
State of Indiana, County of HENDRICKS		State of Indiana,	
)		County of HENDRICKS	
Signed	Father	Signed	Fath
Signed	Mother	Signed	Moth
Subscribed and sworn to before me this	10	Subscribed and sworn to before me this	, 19
		Subscribed and sworn to before me this	Cle
HENDRICKS	Y ORDER OF COUR	T. A marriage license having been refused to the above nam	ed parties, th
County			and file
inauthorizes a	nd directs the issuance of	f a marriage license to the above named parties.	
	in ARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE HENDRICKS	Circuit Cou
Be It Remembered, there was filed in m	I A A A A A A A A A A A A A A A A A A A		1 and and we
Be It Remembered, there was filed in m of Indiana dated the A A A A			
Be It Remembered, there was filed in m of Indiana dated the Andrew day of	andary	, 19, authorizing the joining together us ha	
Be It Remembered, there was filed in m of Indiana dated the LARRY FRANKLIN WILLIAMS Be it further remembered, the following	Jenerary	NANCY ANN SANDS	
Be It Remembered, there was filed in m of Indiana dated the A day of LARRY FRANKLIN WILLIAMS Be it further remembered, the following marriage cert I, James R. Harlan II	ificate was filed in my of	nd NANCY ANN SANDS ffice, to-wit:	
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RETURN OF Be It Remembered, there was filed in m of Indiana dated the. LARRY FRANKLIN WILLIAMS Be it further remembered, the following marriage certs I, James R. Harlan II one thousand nine hundred and Eighty-five State of Indiana, Groom LARRY FRANKLIN and, Bride. NANCY	ificate was filed in my of h e WILLIAMS	nd NANCY ANN SANDS ffice, to-wit: hereby certify that on the 2nd day of January at Danville County of Her of Hendricks County State of Inc	dricks
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rm Prescribed By STATE OF tiana State Board of alth under Authority I.C. 31-1:3-2 feetive July 1, 1977 STATE OF APPLICATION FOR 1 HENDRICE	MARRIAGE LICENSE File
Run	County
MALE 12-14-84	FEMALE Date of Application
MALE Medical Examination Report Dated 12-14-84	Medical Examination Person P
Name of Physician Jesse Meredith	Name Crit
LOUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement-Who	ever process the second state Meredith
L QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Who all be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT	set procures the issuance of a license to marry by any false statement, representation or pretaneous
First Middle	FEMALE ADDITION
peph a. Carrico	First Middle
19.58	Date of Birth Month 2 Day Maness
ce of Birth (State or foreign country)	Place of Birth (State or foreign country) 26 1962
idence Address Street or R. R. City County State	Residence Address Streptor R. R. City
820 Xtamer Sr Florida	T37 Lake Shee Dry County State
vious Marital Status: Never Married OR t Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
e of birth verified by: Birth Certificate Dudicial Decree	Last Marriage Ended By: Death D Divorce D Annulment D
	Date of birth verified by: D Birth Certificate D Judicial Decree
V Other (Specify) _ Aller aller aller and f	& Other (Specify) Drivers Dice and
Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of usered by the
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease? No Yes Are you related to the female applicant closer than second cousin? No Yes D	2. Are you afflicted with a transmissible disease?
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of intoxicating liquor? No Yes	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of intoxicating liquor? No Yes
List the full names of any dependent children.	 Are you now under the influence of a narcotic drug? List the full names of any dependent children.
	andrea Maxen
	pp:] _
	alison Maress
Are you required by any court order or orders to support the above	
ependent children? No Yes	7. Are you required by any court order or orders to support the above dependent children?
fanswer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
ompliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
'ull name of father which are a father and a father and a father are a father and a father are a father a fathe	8. Full name of father famers Reemaness
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother_ alle re Clipabeth Ceckholg	9. Full maiden name of mother Carbl hay Dewman
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
lirthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Michigan
nty of HENDRICKS in this application is true and correct. Signed New Address 37 Latke shoke deis cribed and sworn to before me this 28 th day of December 19.84 HENDRICKS	County of HENDRICKS County of HENDRICKS Signed Action 188: I depose and state the information given in this application is true and correct. New Address 73 7 Acheshold On Subscribed and sworn to before me this 277 day of December 19.89 Subscribed and sworn to before me this 277 day of December 19.89 Mark HENDRICKS Circuit Court
ClerkCircuit Court	TI per fune fune core
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
of Indiana, ty of HENDRICKS }ss:	State of Indiana, HENDRICKS
	County of
Signed	Signed
SignedMother	Signed
ribed and sworn to before me this day of, 19,	Subscribed and sworn to before me this
Clerk	
	the above fiamed parties, the
PLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS	A marriage license having been refused to the above hand field rt by written order issued
County Superior It Cou	rt by written order issued
authorizes and directs the issuance of	a marriage needed to the
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court e issued by the clerk of the
1996 If Remembered, there was filed in my office a marriage licens	e issued by the clerk of authorizing the joining together as husband and wife
allos Epu al DECEmber	LAURA FAY MANESS
and the following marriage certificate was need in the	anth day of Deveniever
Anthony D. Guido	ereby certify that on the Gounty of Hendricks
a eighty-four and eighty-four	Lagambia County, State of
of Indiana, Groom JOSEPH A. CARRICO	Contra State of Indiana,
e of Indiana, Groom JOSEPH A. CARRICO of Bride	Hendricks HENDRICKS
by me united in marriage as authorized by a marriage license issued for the ty.	at purpose og det e
ty.	
d this open	/s/ Anthony C. Guido
d this 29th day of December , 19.84	
d this see	

Contraction of the second	282	
	STATE OF	INDIANA No. 632
	STATE OF	MARRIAGE LICENSE File
	Form Prescribed By Indiana State Board of APPLICATION FOR M	
	Health under Autority Health Inc.	County Date of Application
	of LC. 31-107 Effective July 1, 1977	FEMALE
	12 97 84	Medical Examination Report Dated 12-27-84
	MALE Medical Examination Report Dated 12-27-84	Name of Physician Robert W. Kirtley
	Name of Physician Poblert W. Kirtley	
and the second second second		ever procures the issuance of a meense to marry by any taise statement, representation or pretense
A A REALIZED AND A REALIZED A		FEMALE APPLICANT
A REAL PROPERTY.	shall be tined in any same MALE APPLICANT	Name First Middle Last
	Name Piret Clayton Leeffer	Date of Birth Month Day Year
	Date of Birth Month 1931	Place of Birth (State of) foreign equiptry) 0 1931
	Place of Birth (State or foreign country)	Pittsboro on.
10.412.412.4	Rardam en P. P. City County State	Residence Address Street or R. R. City County State
	Residence Address Street or R. 43 5734 Port Lillian #D maple. m.	Previous Marital Status: Never Married O OR
	Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
	Annument	Date of birth verified by:
	Last Marriage Ended Sy Date of birth verified by: Date of birth verified by:	D. P.
E. S. Hillson	Municha) Licempe	D Other (Specify) NUMERS & ICENSE)
	Other (Specify) Mutual Quarter state No Ves I 1. Are you now or have you ever been adjudged to be of unsound mind? No Ves I	1. Are you now or have you ever been adjudged to be of unsound mind?
	indication been removed?	If answer is "yes", has the adjudication been removed? $N_0 \square Y_{es} \square N_0 \square Y_{es} \square$
	reliated with a transmissible disease?	2. Are you afflicted with a transmissible disease? No B Yes D
	2. Are you articled with a transmission tensor of the second cousin? No Ves No	 Are you related to the male applicant closer than second cousin? No B Yes D Are you now under the influence of intoxicating liquor? No B Yes D
	4. Are you now under the influence of intoxicating liquor?	 Are you now under the influence of a narcotic drug? No ₽ Yes □ No ₽ Yes □
	5. Are you now under the influence of a narcotic drug:	6. List the full names of any dependent children.
	6. List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above	 Are you required by any court order or orders to support the above dependent children?
	dependent children? No 2 1 res 2 If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court grder or orders issued for their support	compliance with any court order or orders issued for their support.
-	8. Full name of father Slouge C. Fleeffer	8. Full name of father Dennie Wiggan
	Residence of father (if deceased so state)	Residence of father (if deceased so state) alclased
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
	9. Full maiden name of mother Kathleen Kendall	9. Full maiden name of mother Cowa Jone Specklen
	Reasonali	Decencial
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
- the second second second second	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	State of Indiana, County of HENDRICKS	State of Indiana. County of HENDRICKS Basi I depose and state the information given in this application is true and correct.
	Junol t P/H	I PRI
	Signed In runny Coplan Serffer	Signed finne Hogel black
	New Address 15734 Port Filler D.	New Address 5734 Port Gillion D
	Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19,
-	Clerk HENDRICKS Circuit Court	Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
•	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana	

HENDRICKS County of ... of Indiana, 58: HENDRICKS County of ... Signed. Fathe Father Signed. Signed. Mother Mother Signed. Subscribed and sworn to before me thisday of Clerk Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS .County ... Court by written order issued 3 day warver and filed in... letto fle ...authorizes and directs the issuance of a marriage license to the above named parties. RETURN 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 HENDRICKS of Indiana dated the JOHNNY CLAYTON PFEIFFER Be it further remembered, the following marriage certificate was filed in my office, to-wit: JENNIE HAZEL BLACK I,J.V. Boles one thousand nine hundred and eighty-four hereby certify that on the 31 day of December State of Indiana, Groom...... JOHNNY CLAYTON PFEIFFER Danville , County of Hendricks ...at..... and, Bride..... Indiana JENNIE HAZEL BLACK Marion .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. Indiaa Hendricks County, State of HENDRICKS December ...day of ... , 19 84 Signed /s/ J.V. Boles Official Designation Hend. Co. Circuit Court Judge 19....85..... Clerk Signed Mary Jose Kuspell Circuit Court HENDRICKS

	a second and the second se
orm Prescribed By STA	TE OF INDIANA
diana State Authority	OR MARRIAGE LICENSE No. 633
IC 31-1-3-2 fective July 1. 1977	NDRICKS File
Run	County
MALE in Perpert Dated 12-21-84	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination Report Dated
Name of Physician Hayd, Howell	Name of Physician Ray Mourall
Name	at-Wharver mouse the Agy A. Howell
Defined in any sum not exceeding five hundred dollars (\$500,00)",	nt-Whoever procures the issuance of a license to marry by any false statement, representation or pretense
e First Middle Carpent	Name CAFirst
of Birth Month Day Year	Date of Birth Month Rine. Halast
e of Birth (State or foreign country)	Month /Day /Vegel
A CALL	Place of Birth (State or foreign country) 1964
lence Address Street or R. R. City County State	Residence Address Street or R. R. City County
17.3.3 1. 17 D 08	- Doy 203 North Salerd
ous Marital Status: Never Married OR Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
of birth verified by: Birth Certificate Dudicial Decree	Last Marriage Ended By: Death D Divorce Annulment
of birth verified by	Date of birth verified by: Birth Certificate D Judicial Decree
Other (Specify)	Other (Specify)
re you now or have you ever been adjudged to be of unsound mind?	(es D 1. Are you now or have you great here is the second
answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
re you afflicted with a transmissible disease?	res 2 Are you affliated with a transition of the second state of t
re you related to the female applicant closer than second cousin?	fres 3. Are you related to the male applicant closer than second cousin?
e you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor? Not Yes D
e you now under the influence of a narcotic drug?	
st the full names of any dependent children.	6. List the full names of any dependent children.
	- and the second present of the second of the second secon
re you required by any court order or orders to support the above	
re you required by any court order or orders to support the above	res 7. Are you required by any court order or orders to support the above dependent children? No Vyes
answer is "yes", it is required that this Application be accompanied by satisfactory proof that you	are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
mpliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
ull name of father Carpen	tel 8. Full name of father Michael alles Hall
esidence of father (if deceased so state)	Residence of father (if deceased so state) North Salen
rthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Yerre Haute
Muchding Rainald	Birthplace of father (State or foreign country)
'ull maiden name of mother	9. Full maiden name of mother
lesidence of mother (if deceased so state)	Residence of mother (if deceased so state) / Jorth Saland
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Lerre Naute
te of Indiana.	siven State of Indiana, in include I depose and state the information given
nty of HENDRICKS	Treet. County of HENDRICKS
Van Thung He ente	Var Sharrow Hall
Signed fring Carpenter	X Signed Dt 2 hannille
New Address	New Address Children Can when here
scribed and sworn to before me this 28 4 day of Decembers	Subscribed and sworn to before me this Q.Q. day of HENDRICKS
Circuit (Clerk Circuit Court
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one pa	we, the parents, of this applicant hereby give consent for this marriage. If only one parent
state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
the construction of the other parent unrecessary	
of Indiana.	State of Indiana, UENIDDICKS
y of HENDŘICKS	County of
Signed	
	tther Signed
	other
ribed and sworn to before me this day of	Subscribed and sworn to before me this
	the set of the solution of the
HENDRICKS LICENSE ISSUED BY ORDER OF	COURT. A marriage license having been refused to the above named parties, the
C	Court by written order issued
authorizes and directs the issue	lance of a marriage memory
PETUPN OF MARRIAGE L	CENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
we of Remembered, there was filed in my office a marriag	ge license issued by the other is the joining together as husband and wife
ndiana dated the 3 day of 9m	re license issued by the clerk of the
BRUCE EVAN CAPPENDER	and
MORPTS	and SHAWN RENE HABD n my office, to-wit: hereby certify that on the 5th day of JANUARY hereby certify that on the 5th day of MENDRICK At CHURCH OF CHRIST
	County Of
nunured and OE	County, State of
e of Indiana, Groom BRUCE EVAN CARPENTER	of
Bride	ofOf
by me united in marriage as authorized by a marriage license issu	ed for that purpose by the Clerk of the Circuit Court of
ay. as a a a a a a a a a a a a a a a a a a	
d this	1985. Signed/s/ MORRIS HAFLEY. Official Designation MINISTER., 19.85.
	MINISTER 19
	Official Designation
and recorded in accord	Official Designation
and recorded in accordance with the laws of the State of Indiana	Official Designation_MINISTER, 19_85 thisday ofJANUARYClerk Signed

. Anderstand Annual A 100 (1)

V

			No. 63#
ST	TATE OF IND	DANA	
Form Prescribed By Indiana State Board of APPLICATION		RRIAGE LICENSE	File
Health under Autoris	HENDRICKS	County	Date of Application
Effective July 1, 1977		FEMALE	
MALE I Barart Dated 12.20.84	_	Medical Examination Report Da	
Medical Examination Report Dated	posed	Name of Thysician	eph A-Thompson
Name of Physician Joseph Green ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False stat ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False stat	tement - Whoever	procures the issuance of a license to marry	by any false statement, representation or prot-
ALL QUESTIONS MUST BE ANSWERED. L.C. 31-1-3-6 prescribed T also inter- shall be fined in any sum not exceeding five hundred dollars (\$500,00)".		FEMALE	E APPLICANT
shall be fined in any sum MALE APPLICANT		Name First	/ Middle
Name First Lee Youn		Date of Birth Month	Day Sommervie
Date of Birth Month Day Year 1957	7	Place of Birth (State or foreign country)	21 1961
Place of Birth (State or foreign country)		Yr.	idiana
City County		Residence Address Street or R. R. 113 Janlaw M. &	mounsburg dentrate
9490 CH2nd St. Indpes man		Previous Marital Status: Never Married 01	R
Previous Marital Status: Never Married OR	I	ast Marriage Ended By: Death Divorce D	Annulment
Divorce Annulment		Date of birth verified by: D Birth Certificate	Judicial Decree
Last Marriage Ended by: Birth Certificate Judicial Decree		B autor (Specific) Smalp	b. B. MU. Rd-Caro
Other (Specify) the he	io D Yes D	Are you now or have you ever been adjudged	
1. Are you now or have you ever been adjudged to be of unsound mind?	to C Yes C	If answer is "yes", has the adjudication been r	10- 16
If answer is "yes", has the adjudication been removed?	Io Ves D	2. Are you afflicted with a transmissible disease	No B Ye
the family applicant closer than second cousin.		3. Are you related to the male applicant closer t	han second cousin? Not Ye
4. Are you now under the influence of intoxicating liquor?		 Are you now under the influence of intoxicati Are you now under the influence of a narcotic 	no le
5. Are you now under the influence of a narcotic drug?		 Are you now under the influence of a harcour List the full pames of any dependent children 	10 10
6. List the full names of any dependent children.		John Lewis	Swetter
mark allan young		- procession	7
DWagne Lee Joung			
		Are you required by any court order or orden	s to support the above
7. Are you required by any court order or orders to support the above dependent children? No	o Ves	dependent children?	No D Ye
If answer is "yes", it is required that this Application be accompanied by satisfactory proof tha	nat you are in		lication be accompanied by satisfactory proof that you a
compliance with any court order or orders issued for their support.		compliance with any courrorder or orders iss	sued for their support.
8. Fullname of father Contraction of the father of the fat		3. Full name of father Allows	and Service
Residence of father (if deceased so state)		Residence of father (if deceased so state)	mumu
Birthplace of father (State or foreign country)	AL	Birthplace of father (State or foreign country)	Indiana
9. Full maiden name of mother alige bette and koving	ell	9. Full maiden name of mother for the	e Kathleen Blor
Residence of mother (if deceased so state) Andland		Residence of mother (if deceased so state)	moliand
Birthplace of mother (State or foreign country)		Birthplace of mother (State or foreign country).	<i>n.y.</i>
County of	nd correct	State of Indiana, HENDRICKS	BS: I depose and state the information gives in this application is true and corr
Alana Ma Lalana		County of	11.11 11
Signed Signed 1 57 Present		Signed Addition	alle the second and a second
New Address 210 1 199 C While Glares	INOP2S.	New Address	o aprile and on sign
Subscribed and sworn to before me this day of day of the here of t	, 19.8 J. S	subscribed and sworn to before me this	ay day of nec 192
Mary Jane Kiessell Clerk HENDRICKS Circ	rcuit Court	Mary Jane Russe	Clerk HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT OR GUARDIAN			THE REAL PROPERTY OF THE PROPERTY OF THE REAL PROPE
We, the parents, of this applicant hereby give consent for this marriage. If only o		CONSENT OF PARENTS, PARENT OR G	
signs, state facts which render the consent of the other parent unnecessary		Ve, the parents, of this applicant hereby g	
the other parent unnecessary		igns, state facts which render the consent	of the other parent unnecessary
State of Indiana.			
County of	St	ate of Indiana,	881
Signed	Co	unty of	
	Father	Signed	Fathe
Signed	Mother	Signed	Mothe
Subscribed and sworn to before me this		oscribed and sworn to before me this	
	Clerk		Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF HENDRICKS			I parties the
HENDRICKS County Sup # 2	Court. A	marriage license having been ref	used to the above named parties, the
in <u>Clerk affect</u> authorizes and directs the is	issuance of a m	written order issued	and man
RETURN OF MARRIAGE	LICENCE II a m	arriage license to the above named	parties.
of Indiana dated the 28	iage license iss	D MARRIAGE CERTIFICATE	HENDRICKS Circuit Cour
Decembe	or		I Land and Will
the following man	and	KIMBERIV TOIL COMMEDU	
John C. Mowrer	d in my office, t	o-wit:	and a set of the second second second
one thousand nine hundred and eighty four	hereby	certify that on the 28	day of December
DONALD LED VOID		Sauviie	County of
		narion	sumtar State of
County.	dab)	Contract in the state of the st	ounty, State of Indiana HENDRICKS
Dated this	, or that p	urpose by the Clerk of the Circuit (Court of
December	, 198.4	Si la la la la la la la la	C Nouror
Filed and recorded in accordance with the	Officie	Signed /S/ Judge John I Designation Hend. Co. Su	perior Crt.II Judge
Filed and recorded in accordance with the laws of the State of Indiano	a this4.th	day of January	
	Sign	ed Mary Jone Ree	Clerk
		f. Weber freehe	HENDRICKS Circuit Court

Re- mar	ria			
Form Prescribed By STATE OF Indiana State Board of APPLICATION FOR	FINDIANA ##/			
Health under a	MARRIAGE LICENSE			
of I.C. 31-1-3-2 Effective July 1, 1977	KSCounty 2 - 85			
MALE 12-27-84	FEMALE Date of Application			
Medical Examination Report Dated	Medical Examination Report Dated 12-27-84			
Name of Physician Aloned B. Haggard				
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license to marry by any false states			
Mildle				
Name Bruce R. Durice	FEMALE APPLICANT Name First Middle Last			
Date of Birth 12 19 1958	Date of Birth Month Day West			
Place of Birth (State or foreign country) Indus apalies, In.	Place of Birth (State or foreign country) Honolul			
Residence Address Street or R. R. City County State 601 Reduid Sane, Plainfuld M. 46168	Residence Address Street or R. R. City County State			
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR			
Iast Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death D Divorce G Annulment D			
Date of birth verified by: D Birth Certificate D Guidean Derice	Date of birth verified by:			
Other (Specify) Arwen's grense w/Pic.	D Other (Specify) Arweis Sicense 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	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes			
2. Are you afflicted with a transmissible disease? No Yes D	If answer is "yes", has the adjudication been removed? No Ves Ves			
 Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of intoxicating liquor? No Yes 	3. Are you related to the male applicant closer than second cousin?			
4. Are you now under the influence of intoxicating ilquor: No Yes I 5. Are you now under the influence of a narcotic drug? No Yes I	4. Are you now under the influence of intoxicating liquor? No. 9 Yes 0			
6. List the full names of any dependent children.	6. List the full names of any dependent children.			
and the second s	Mary Kathryn Durece			
7. Are you required by any court order or orders to support the above dependent children? No Ves V	7. Are you required by any court order or orders to support the above dependent children? No C Yes C			
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be 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 and plurele	compliance with any court order or orders issued for their support. 8. Full name of father Kenneth, William Whent			
Residence of father (if deceased so state) Plainfield, On.	Residence of father (if deceased so state) Plainfield, In.			
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)			
9. Full maiden name of mother Juzganne Apear	9. Full maiden name of mother Marline mcontyne			
Residence of mother (if deceased so state) Playnfield, m.	Residence of mother (if deceased so state) Plainfuld In			
Birthplace of mother (State or foreign country) Pinneylvania	Birthplace of mother (State or foreign country)			
State of Indiana. County of	State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.			
> B = Qt = all	× Mark 1. t			
New Address 634 d bakes de Dr- Blainfield IN	Signed 194 D Lange DI Plainfeld 20			
Subscribed and sworn to before me this 2nd day of January 1985	Subscribed and swarn to before me this Inde day of January, 1985			
Mary Jone Revenue Clerk HENDRICKS Circuit Court	mary Jane Russiel Clerk HENDRICKS Circuit Court			
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN			
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary			
signs, state facts which render the consent of the other parent unnecessary	signs, state lacts which render the constitution and the same render the same r			
State of Indiana,	State of Indiana, the policy set			
County of HENDRICKS } ss :	County of			
Signed	Signed			
Signed	Signed			
Subscribed and sworn to before me this	Subscribed and sworn to before me this			
Clerk				
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR'	T. A marriage license having been refused to the above named parties, the			
Country	urt hy written order issued			
authorizes and directs the issuance of	f a marriage licelise to the destriction			
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court se issued by the clerk of the			
of Indiana dated the	, 19.95, authorizing the joining together as husbana and wife			
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the				
ALAYTAON	County of HEADALOAN			
one thousand nine hundred and 85 State of Indiana, Groom BRUCE R. DURELL	of			
state of Indiana, Groom BRUCE R. DURELL of and, Bride MARY B. WERTZ of	HENDRICKS Hendrat the Circuit Court of			
County. County.	nuc por por			
Dated H				
	Grid Designation PASTOR 19 85.			
Filed and recorded in accordance with the laws of the State of Indiana this15	th day of JANUARY Clerk Signed. Mary Parce Result HENDRICKS Circuit Court			
the blace of the b	Signed			



	STATE OF IN	NDIANA	No2
	STATE OF I	ADDIAGE LICENSE	
Form Prescribed By Indiana State Board of APPLICATIO	ON FOR MA	ARRIAGE LICENSE	File
Health under Authority	HENDRICKS	County	1-3-85
of I.C. 31-1-3-2 Effective July 1, 1977			Date of Application
		FEMALE	12-21 211
MALE 12-31-84		Medical Examination Report Date	
MALE Medical Examination Report Dated 12-31-84	L	Name of Physician	
Medical Examination Report Dated Name of Physician <u>Autor</u> <u>Autor</u> ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False		programes the issuance of a license to marry by	any false statement, representation
Name of the MUST RE ANSWERED, LC, 31-1-3-6 prescribed "False	statement - w noeve		representation or pretense
		FEMALE A	PPLICANT
MALE ATT DIOTATE	Last	Name First	Middle
Name First Middle Maise	Jag -	Date of Birth Month	Day Spanger
Date of Birth Month Day 58	0	Place of Birth (State or foreign country)	22 (1)
2 22		Place of Birth (State or Toreign country)	
Place of Birth (State or foreign country) Kalles Mais City Country	State	Residence Address Street or R. R.	City County State
Residence Address Street or R. R.	a	RR3, Box 326	. In capital 3
No attest		Previous Marital Status: Never Married OR	and the second s
Previous Marital Status: Never Married OR		Last Marriage Ended By: Death Divorce A	
Last Marriage Ended By: Death Divorce Annulment		Date of birth verified by: D Birth Certificate	Judicial Decree
Last Marriage Ended Dy: Derificate Judicial Decree		B Other (Specify) Driver	. L
1 Other (Specify) Druisers Lie-			
 Are you now or have you ever been adjudged to be of unsound mind? 	No Yes	1. Are you now or have you ever been adjudged to b	163-
If answer is "yes", has the adjudication been removed?	No Yes	If answer is "yes", has the adjudication been remo	103 0
2. Are you afflicted with a transmissible disease?	No Yes	2. Are you afflicted with a transmissible disease?	No 🗗 Yes 🗆
 Are you related to the female applicant closer than second cousin? 	No Yes	3. Are you related to the male applicant closer than	
4. Are you now under the influence of intoxicating liquor?	No Ves	4. Are you now under the influence of intoxicating l	
5. Are you now under the influence of a narcotic drug?	No 🖌 Yes 🗆	5. Are you now under the influence of a narcotic dru	No Ves D
6. List the full names of any dependent children.		6. List the full names of any dependent children.	5.
ghald ruchttaff		ebold weather	reforage
			0
		7. Are you required by any court order or orders to	sunnort the shave
7. Are you required by any court order or orders to support the above dependent children?	No Yes	dependent children?	No Ves D
If answer is "yes", it is required that this Application be accompanied by satisfactory pro	of that you are in	If answer is "yes", it is required that this Applicat	ion be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.		compliance with any court order or orders issued	for their support.
8. Fullname offather Janaphin Manning		8. Full name of father house	Spangler
Residence of father (if deceased so state) Dallas Dexas		Residence of father (if deceased so state)	bill, water
A teld . I		X	bul halters
Birthplace of father (State or foreign country)	1.0	Birthplace of father (State or foreign country)	20 H 0 D
9. Full maiden name of mother (1995)	crean	9. Full maiden name of mother	Find Mare
Residence of mother (if deceased so state) Sollar Sepas		Residence of mother (if deceased so state)	bull, catju
Birthplace of mother (State or foreign country) Boston Mare		Birthplace of mother (State or foreign country)	. but astral
State of Indiana,	rmation given	State of Indiana,	I depose and state the information given
County of HENDRICKS		County of HENDRICKS	s: in this application is true and correct.
and the sol Warren		maril	1. A. Mander
Signed A. W. M. S. M. S. C. S. C. L.	Jui T	Signed 4.1. Signed All	2 201 & CID to 0 44118
New Address A. 2 DA 576 DC MA	TRW TN	New Addressx KAZ-K	Faren cegior on reno
Subscribed and sworn to before me this	19 55 5	Subscribed and sworn to before me this	day of Jan 19 13
Mary Jane Russell Clerk HENDRICKS	Circuit Court	Mary Jones Russell	Clerk HENDRICKS Circuit Court
		La Done march	
CONSENT OF PARENTS, PARENT OR GUARDIAN	0	CONSENT OF PARENTS, PARENT OR GUAR	IDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only		We, the parents, of this applicant hereby give o	
signs, state facts which render the consent of the other parent unnecessary			
a state other parent unnecessary	8	igns, state facts which render the consent of t	he other parent unnecessary

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- PROVINCIAL ALABURE A

County of HENDRICKS } ss :		State of Indiana, County of		
Signed	Father		······································	Father
	Mother	- 0		
Subscribed and sworn to before mo this	Mother			Mother
Subscribed and sworn to before me this	of	Subscribed and sworn to be	fore me this	day of
	Clerk			Clerk
COMPLETE IF MARRIAGE LICENSE ISSU HENDRICKS County				
Be It Remembered, there was fill of Indiana dated the	RN OF MARRIAGE LICENSE ed in my office a marriage license	AND MARRIAGE CE	RTIFICATE HEND	RICKS Circuit Court
of Indiana dated the	of	se issued by the clerk of	the	hushand and wife
Be it further remembered, the following marria , CONNIE 1	V. MANNING	, 19.00, a	uthorizing the joinin	ig together as husband and
Be it further remembered, the following marria , CONNIE L	ge certificate was filed in my of	fice, to-wit:	E.SPANGLER	
one thousand nine hundred and		CLAYTON	uuug	Country of HENDRICKS
State of Indiana, Groom	VAUGHN MANNING	of		State of TANA
and, BrideMICHAEL were by me united in marriage as authorized by County.	LYNN SPANGLER of	HENDRICKS	County,	State of INDIANA
County. County.	a marriage ligence :	HENDRICKS	County	HENDRICKS
were by me united in marriage as authorized by County. Dated thisllthday of			of the Circuit Court	of
	JANUAR¥ 1985.			
			/s/ CONNIE	L. HIBBARD
recorded in accordance with the laws	of the State of L	Official Designation	MINISTER	
Filed and recorded in accordance with the laws	, the State of Indiana this		JKANUARY	, 1985
		Signed Marino	ane Russes	HENDRICKS Circuit Court
			Contraction of the second second	HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Apple	STATE OF	FINDIANA
fealth under Automotion	LICATION FOR	MARRIAGE LICENSE
of LC 31119 1. 1977	HENDRIC	KSCounty
12 2		
MALE Medical Examination Report Dated	-84	FEMALE Date of Application
Name of Physician Auro Onit	th	Medical Examination Report Dated
Name of Thyperbolic O	nearlined #Pat	Name of Physician Shurp Smith
ALL QUESTIONS MUST BE Associated in the article price of the second seco	(\$500,00)".	ever procures the issuance of a license to marry by any false statement, representation or preto
MALE APPLICANT		
Tame Stoppen Middle	Datast ,	FEMALE APPLICANT Name Øirst
Date of Birth Month Day	Par 2	Date of Birth Micle Ray EDichast
Place of Birth (State or foreign country)	1792	Place of Birth (State)
Lesidence Address / Street or R. R. D/ City	County State	Besidence/Add the or foreign country)
9735 E. 1000 N. Bbung	And In	Residence Address Street or R. R. R. City Pounty State
Previous Marital Status: Never Married OR	and State Contract on the State	Previous Marital Status: Never Married OR
ast Marriage Ended By: Death Divorce Annulment	and the board of a set of the	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Dudicial Decree	A Part Labor Day Long	Date of birth verified by: Birth Certificate Dudicial Decree
Other (Specify)	/	and the second
Are you now or have you ever been adjudged to be of unsound mind?	No D Yes D	Other (Specify)
If answer is "yes", has the adjudication been removed?	No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? Note you lif answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease?	No 🖓 Xes 🖓	2 Are you afflicted with a transmistic to a
Are you related to the female applicant closer than second cousin?	No Ves D	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of intoxicating liquor?	No Yes	4. Are you now under the influence of intoxicating liquor? Note y
List the full names of any dependent children.	No Tres D	5. Are you now under the influence of a narcotic drug? No D
		6. List the full names of any dependent children.
	A NEW YORK	
		and the second
Are you required by any court order or orders to support the above dependent children?	No 🗆 Yes 🗆	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	y satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you a
compliance with any court order or orders issued for their support.	Datas	compliance with any coust orders issued for their support.
Full name of father / Marting	NOWON	8. Full name of father Allen Joseph Alchson
Residence of father (if deceased so state)		Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	ua	Birthplace of father (State or foreign country) Unnesota
Full maiden name of mother D BMgp	at to	9. Full maiden name of mother Mary Margaret Rodger
Residence of mother (if deceased so state) Betty Ho.	Hanpton	Residence of mother (if deceased so state)
Birthologo mather Tall Ala		Dhink
providence of mouner (State or foreign country)	(MAR)	
Birthplace of mother (State or foreign country)	state the information given	Birthplace of mother (State or foreign country)
tate of Indiana.	state the information given lication is true and correct.	
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te of Indiana. Mew Address Signed Signed Signed May Market Clerk May Market Clerk Market Clerk Signed Signed Signed Signed Signed Market Clerk Signed Signed Market Clerk Market Clerk Marke	ication is true and correct.	State of Indiana. County of HENDRICKS as: I depose and state the information of Signed HillCia K. Guick Store New Address Marglace Hule of Subscribed and sworn to before me this New Address Marglace Hule of Subscribed and sworn to before me this May Junc Kussullesers HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one par signs, state facts which render the consent of the other parent unnecessary Signed Signed Factorial Signed More Subscribed and sworn to before me this day of 19 State of Indiana. Signed Signed Factorial Signed Signed More Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Autorizing the joining together as husband and we may first the solution of the above named parties. S AND MARRIAGE CERTIFICATE HENDRICKS Circuit Conserved to the above of 19 Autorizing the joining together as husband and we may first the solution of the solutio

A CONTRACTOR OF THE OWNER	288		
Real I	STATE O	F INDIANA	NoY
	Described By	MARRIAGE LICENSE	File
	Health under Authority HENDRIC	KSCounty	1/4/85 Date of Application
	effective July 1, 1977	FEMALE	in la laure
	MALE 12/31/84	Medical Examination Report Dat	ed3/31/84
	MALE Medical Examination Report Dated 12/31/84 Medical Examination Advect R. Warris	Name of Physician Sach	et R. Harris
	Name of Physician AMMENT TO AND COMPANY AN	bever procures the issuance of a license to marry h	y any faise statement, representation or pretense
Anna Anna Anna Anna Anna Anna Anna Anna		FEMALE	APPLICANT
	Name First Middle Greever	Name Brenda	Middle Theast
	Chomas recevery Year	Date of Birth Month	Day Year 38 49
	Date of Birth Month 56	Place of Birth (State or foreign country)	ndeana
	Place of Birth (State or foreign country)	Residence Address Or Street or R. R.	City County State
	Residence Address Street or R. R. City Kendereke M	P.O. Bay 81, amo	Mendrecks In
	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce	Annulation
	Annulment	Date of birth verified by: Birth Certificate	
	Date of birth verified by: Birth Certificate Judicial Decree	Date of on a second of	
	Algeners Lecense +	Other (Specify)	
	have you over been adjudged to be of unsound minu.	 Are you now or have you ever been adjudged to If answer is "yes", has the adjudication been rem 	169 0
	If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?	No D Yes D No D Yes D
	2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer that	
	 3. Are you related to the female applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor? 5. No the Test of Yest of	4. Are you now under the influence of intoxicating	liquor? No D Yes D
	 Are you now under the influence of a narcotic drug? No □ Yes □ 	5. Are you now under the influence of a narcotic d	No Yes D
	6. List the full names of any dependent children.	6. List the full names of any dependent children.	
		David Auser	nan
		Shawn Huse	man
	7. Are you required by any court order or orders to support the above dependent children?	 Are you required by any court order or orders t dependent children? 	o support the above No Z Yes D
A CT	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Applica	ation be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issue	d for their support.
	8. Full name of father Samuel Shomas Dreuch	8. Full name of father Cliffee The	avus pr.
	Residence of father (if deceased so state)	Residence of father (if deceased so state)	ecoquelle, Sn.
	Birthplace of father (State or foreign country) Sennessee	Birthplace of father (State or foreign country)	Shalana 1+
	9. Full maiden name of mother Allores Manell Gage	9. Full maiden name of mother Ruth	Evelyn Slevens
	Residence of mother (if deceased so state) Carlersburg, In.	Residence of mother (if deceased so state)	elbyrille In.
	Birthplace of mother (State or foreign country) Senneale	Birthplace of mother (State or foreign country	Indiana
	State of Indiana, County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.	State of Indiana. HENDRICKS	as: I depose and state the information given in this application is true and correct.
	Signed homas K. Brewer	County of Signed Brend	a. VIII. led
		Signed Dune	a r. wear
	New Address	New Address	1th Dening of
	Subscribed and swarn to before me this the day of femiliking 19.85	Subscribed and sworn to before me this	day of finiturey, 19.0
		Mary ane Kus	Lell Cierk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GU	ARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give	
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent	
		and and all and and tender the consent of	
	State of Indiana,		

County of HENDRICKS	State of Indiana,
Signal	County of HENDRICKS
Signed	
Signed	r Signed Mother
Subscribed and sworn to before me this	. Subscribed and sworn to before me thisday of, 19
Cler	THE BRUICE BUCKERS STREET
	URT. A marriage license having been refused to the above named parties, the Court by written order issued
nauthorizes and directs the issuan	ce of a marriage license to the above named parties.
Be It Remembered, there was filed in an anti-	NSE AND MARRIAGE CERTIFICATE
and your and the second s	husband and with
State of Indiana, Groom	hereby certify that on the 10th day of JANUARY
ind, Bride	at INDPLS.,, County of MARION, Of HENDRICKS County, State of INDIANA
vere by me united in marriage and in were of	of
County.	HENDRICKS County, State of INDIANA HENDRICKS County, State of HENDRICKS for that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this	
and and recorded in accordance with the laws of the St.	Official Designation CLERGYMAN
the State of Indiana this	Signed /s/ MARK E. JABERG Official Designation CLERGYMAN 14th day of JANUARY ,19
	Signed Mary Jane Russell in polices it Court
	HENDRICKS Circuit Court

APPLICATION FOR diana State Board of salth under Authority I.C. 31-1-3-2 fective July 1, 1977	MARRIAGE LICENSE
fortive July 1. 1911	KS File
litere	County
MALE Medical Examination Report Dated 1-2-85	FEMALE Date of Application
Name of Physician 201100 Black	Medical Examination Report Dated 1-2-85
Name of Physician	Name of Physician James Black
L QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Who all be fined in any sum not exceeding five hundred dollars (\$500,00)".	oever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	
me First Middle Last	FEMALE APPLICANT Name First
Month Day Year	Date of Birth Month Allow Last
ace of Birth (State or foreign country)	Day Day
WILL BE BERT	Place of Birth (State or foreign country)
idence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
evious Marital Status: Never Married OR	I am a face well gul currendy
in Finded By: Death Divorce Annulment	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
st Marriage Ended Sy. Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Other adjudged to be of unsound mind? No PYes	D Other (Specify) Downers Lico.
Are you now of marce you and	1. Are you now or have you ever been adjudged to be of unsound mind? No Tres D
If answer is "yes", has the adjudication been removed? No 🛛 Yes 🗆 Are you afflicted with a transmissible disease? No 🖓 Yes 🖓	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease? No 🖵 Tes 🗆 Are you related to the female applicant closer than second cousin? No 🖵 Tes 🗆	2. Are you afflicted with a transmissible disease?
Are you related to the remain approach closer than accord country in the result of the	 Are you related to the male applicant closer than second cousin? No Fres D Are you now under the influence of interiority.
Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆	 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.	6. List the full names of any dependent children.
Miller allefailly	Cirin M
Malura Sire	- Alanas
Maria a pr	Canallie Candale
11 area - show	- William Showas
Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗣	7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Ling Supe Dr.	8. Full name of father bale C. Rush
Residence of father (if deceased so state) here barrie and pla. And	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Dure June June Jud
D'A	M X Jelt 3 E.M.
Full maiden name of mother	9. Full maiden name of mother
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Jaklon 14 00 11.0
ate of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana. HENDRICKS }ss: I depose and state the information given in this application is true and correct.
bunty of	County of
Signed Jaco Spece Ja	Signed Stands
New Address Bill Junchlon	New Address 211 neucola Hoc
bscribed and sworn to before me this day of 19.5.	Subscribed and sworn to before me this day of 19.5
Clerk HENDRICKS Circuit Court	Mary Jane Russell Clerk HENDRICKS Circuit Court
Cier A	
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary.
is, state facts which render the consent of the other parent unnecessary	
te of Indiana,	State of Indiana, US DRICKS
nty of HENDRICKS	County of
Signed	SignedFather
	Mother
Signed	Signed
scribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	
Clerk	tions license having been refused to the above named parties, the
Clerk	RT. A marriage license having been refused to the above named parties, the and filed
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUP HENDRICKS	ourt by written order issued
APLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUP HENDRICKS County	ourt by written order issued
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUF HENDRICKS	ourt by written order issued of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS authorizes and directs the issuance of RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licent	ourt by written order issued of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Inse issued by the clerk of the initial together as husband and wife
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUH HENDRICKS County authorizes and directs the issuance RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licen Indiana dated the day of	ourt by written order issued of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS <i>nse issued by the clerk of the</i>
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Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUH HENDRICKS County authorizes and directs the issuance of RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licen Indiana dated the GEORGE T. SIPE, JR. it further remembered, the following marriage certificate was filed in my of LARRY L. BELLVILLE	ourt by written order issued of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS nse issued by the clerk of the Gircuit Court nse issued by the clerk of the Gircuit court nse issued by the clerk of the Gircuit court nse issued by the clerk of the Gircuit court nse issued by the clerk of the Gircuit court nad MARCIA LYNN THOMAS office, to-wit: 12th .hereby certify that on the County of .hend HENDRICKS
Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUH HENDRICKS County authorizes and directs the issuance RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licen Indiana dated the GEORGE T. SIPE, JR. it further remembered, the following marriage certificate was filed in my of LARRY L. BELLVILLE e thousand nine hundred and 85	ourt by written order issued of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS <i>nse issued by the clerk of the</i> , <i>authorizing the joining together as husband and wife</i> <i>19, authorizing the joining together as husband and wife</i> <i>and</i> MARCIA LYNN THOMAS <i>office, to-wit:</i> 12th <i>day of</i> JANUARY <i>hereby certify that on the 12th day of HENDRICKS</i> <i>at BROWNSBURG</i>
Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUH HENDRICKS County authorizes and directs the issuance of RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licen Indiana dated the day of EEORGE T. SIPE, JR it further remembered, the following marriage certificate was filed in my of LARRY L. BELLVILLE e thousand nine hundred and 85 ate of Indiana, Groom GEORGE T. SIPE, IR	ourt by written order issued of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS nse issued by the clerk of the Circuit Court nse issued by the clerk of the gives 19 gives authorizing the joining together as husband and wife and MARCIA LYNN THOMAS office, to-wit: 12th .hereby certify that on the , County of .hereby certify that on the , County of .at BROWNSBURG County, State of .of MARION .of County, State of .hor parcers
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MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS County authorizes and directs the issuance of authorized in my office a marriage licent of function of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the of Indiana, Groom GEORGE T. SIPE, JR. Step Indiana, Groom GEORGE T. SIPE JR. Step Indiana, Groom GEORGE T. SIPE JR. Step Indiana, Groom GEORGE T. SIPE JR. Step Indiana, Groom Step Indiana, Groom GEORGE T. SIPE JR. Step Indiana Internation Internatinterecton Internation Internation Internation	ourt by written order issued of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS nse issued by the clerk of the Circuit Court nse issued by the clerk of the gining together as husband and wife 19 , authorizing the joining together as husband and wife and MARCIA LYNN THOMAS office, to-wit: 12th .hereby certify that on the 2th .day of JANUARY .hereby certify that on the County of HENDRICKS .at BROWNSBURG County, State of INDIANA .of MARION .uextriangle County, State of INDIANA HENDRICKS HENDRICKS that purpose by the Clerk of the Circuit Court of HENDRICKS
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS County authorizes and directs the issuance RETURN OF MARRIAGE LICENS Indiana dated the day of GEORGE T. SIPE, JR. it further remembered, the following marriage certificate was filed in my of LARRY L. BELLVILLE thousand nine hundred and 85 te of Indiana, Groom GEORGE T. SIPE JR. Bride MARCIA L. THOMAS of hy me united in marriage as authorized by a marriage license issued for ed this 12th	ourt by written order issued of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS <i>nse issued by the clerk of the</i> <u>issued</u> <i>HENDRICKS Circuit Court</i> <i>19</i> , <i>authorizing the joining together as husband and wife</i> <i>19</i> , <i>authorizing the joining together as husband and wife</i> <i>and</i> <u>MARCIA LYNN THOMAS</u> <i>office, to-wit:</i> <u>12th</u> <i>day of</i> <u>JANUARY</u> <i>hereby certify that on the</i> <u>12th</u> <i>day of</i> <u>HENDRICKS</u> <i>at</i> BROWNSBURG <u>County of HENDRICKS</u> <i>at</i> BROWNSBURG <u>County, State of</u> <u>INDIANA</u> <i>HENDRICKS County, State of</i> <u>INDIANA</u> <i>HENDRICKS</i> <i>that purpose by the Clerk of the Circuit Court of</i> <u>HENDRICKS</u> <i>Signed /S/</i> LARRY L. BELLVILLE
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Construction of the second directs the issuance of the second direct the	ourt by written order issued of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS <i>nse issued by the clerk of the</i> <u>issued</u> <i>HENDRICKS Circuit Court</i> <i>19</i> , <i>authorizing the joining together as husband and wife</i> <i>19</i> , <i>authorizing the joining together as husband and wife</i> <i>and</i> <u>MARCIA LYNN THOMAS</u> <i>office, to-wit:</i> <u>12th</u> <i>day of</i> <u>JANUARY</u> <i>hereby certify that on the</i> <u>12th</u> <i>day of</i> <u>HENDRICKS</u> <i>at</i> BROWNSBURG <u>County</u> <i>of</i> <u>HENDRICKS</u> <i>at</i> BROWNSBURG <u>County</u> , <i>State of</i> <u>INDIANA</u> <i>HENDRICKS County</i> , <i>State of</i> <u>INDIANA</u> <i>HENDRICKS</i> <i>that purpose by the Clerk of the Circuit Court of</i> <u>HENDRICKS</u> <i>Signed /S/</i> <u>LARRY</u> <u>L</u> . <u>BELLVILLE</u>



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STATE OF	FINDIANA No
STATION FOR I	MARRIAGE LICENSE File
Form Prescribed By Indiana State Board of Authority	
Health under Authonsy HeinDRich	Deterior
f I.C. 31-1592 1, 1977	TPrication
	FEMALE Medical Examination Report Dated 1-1-85
MALE Medical Examination Report Dated (1-1-85)	
	Name of Physician Dary S. Mudla
Name of Physician Mary S. Mislas Name of Physician Mary S. Mislas	ever procures the issuance of a license to marry by any false statement, representation or new
Name of Physician Mary D. 100000 LL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who hall be fined in any sum not exceeding five hundred dollars (\$500.00)".	FEMALE APPLICANT
MALE APPLICANT	Name First Middle
Niddle Park	say in Carolad
alla france Day Year	Date of Birth Month Day Year
ate of Birth Moren 3 49	Place of Birth (State or foreign country)
lace of Birth (State or foreign country)	Residence Address Street or R. R. City County Street
esidence Address Street or R. R. City County State	R.R. 2 Box 188 Marrow and State
Judgels. Jud	Previous Marital Status: Never Married OR
evious Marital Status: Never Married OR	Last Marriage Ended By: Death D Divorce Annulment
Annulment	Date of birth verified by: D Birth Certificate D Judicial Decree
ate of birth verified by: Birth Certificate Judicial Decree	C ' 2'
-aif sound man	& Other (Specify) Drubels que.
Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No P-
" has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No \square
If answer is "yes, has the adjustments disease? No P Yes Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease? No D
No Yes	3. Are you related to the male applicant closer than second cousin? No D
No ur Yes	4. Are you now under the influence of intoxicating liquor? No B
Are you now under the influence of a narcotic drug? No Ves	5. Are you now under the influence of a narcotic drug? No No
List the full names of any dependent children.	6. List the full names of any dependent children.
	Jones Dregg
	7. Are you required by any court order or orders to support the above
Are you required by any court order or orders to support the above No Ves Ves	dependent children? No D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
Full name of father Willing Carly Tarks	8. Full name of father James U. Worthen
Residence of father (if deceased so state)	Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Dayton, Ind.	Birthplace of father (State or foreign country) Losa good and.
Marine & K. Huan	Que & Vala
Full maiden name of mother Martine Conference	9. Full maiden name of mother Bally C. Sugar
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) 1 ONMON U.d.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kautellay
HENDRICKS	State of Indiana,
ounty of	County of HENDRICKS
Signed Charles Tracks	Signed & Barbara Sheag
New Address RR Box 188 Monugula	R.P. P. R. Ly 188 Manna
7 0 75	New Address And
ubscribed and sworn to before me this day of, 19.	Subscribed and sworn to before me this day of
Mary Jane Kussel Clerk HENDRICKS Circuit Court	Mary Jane Russell derk HENDRICKS Circuit
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OF CUARDIAN
ve, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
gns, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one r
and inclusion render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

County of HENDRICKS ss:	State of Indiana, County of HENDRICKS
Signed	Father
Father Signed	Signed
Subscribed and sworn to before me this	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS in Ellerke Office authorizes and directs the issuance RETURN OF MARRIAGE	RT. A marriage license having been refused to the above named parties, the court by written order issued <u>having</u> 3 have and file of a marriage license to the above named parties
RETURN OF MARRIAGE LIGHT	of a marriage license to the above named parties.
of Indiana dated theday of	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the
I,MARY LEE COMER one thousand nine hundred and85_ State of Indiana Green	office, to-wit: JANUARY
one thousand nine hundred and	hereby certify that on the /th
(HAPIEC III DI	County of County of
anu, Bride	of HENDRICKS
County County of marriage as authorized by	of HENDRICKS County, State of INDIANA MORGAN County, State of HENDRICKS
were by me united in marriage as authorized by a marriage license issued for County. Dated this	r that purpose by the Clerk of the Circuit Court of HENDRICKS
	85
Filed and recorded in any i	Signed /s/ MARY LEE COMER
Filed and recorded in accordance with the laws of the State of Indiana this	Official DesignationJUDGE.
Thatana this	7th day of JANUARY ,19.00
	Signed Mary Jane Russell in parces
	Signed HENDRICKS Circuit Co

orm Prescribed By diana State Board of ealth under Authority ealth under State	STATE OF	INDIANA
ealth under	ICATION FOR M	MARRIAGE LICENSE
alth under 31-2-3-2 I.C. 31-1-3-2 ffective July 1, 1977	HENDRICK	County File
0		
MALE Medical Examination Report Dated	7,1985	FEMALE Date of Application
	00	Medical Examination Report Dated Persinger 7 1907
Name of Physician Karrey Kora		Name of DL
LL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 presci	ribed "False statement—Who	ever procures the issuance of a line in the month of the month.
all be fined in any sum not exceeding fire induced in any sum not exceeding fire induced in a sum of the second se	(M.M.)	ever procures the issuance of a license to marry by any false statement, representation or pretense
First Middle	ALast	FEMALE ADDITION
une John a.	Darry	Name First Middle
ate of Birth 4 17	Year 56	Date of Birth Month Day Stateck
ace of Birth (State or foreign country)	States of the second second	Place of Birth (State or foreign country) 30 Year 59
idence Address Street or R. R. City	County State	Provident the Manual of the State of the Sta
Ra Doy 131, Clayton K	tendrecks to	. R. R. 2. Rey 1.31 R. R. City County State
vious Marital Status: Never Married OR	· Print to all among	Previous Marital Status V. in 5 Chargeon Kendrecker St
Marriage Ended By: Death Divorce Annulment	The share the same	Previous Marital Status: Never Married O OR Last Marriage Ended By: Death O Divorce Annulment O
e of birth verified by: D Birth Certificate Judicial Decree	· a miner true women	Date of birth verified by: Death Divorce Annulment D
Alsonger of Land	21.201	Dirth Certificate 🖬 Judicial Decree
Other (Specify)	ne -	Other (Specify) Arevers Spanned
Are you now or have you ever been adjudged to be of unsound mind?	No 🗹 Yes 🗆	1. Are you now or have you over here it is the second seco
If answer is "yes", has the adjudication been removed?	No Ves D	If answer is "yes", has the adjudication been removed
Are you afflicted with a transmissible disease?	No Xes D	2. Are you afflicted with a transmissible disease? No Ves D
Are you related to the female applicant closer than second cousin?	No Yes	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of intoxicating liquor?	No Yes	4. Are you now under the influence of intoxicating liquor? No D Yes D
Are you now under the influence of a narcotic drug?	No 🖾 Yes 🗆	5. Are you now under the influence of a narcotic drug? No D Yes D
List the full names of any dependent children.		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 🗆	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 sa	tisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	0	compliance with any court order or orders issued for their support.
Full name of father Sulley to allen &	Jarrey_	8. Full name of father Habert Lee Hatcon
Residence of father (if deceased so state) Clockton =	Indiana	Residence of father (if deceased so state) Bastlow Ky.
Quedi	a si a l	Residence of father (fi deceased so state)
Birthplace of father (State or foreign country)	na I	Birthplace of father (State or foreign country)
Full maiden name of mother aller of the sure of the	lowen_	9. Full maiden name of mother Alexa Smogene Thorees
Residence of mother (if deceased so state)	In	Residence of mother (if deceased so state) Towanda Hangle
Birthplace of mother (State or foreign country)	ANA)	Annel
ate of Indiana		Birthplace of mother (State or foreign country) State of Indiana, ITA IDDICKC
unty of HENDRICKS	tion is true and correct.	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.
AllenBa	mas	PALYER CALDON STELSO
Signed Signed		Signed A. C.
New Address		New Address
bscribed and sworn to before me this	Willdrep, 19.85	Subscribed and sworn to before me this day of fullarly, 19.03
nary ane Reissellierk HENDI	RICKS Circuit Court	Mary ane Reedell Clerk HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT OR GUARDIAN	Trans to michola	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this mar	ningo If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
		signs, state facts which render the consent of the other parent unnecessary
s, state facts which render the consent of the other parent un	necessary	signs, state facts which render the consent of the other parent and
e of Indiana, nty of HENDRICKS }ss :	a state of the state of	State of Indiana, HENDRICKS
		County of
81	Father	Signed
Signed		Signed
	Mother	Subscribed and sworn to before me this day of 19
Signed		Subscribed and sworn to be
Signed	, 19	Clerk
Signed	Clerk	
Signed	Clerk	i license having been refused to the above named parties, the
Signed	Clerk	i license having been refused to the above named parties, the
Signed cribed and sworn to before me thisday of MPLETE IF MARRIAGE LICENSE ISSUED B HENDRICKS	Y ORDER OF COUR	T. A marriage license having been refused to the above named parties, the and filed
Signed	Y ORDER OF COUR Cound directs the issuance of	T. A marriage license having been refused to the above named parties, the urt by written order issuedand filed f a marriage license to the above named parties.
Signed	Y ORDER OF COUR OF COUR Cound directs the issuance of C MARRIAGE LICENSE	T. A marriage license having been refused to the above named parties, the urt by written order issued
Signed cribed and sworn to before me this	Y ORDER OF COUR of directs the issuance of MARRIAGE LICENSE y office a marriage license	T. A marriage license having been refused to the above named parties, the urt by written order issued
Signed cribed and sworn to before me this	Y ORDER OF COUR of directs the issuance of MARRIAGE LICENSE y office a marriage license	T. A marriage license having been refused to the above named parties, the urt by written order issued
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Signed	Y ORDER OF COUR ORDER OF COUR Cound directs the issuance of MARRIAGE LICENSE y office a marriage licens ificate was filed in my of h CCK	T. A marriage license having been refused to the above named parties, the urt by written order issued
Signed	Y ORDER OF COUR ORDER OF COUR Cound directs the issuance of MARRIAGE LICENSE y office a marriage licens ificate was filed in my of h CCK	T. A marriage license having been refused to the above named parties, the urt by written order issued
Signed	Y ORDER OF COUR Y ORDER OF COUR Cound directs the issuance of MARRIAGE LICENSE y office a marriage license ificate was filed in my of h CCK	T. A marriage license having been refused to the above named parties, the urt by written order issued and filed f a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS
Signed	Y ORDER OF COUR Y ORDER OF COUR Cound directs the issuance of MARRIAGE LICENSE y office a marriage license ificate was filed in my of h CCK	T. A marriage license having been refused to the above named parties, the urt by written order issued

	STATE O	OF INDIANA	No
	in the By	MARRIAGE LICENSE	File
	Hendrik under Authority HENDRIC		1-9-95
	of I.C. 31-1-3-2 Effective July 1, 1977		Date of Application
		FEMALE Medical Examination Report Day	
	MALE Medical Examination Report Dated 2-31-85	Name of Physician Phil	ip Q. Batista
			y any false statement represent in
Bishinghe an Assisted &	Name of Physician ALL QUESTIONS MUST BE ANSWERED. LC, 31-1-3-6 prescribed "False statement-Wh shall be fined in any sum not exceeding five hundred dollars (\$500,00)".		APPLICANT
A MARKAN AND A CONTRACT OF A DECISION OF A DECISIONO OF A DECISIONO OF A DECISIONO OF	shall be fined in any sum and MALE APPLICANT	Name First	Middle
	Name First Middle Deddow	Date of Birth Month	Day Hoover
	Date of Birth Month No 600	112	5 Jolo
	Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	and the second s
	Capel Cleveres City County State	Residence Address Street or R. R. 7885 N 925E	City County State
	Residence Address Street or R. R. Brownaburg		and pull purlancesta
	Proving Marital Status: Never Married D'OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce D	Annulation
	Divorce Annulment	Date of birth verified by: Birth Certificate	
	Date of birth verified by: D Birth Certificate Dudicial Decree	Date of birth centred by a plant contract	A REAL PROPERTY AND A REAL
	Other (Specify)	Other (Specify)	and the local difference of the second second
	No Yes	1. Are you now or have you ever been adjudged to	No Gryes
	No 2 Tes 2	If answer is "yes", has the adjudication been ren	No Ves D
	2. Are you afflicted with a transmissible disease?	 Are you afflicted with a transmissible disease? Are you related to the male applicant closer that 	No Pryes D
	3. Are you related to the female applicant closer than second cousin:	 Are you related to the mate applicant closer that Are you now under the influence of intoxicating 	No Vies U
The Lot of the late of the	4. Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic d	INO W Yes
	 Are you now under the influence of a narcotic drug? List the full names of any dependent children. 	6. List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above dependent children? No Ves	 Are you required by any court order or orders to dependent children? 	o support the above No 🗖 Yes 🗖
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Applica	tion be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued	d for their support.
	8. Full name of father Joseph 9 J. Declarous 2	8. Full name of father Auce D	100000
	Residence of father (if deceased so state) Brownsburg Blid.	Residence of father (if deceased so state)	bill, prestances
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	Shall.
	9. Full maiden name of mother Willel June Kandol	9. Full maiden name of mother Judy	cotted .
	Residence of mother (if deceased so state) Branching and .	Residence of mother (if deceased so state)	be guildness
a tank of a special series of	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	and. O
	State of Indiana, County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS	ss: I depose and state the information given in this application is true and correct.
	Signed Jae Beddew TI	Chains	1 NOONA
1. 14 H 1.	New Address 15 Chart Run Duve	New Address 15 Ced	a Run Die , Beaundling , Sr.
	Subscribed and sworn to before me this day of 900, 19.55	Subscribed and sworn to before me this	8 day of Jan 1985
	Mary Jone Krosell Clerk HENDRICKS Circuit Court	Mary Jone Russell	Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GU	ARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby giv	
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of	

County of HENDRICKS } ss:	State of Indiana, County of
Father	SignedFather
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above named parties, th purt by written order issued
RETURN OF MARRIAGE LICENCE	T a marriage license to the above named parties.
of Indiana dated the	E AND MARRIAGE CERTIFICATE use issued by the clerk of the HENDRICKS Circuit Court
Joseph Bald day of January	10 \$5
of Indiana dated the 14 Be it further remembered, the following marriage certificate was filed in my o GEORGE W. DAVIS	nd Chesister authorizing the joining together as natural
,	fice, to-wit ·
nine nundred and	hereby contifue that and the
County.	HENDRICKS County, State of INDIAN
were by me united in marriage as authorized by a marriage license issued for point the second	that purpose by the Clerk of the Circuit Court of
Filed and man is a	Signed /s/ GEORGE W. DAVIS
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER 85
the state of Indiana this	
	Signed Many of JANUARY HENDRICKS Circuit Court
	HENDRICKS Circuit Cour

Form Preservice Board of Methan State Board of Methan Sta	S
MALE Mame of Physician Aume of Physician ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Marie Matter Applicant Name First Month Deg Year US Place of Birth Month Deg Year Date of Jirth Month Deg Year Date of Birth Month Deg Year Date of Birth Month Deg Year Date of birth Street or R. R. City County State Previous Marital Status. Never Married © OR Last Marriage Ended By: Dest of Divorce Annulment □ Date of birth verified by: Birth Certificate Judicial Decree Imaswer is 'yes', has the adjudication been removed? No © Yes □ Are you afflicted with a tra	County 1-9.85 Date of Application FEMALE Medical Examination Report Dated _ 1-5.85 Name of Physician States Serve procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT Name First Middle Last Date of Birth Month Day Year Place of Birth Month Day Year Place of Birth (State or foreign country) Residence Address Street or R. R. City County State Street or R. R. City County State Previous Marital Status: Never Married OR County State Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) No Tyee C No Tyee C 1 Are you now or have you ever been adjudged to be of unsound mind? No Tyee C 2 Are you afflicted with a transmissible disease? No Tyee C 3 Are you related to the male applicant closer than second cousin? No Tyee C 4 Are you now under the influence of intoxicating liquor? No Tyee C
Name of Physician Statute ALL QUESTIONS MUST BE ANSWERED. 1.C. 31-1-3-6 prescribed "False statement—Whoevershall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Mame First Middle Last Date of Birth Month Day Year Place of Birth Street or R. R. City County State Previous Marital Status: Never Married OR State State Iast Marriage Ended By: Death Divorce Annulment Instate Date of birth verified by: Birth Certificate Judicial Decree Instate No Yes	Date of Application FEMALE Medical Examination Report Dated
Name of Physician Statute ALL QUESTIONS MUST BE ANSWERED. 1.C. 31-1-3-6 prescribed "False statement—Whoevershall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Mame First Middle Last Date of Birth Month Day Year Place of Birth Street or R. R. City County State Previous Marital Status: Never Married OR State State Iast Marriage Ended By: Death Divorce Annulment Instate Date of birth verified by: Birth Certificate Judicial Decree Instate No Yes	Medical Examination Report DatedS.% Name of Physician
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoevershall be fined in any sum not exceeding five hundred dollars (\$500.00)". Shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Name First Month Particle Date of Birth Month Part of Birth Month Part of Birth Month Previous Marital Status: Street or R. R. City County Street O.R Last Marriage Ended By: Death Date of birth verified by: Birth Certificate Image of the street	Name of Physician State Ver procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT Name First Middle Last Date of Birth Month Day Year Place of Birth Month Day Year Residence Address Street or R. R. City County State Previous Marital Status: Never Married OR County State Previous Marital Status: Never Married OR No Yes Last Marriage Ended By: Death Divorce Annulment No Yes Date of birth verified by: Birth Certificate Judicial Decree No Yes No Yes 1 Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes State 2 Are you afflicted with a transmissible disease? No Yes No Yes State 3 Are you now under the influence of intoxicating liquor? No Yes State No Yes State
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoevershall be fined in any sum not exceeding five hundred dollars (\$500.00)". Shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Name First Month Particle Date of Birth Month Part of Birth Month Part of Birth Month Previous Marital Status: Street or R. R. City County Street O.R Last Marriage Ended By: Death Date of birth verified by: Birth Certificate Image of the street	Ver produres the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT Name First Middle Last Date of Birth Month Day Year Place of Birth Month Day Year Residence Address Street or R. R. City County State Previous Marital Status: Never Married OR County State Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) 1 Are you now or have you ever been adjudged to be of unsound mind? No Tyes D 1 Are you afflicted with a transmissible disease? No Tyes D 3 Are you now under the influence of intoxicating liquor? No Tyes D 4 Are you now under the influence of a narcotic drug? No Tyes D
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Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)
Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)
 Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No P Yes D If answer is "yes", has the adjudication been removed? No P Yes D Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second cousin? No P Yes D Are you now under the influence of intoxicating liquor? No P Yes D Are you now under the influence of a narcotic drug? 	Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) If answer is "yes", has the adjudication been removed? No Prest Are you afflicted with a transmissible disease? No Prest No Prest Are you related to the male applicant closer than second cousin? No Prest Are you now under the influence of intoxicating liquor? No Prest Are you now under the influence of a narcotic drug? No Prest
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	5. Are you now under the influence of a narcotic drug? No U Yes
6. List the full names of any dependent children.	
the second s	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No 🛛 Yes 🗖	dependent children? No 🗆 Yes 🕻
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are i
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
9 9 99 99	8. Fullname of father Rovers fee Dundy
Residence of father (if deceased so state)	Residence of father (if deceased so state) 1222. Ind.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Sudgels . Jud .
Full maiden name of mother places Rose Metchell	9. Full maiden name of mother Karew Sue Miller
Residence of mother (if deceased so state) Survey and	Residence of mother (if deceased so state)
But and the	9. a. 2.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) State Of L. State of Indiana,
Bunty of HENDRICKS As: I depose and state the information given in this application is true and correct.	County of Indiana, HENDRICKS 88: I depose and state the information give in this application is true and correct
Andres 2 Alerbert	Andrea De Burgertel
Signed / Mar and Jose Aot 2 Danville END	New Address 10 2. 400 E Apt. 2 DEnville
New Address / St. J. St. J. St. St. St. St. St. St. St. St. St. St	
ubscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19.
Mary Jone Russel Clerk HENDRICKS Circuit Court	Mary Jone Renatell Clerk MUNKCKS Circuit Cou
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
Ve, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
gns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
sate of Indiana, bunty of HENDRICKS }ss:	State of Indiana, HENDRICKS
	County of
SignedFather	Signed
SignedMother	Signed
ubscribed and sworn to before me this day of, 19,	Subscribed and sworn to before me this
	Classifier
Clerk	and to the shows named parties, th
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	. A marriage license having been refused to the above hand putties, and file
Cour	rt by written order issued
authorizes and directs the issuance of a	a marriage norm
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Cour
Be It Remembered, there was filed in my office a marriage license	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Cour e issued by the clerk of the
Be It Remembered, there was filed in my office a marriage license Indiana dated the14	
e it further remembered, the following marriage certificate was filed in my offic WILLIAM P. HENDRICKS	ce, to-wit:
WILLIAM P. HENDRICKS	reby certify that on the mounth of the county of HENDRICKS
at.	County State ofINDIANA
ate of Indiana, Groom ANDREW J. PLUNKETT of. d, Bride ANGELA D. BUNDY of of of a marriage license issued for that with the second sec	HENDRICKS HENDRICKS
re by me united in marriage as authorized by a marriage license issued for the	at purpose by the Clerk of the
tted this	5 Signed /s/ WILLIAM P. HENDRICKS
ated this	5 Signed /s/ WILLIAM P. HENDRICHS ficial Designation PASTOR , 19.85.
Off led and recorded in accordance with the laws of the State of Indiana this25 Si	ficial Designation PASTOR , 19.85
led and recorded in accordance with the laws of the State of Indiana this25	the day of
S	Signed Masy gue the HENDRICKS Circuit Court

	294	
		. 10
	STATE C	MARRIAGE LICENSE File
	Form Prescribed By Indiana State Board of Health under Authority HENDRIC	
	of LC. 31-1-3-2 Effective July 1. 1977	County County Date of Application
		FEMALE Medical Examination Report Dated January & Date
and the later	MALE Medical Examination Report Dated January 5, 1985 Name of Physician Dr. Joseph J Thompson Name of Physician Dr. Joseph J Thompson	12 1 1485
	Name of Physician Dr. Joseph I Thompson	Name of Physician Mr. Joseph A. Thompson
All Long on the set life & I		noever procures the issuance of a license to marry by any false statement, representation or pretense
- AREININ IN MILLIN	shall be fined in any sum has same male APPLICANT	FEMALE APPLICANT
	Name First Middle Pickett	Date of Birth Month Day
	Date of Birth Month Day Year Date of Birth Month 5 56	Place of Birth (State or foreign country) 57
1 Asher March 199	Place of Birth (State or foreign country)	Interio
	Residence Address Street or R.R. City County State	Residence Address Street or R. R. City County State
	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
	Last Marriage Ended By: Death Divorce Annulment 94	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree
+	Date of birth verified by: Birth Certificate Judicial Decree	
1.04.000.00	D Other (Specify) Arwers Lecense	I Other (Specify) Arwers License
	1. Are you now or have you ever been adjudged to be of unsound mind? No I Yes	 Are you now or have you ever been adjudged to be of unsound mind? No Yes D If answer is "yes", has the adjudication been removed?
	If answer is "yes", has the adjudication been removed? No U Yes U 2. Are you afflicted with a transmissible disease? No V Yes U	2. Are you afflicted with a transmissible disease? No ♥ Yes □ No ♥ Yes □
	3. Are you related to the female applicant closer than second cousin? No 🛛 Yes 🗆	3. Are you related to the male applicant closer than second cousin? No Vyer
+ 1	4. Are you now under the influence of intoxicating liquor? No 🗹 Yes 🗆	4. Are you now under the influence of a correction drug?
	5. Are you now under the influence of a narcotic drug? No E Yes I 6. List the full names of any dependent children.	 6. List the full names of any dependent children.
		Christopher Edwards
7 1		
4 1.01 (1997)		
	7. Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above
	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Ves D If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father Kobert Dear Pickett	8. Full name of father Alexing Cotton com
	Residence of father (if deceased so state) Till Mare; In Scano	Residence of father (if deceased so state) Labour Indiana
A REAL PROPERTY OF A READ REAL PROPERTY OF A REAL P	Birthplace of father (State or foreign country) Adeara	Birthplace of father (State or foreign country) Safear
	9. Full maiden name of mother farit Cardyn Millen	9. Full maiden name of mother
计 局部 的复数 机合金	Residence of mother (if deceased so state) Tillmare, Interna	Residence of mother (if deceased so state) Marth Salen, Sal.
- State State	Birthplace of mother (State or foreign country) Judiana	Birthplace of mother (State or foreign country) Infian
	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS as: I depose and state the information given in this application is true and correct.
	Signed James & R'ekott	
	New Address	Signed Robin Educards
	Subscribed and sworn to before me this 10 day of parener 1985	New Address
	Mary pre Russell Clerk HENDRICKS Circuit Court	Mary one Russell Clark HENDRICKS Circuit Court
		Clerk Clerk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the second to the	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana,	
	County of HENDRICKS	State of Indiana,
· (14) (14) (14)	Signed	County of
	Signed	SignedFather
	Subscribed and sworn to before me this	SignedMother
	the second se	Subscribed and sworn to before me this
	COMPLETE IF MARRIAGE LICENCE	Clerk
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County Cou	A marriage license having been refused to the above named parties, the
	in	A marriage license having been refused to the above named parties, the rt by written order issued
	the issuance of	a marriage license to the above named parties.
	A DI DEMEMbergh theme	AND MADE
	day of	issued by the clerk of the
	Be it further remembered, the following marriage certificate was filed in my officient the second se	d
	thousand nine hundred	TANUARY
	one thousand nine hundred and 85	GREENCASHT
tes arts issue	and, Bride	County of PUINAL
	County. County.	HENDDIGUE
	were by me united in marriage as authorized by a marriage license issued for th Dated this	at purpose by the Clerk of the Circuit Court of HENDRICKS
	Filed and recorded in accordance with a	Signed /s/ SHAUN L. HAMMOND
	Of Of the State of Indiana this	CLERK, PUTNUM CIRCUIT COURT
	Filed and recorded in accordance with the laws of the State of Indiana this	Signed day of January 19 5
		HENDRICKS Circuit Court
A REAL POINT OF THE REAL POINT		

STAT	
APPLICATION F	OR MARRIAGE LICENSE
ffective July 1, 1977	NDRICKS File
	County
MALE Medical Examination Report Dated /- 8-85	FEMALE Date of Application
	Medical Examination Report Dated
Name of Physician D. B. Heggard	Name of Dimiti
IL OUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement	Name of Physician D.13 Haggard
hall be fined in any sum not exceeding five hundred dollars (\$500,00)".	and set of procures the issuance of a license to marry by any false statement, representation or proteined
A Mille	FEMALE APPLICANT
ame First William Riper	Name First Middle
ate of Birth Month Day Year	Date of Birth Month College
ace of Birth (State or foreign country)	Place of Birth (State or foreign country) Day Year 1965
Indiana	
sidence Address Street or R. R. City County State	m Residence Address Street or R. R. Malana
evious Marital Status: Never Married D OR	Henry Sendricks In
st Mariage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married O OR
at Marriage Ended by Distributed by Birth Certificate Dudicial Decree	Last Marriage Ended By: Death D Divorce Annulment
0	Date of birth verified by: D Birth Certificate D Judicial Decree
Other (Specify)	- Other (Specify)_ Lle Leg
Are you now or have you ever been adjudged to be of unsound mind? No Q-Y.	es 1. Are you now or have you ever been adjudged to be the standard to be the
If answer is "yes", has the adjudication been removed? No 🗆 Y.	es I If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease? No Q Y.	es 2 Are you affliated with a transmissible by
Are you related to the female applicant closer than second cousin? No Dry	es 3. Are you related to the male applicant allocations and
Are you now under the influence of intoxicating liquor? No 🖵 Yo	es 4 Are you now under the influence of the state of the
Are you now under the influence of a narcotic drug? No 🗗 Y.	es 5. Are you now under the influence of a narcotic drug? No Yes 0
List the full names of any dependent children.	6. List the full names of any dependent children.
and the second	
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No 🗆 Ye	No Jest
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you a	a answer is yes, it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father of the construction on the father	8. Full name of father // Mchails N. Collier
Residence of father (if deceased so state) 2nduana	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Induced
Full maiden name of mother Mideth Race Spice	1h Down Rhilling
	9. Full maiden name of mother <u>Allanon</u> and <u>Anticipa</u>
Residence of mother (if deceased so state) Molland	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Indene	Birthplace of mother (State or foreign country)
ate of Indiana,	
HENDRICKS	rect. County of BS: in this application is true and correct.
Signed March Mr. Filal	Signed Becky & Collier
COTI 1 1/ 2/ #31 fight That	New Address 5932 Moneoville Rd # 32 Doct
New Address 22 Marcal Illian for and for the	in the second se
bscribed and sworn to before me this day of 190	5. Subscribed and sworn to before me this 10 day of 1927, 1927 HENDRICKS
Many Jene Ausself Clerk HENDRICKS Circuit Co	
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
, the parents, of this applicant hereby give consent for this marriage. If only one par	rent We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	A 12 ALL REPORTED TO A 1
is, state facts which render the consent of the other parent unnecessary	signs, state facts which relate
	and spinor and a second se
te of Indiana, inty of	State of Indiana, HENDRICKS
	County of
SignedFat	ther Signed
Signed	ther Signed
	day of 19
scribed and sworn to before me this	Subscribed and sworn to bester inc una
C	llerk
MPI FTF ID MIT	COURT. A marriage license having been refused to the above named parties, the
HENDRICKS	COURT. A marriage license having been relation and filed
I E I D KICKS	Court by written order issued.
anth animate the issue	ance of a mailing checker a
RETURN OF MARRIAGE LIC	CENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage	e license issued by the clerk of the
Indiana dated the / 4 day of Oppland	e license issued by the clerk of the, authorizing the joining together as husband and wife , 19, authorizing the joining together as husband and wife BECKY LOU COLLIER
it further remembered, the following marriage certificate was filed in	hereby certify that on the
CHARLES WILLIAM JULIAN	hereby certify that on the
thousand nine hundred and 85	County, State of
d, Bride	d for that purpose by the Clerk of the Circuit Court of
re by me united in mamin and the state of th	d for that purpose by the Clerk of the Circuit Court of Annual States
unty.	a jor that put in JULIAN
ted this	19
uug of	9
and a state of the	Official Designation MINISTER 19 85 his 22nd day of JANUARY Clerk Signed Clerk Circuit Court
a and recorded in accordance with the laws of the State of Indiana th	his 22nd day of JANUARY Clerk Signed Lasy Gauge HENDRICKS Circuit Court
and the second	Signed Mary Jack HENDRICKS Circuit Court

The second se	296	
	Form Prescribed By Indiana State Board of Health under Authority	
	MALE Depend - 8-85	Date of Application FEMALE Medical Examination Report Dated 1-8-85
	Medical Examination Report Dated Name of PhysicianDatedR_Aggestd Name of PhysicianNormal LagranderNormal Report Dated	Name of Physician <u>Barra</u> <u>B</u> <u>Haggard</u> oever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
Andreichter an Reason in the	shall be fined in any sum mark MALE APPLICANT	Name First Middle
1	Name First Middle Last Name First Middle Last Date of Birth Month Day Year 9 24 38	Date of Birth Month Day Year Place of Birth (State or foreign country)
4	Place of Birth (State or foreign country) Residence Address Street or R. R. City County State 1325 Road 450 E. Danielle Ind.	Residence Address Street or R. R. City County State 132 S. Road NSDE Danielle Ind
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree
÷.	□ Other (Specify) Drubers die No ♥ Yes □	9 Other (Specify) Drubera die 1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D
	If answer is "yes", has the adjudication been removed? No □ Tes □ 2. Are you afflicted with a transmissible disease? No □ Yes □ 3. Are you related to the female applicant closer than second cousin? No □ Yes □	If answer is "yes", has the adjudication been removed? No D Yes D 2. Are you afflicted with a transmissible disease? No D Yes D 3. Are you related to the male applicant closer than second cousin? No D Yes D
	 4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 	4. Are you now under the influence of intoxicating liquor? No 9 Yes 0 5. Are you now under the influence of a narcotic drug? No 9 Yes 0 6. List the full names of any dependent children. No 9 Yes 0
	Spie Mar Somers	Peggy Sue Brasley
	7. Are you required by any court order or orders to support the above No 🗆 Yes 🖼	7. Are you required by any court order or orders to support the above dependent children? No D-Yes D
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father Casel Hatwell Some of	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father <u>Solucion Atthew Riderter</u>
	Residence of father (if deceased so state) Network Birthplace of father (State or foreign country) Adiana	Residence of father (if deceased so state) Naclassed Birthplace of father (State or foreign country) Kastuckyp
	9. Full maiden name of mother <u>tableth</u> <u>(dec</u> <i>Survee</i>) Residence of mother (if deceased so state) <u>Jevonon</u> , <u>Ad</u> .	9. Full maiden name of mother March March March Residence of mother (if deceased so state) Auce and a function of the state of the stat
	Birthplace of mother (State or foreign country) Sacre (b. Andraw) State of Indiana, County of HENDRICKS Ss: I depose and state the information given in this application is true and correct.	Birthplace of mother (State or foreign country) State of Indiana, County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.
.	Signed fame Certification Signed Address 32 S. Rol. 450 E.	Signed X and Blashill Hours
	Subscribed and sworn to before me this day of and the sworn to before me this day of the sword o	Subscribed and sworn to before me this day of Jow 1913 Mary Jane Russell Clerk HENDRICKS Circuit Court
- Li	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which reader the events of the second state facts.	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

State of Indiana,

No.

P

County of	State of Indiana, County of
Signed	Signed
Signed	Mother
Subscribed and sworn to before me this	Signed
	Subscribed and sworn to before me this day of 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	RT. A marriage license having been refused to the above named parties, the ourt by written order issuedand file
RETURN OF MARRIAGE	or a marriage license to the above named parties.
I marana dated the 15th day of An	EE AND MARRIAGE CERTIFICATE <i>nse issued by the clerk of the</i> <i>1985., authorizing the joining together as husband and wif</i>
me thousand nine hundred and	hereby certify that on the
	THUTANAPOLIS MARIUM
vere by me united in marriage as authorized The BEASLEY of	HENDRICKS HENDRICKS
ounty.	that mirnese by the Clark fill of the Clark of HENDRICKS
CAROLYN EDITH BEASLEYof County. Dated this	5
Filed and me and	Signed /s/ JAMES D. CLAYTON
and the recorded in accordance with the laws of the St.	Official Designation PASTOR
the State of Indiana this	29th
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Many Charles Cler
	HENDRICKS Circuit Cour

withed By	STATE OF I	NDIANA	2 전 전 전 전 전 전 전 전 전 같이
Form Prescribed By Indiana State Board of Indiana State Authority	ON FOR M	ARRIAGE LICENSE	No. <u>13</u>
	HENDRICKS	THERE LICENSE	File
of I.C. 31-1-3-2 Effective July 1, 1977	TIETADRICKS	County	1. 14 95
	7.0.00		Date of Application
MALE Medical Examination Report Dated 1-9-85	and sentences	FEMALE	
Medical Examination and Rebeste		Medical Examination Report Dat	
Name of Physician	the second second second	Name of Physician	Robert
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	e statement-Whoev	er procures the issuance of a license to marry b	Vanu falma tet
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 preseribed "False ALL QUESTIONS MUST be aveceding five hundred dollars (\$500,00)", shall be fined in any sum not exceeding five hundred dollars (\$500,00)", MALE APPLICANT			
First Middle	Last	Name Find	APPLICANT
Name Houst	af Ca	Maria	Middle Last
Date of Birth 55	8	Date of Birth Month	Day Year
Place of Birth (State or foreign country)	And Andrews	Place of Birth (State or foreign country)	7 56
Street or R. R. City County	State	Residence Address 10 Street or R. R.	
407 Canader Unea soor ina		501 E. 5th St. 105	5 Chattanoon State
Previous Marital Status: Never Married O OR	Denne.	Previous Marital Status: Never Married	- challenboge sens.
It rigge Ended By: Death Divorce Annulment	A monak ind	Last Marriage Ended By: Death Divorce D	Annulment D
Last Marriage Ended = Birth Certificate Dudicial Decree	the share is and	Date of birth verified by: D Birth Certificate	
		- 0.	۶.
A Other (Specify) Drubert to be of upseund mind?	No TYes D	P Other (Specify) house	
 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been removed? 	No Pres No Ves D	1. Are you now or have you ever been adjudged to	
If answer is "yes", has the adjudication been removed?	No Ves	If answer is "yes", has the adjudication been ren	
2. Are you afflicted with a transmissible disease?	No Ves	 Are you afflicted with a transmissible disease? Are you related to the male applicant closer that 	No C Yes
 Are you related to the female applicant closer than second cousin? Are you now under the influence of intoxicating liquor? 	No Yes	 Are you related to the male applicant closer thing Are you now under the influence of intoxication 	
 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? 	No Tres	5. Are you now under the influence of a narcotic	
 Are you now under the problem of any dependent children. List the full names of any dependent children. 	an a grand a -	6. List the full names of any dependent children.	A LARD DE LA LARD DE LA LARD DE LA
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	The second second		and the second
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7. Are you required by any court order or orders to support the above	No Yes	Are you required by any court order or orders dependent children?	to support the above No D Yes D
dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory pr			cation be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.		compliance with any court order or orders issu	
8. Full name of father alway of the Abuston Sn.	amound the of the	8. Full name of father Martin	courses for
and manager	5.	Residence of father (if deceased so state)	a social second
Residence of father (if deceased so state)			And maker and
Birthplace of father (State or foreign country)		Birthplace of father (State or foreign country)	Harris Commence
9. Full maiden name of mother Doubtly D. Kachel		9. Full maiden name of mother Bally	1- Mobberro
Residence of mother (if deceased so state) Collemning Source	2-	Residence of mother (if deceased so state)	hoursaburg Sed
	Section Street	Birthplace of mother (State or foreign country).	- Canailand
Birthplace of mother (State or foreign country) 2446.5 State of Indiana, I depose and state the in	nformation given	State of Indiana, HENDRICKS	ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS	rue and correct.	County of	f in this application is true and correct
a Jack Houton of		Signed & Mar	ia J. Dession
Signed A norung to be the fit	Atlance m	New Address 361 E	5th St # 105 Chatt. TN
New Address 301 E-5 B Str = 105 UN	and the second for		14 day of Days 1985
Subscribed and sworn to before me this day of	, 19.02	Subscribed and sworn to before me this	HENDRICKS
Mary gone Kneed Clerk HENDRICKS	Circuit Court	Mary Jone Kusall	Clerk Clerk Circuit Court
	and the second second		CUARDIAN COMPANY
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR	GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If	only one parent	We, the parents, of this applicant hereby	give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary.		signs, state facts which render the consen	t of the other parent unnecessary
"Bue, state facts which render the consent of the other parent unnecessary.			

State of Indiana,	State of Indiana, HENDRICKS
County of	Country of
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	Signed
Clerk	the second se
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the urt by written order issuedand filed f a marriage license to the above named parties.
inauthorizes and directs the issuance o	f a marriage license to the above named particula
authorizes and directs into internet	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licen of Indiana dated the day of and and	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court se issued by the clerk of the
day of	UESSION
Re it fund	ffice, to-wit:
I,	hereby certify that on the
one thousand nine hundred and	atBROWNSBURG
State of Indiana, Groom ALVA FARLEY HOUSTON, JR.	of County, State of
and, Bride MARIA L. HESSION	HAMILION HENDRICK
one thousand nine hundred and 85 State of Indiana, Groom ALVA FARLEY HOUSTON, JR. and, Bride MARIA L. HESSION of were by me united in marriage as authorized by a marriage license issued for County.	
Bated this	Signed/S/
	Official Designation CATHODIST, 19.85.
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation



98	
	FINDIANA No. 14
STATE OF	ADDIACE LICENSE
Form Prescribed By Indiana State Board of APPLICATION FOR	
Health under Authority f LC, 31-1-3-2 Effective July 1, 1977	County Date of Application
Effective July 1. rece	FEMALE
MALE Deted 1-8-85	Medical Examination Report Dated
MALE Medical Examination Report Dated	Name of Physician John R. Payne
Name of Physician have the statement - Who	ever procures the issuance of a license to marry by any false statement, representation
Name of Physician Antiparticle and Antiparticle a	EEMALE ADDITION
shall be fined in any sum inclusion MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Panela Sinch Day Smith
Date of Birth Month 24 59	3 9 1.2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
1959 W. Morris + 2gd. Sha	Previous Marital Status: Never Married D OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death D Divorce Annulment D
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Quin Q.
Other (Specify) Drubers fie	1 Other (Specify) Ralliela die
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No O-y If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed.	It answer is yes, has the adjudication been removed: $N_0 \square \gamma$ 2. Are you afflicted with a transmissible disease? $N_0 \square \gamma$
2. Are you afflicted with a transmissible disease: A re you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin? No by No
4. Are you now under the influence of intoxicating liquor? No Yes	4. Are you now under the influence of intoxicating liquor? No By
5. Are you now under the influence of a narcotic drug? No Ves	5. Are you now under the influence of a narcotic drug? No D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above No Ves Ves	 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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that your
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Fullname of father Kogh R. Morgen	8. Full name of father 1 ax E Smith 4.
Residence of father (if deceased so state) P.J.d. Inderana	Residence of father (if deceased so state) P-UR . Ind .
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Doct Ways U.d.
9. Full maiden name of mother fauge K. Bagevel	9. Full maiden name of mother Barbara J. Beckhaw
Residence of mother (if deceased so state) Para Sudiana	Residence of mother (if deceased so state) & PMAL and .
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Sort Wayse Sud.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct	State of Indiana,
County of	County of HENDRICKS
Signed & Suice U- Masser	Signed Lamela S. Smith
New Address 1959 W Maris St. Platie	IIN New Address 1959 W. Morris St. +
Subscribed and sworn to before me this day of 1985	Subscribed and sworn to before me this 14 day of gow 19
Many Jone Mussell Clerk HENDRICKS Circuit Court	Mary Jone Russell derk HENDRICKS Circuit C
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pa
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS	State of Indiana
Saunty of Ss:	State of Indiana, County of HENDRICKS
Signed	
Signed	Signed
Subscribed and sworn to before me this	Signed
	Subscribed and sworn to before me this
COMPLETE IF MARDIAGE	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above named parties,
nCountyCo	ourt by written order issued
on and difects the issuance of	f a marriage license to the above named parties.
we ht Remembered there are only of MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I matche day of	ise issued by the clerk of the
of Indiana dated the day of day of Be it further remembered, the following menu MOSSER	, 19.85, authorizing the joining together as husband and w
Be it further remembered, the following marriage certificate was filed in my o ROBERT JOE WALTERS	nd
ne thousand nine hundred and	hereby certify that and 19th JANUARY
, and the second s	AL PLAINFTETD
ounty partiage as authorized. SUE SMITH	HENDRICKS County, State of
ounty.	County, State 0/
Dated this	
iled and my 19	-8-5 Signed /s/ ROBERT JOE WALTERS
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation ASSOCIATE PASTOR, PLFD.
the State of Indiana this	23rd
	Signed Many of JANUARY Cler HENDRICKS Circuit Court
	HENDRICKS Circuit Cou

			29:
Form Prescribed By Indiana State Board of dee Authority	STATE OF	INDIANA No. 15	
Health under August	APPLICATION FOR I	MARRIAGE LICENSE	And the course of the
of I.C. 31-1-32 Effective July 1, 1977	HENDRICK	County I - 14	05
MALE	1-8-0-	FEMALE Date of A	pplication
Medical Examination Report Dated	Callerd	Medical Examination Report Dated $/-8-8$	25
Name of Physician John P	Caracoa	Name of Physician Sol 100 0 10	and)
ALL QUESTIONS MUST BE/ANSWERED, 10, 31-1 shall be fined in any sum not exceeding five hundred of	-3-6 prescribed "False statement-Who follars (\$500,00)".	ever.procures the issuance of a license to marry by any false statement, repr	esentation or protoneo
A First Middle	Last -	FEMALE APPLICANT	precense
Name Muy C.	Davidson	Prirst Middle	(bast
Date of Birth Month Day Place of Birth (State or foreign country)	1944	Day	Year
Residence Address Street or R. R. Lb. City	County State	Place of Birth (State or foreign country) Residence Address Street or P. C. P. C. Street or P. Street or P	-147
390 W. Mall Stro	Pike		unty State
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Ere-ten Hertel Bates Press 24	Previous Marital Status: Never Married OR	And the state of the second
Date of birth verified by: Birth Certificate Judicial De	cree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Diudicial Decree	A DESCRIPTION OF THE OWNER
B Other (Specify) Arweis	ceinse ,	Other (Specify) Drivers Line	
1. Are you now or have you ever been adjudged to be of unsound		1. Are you now or have you ever been adjudged to be of unsound mind?	No Yes D
If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease?	Not Yes D	If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease?	No Yes D
3. Are you related to the female applicant closer than second cou	isin? Not Yes	 Are you afflicted with a transmissible disease? Are you related to the male applicant closer than second cousin? 	Not Yes
 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? 	Yes D	4. Are you now under the influence of intoxicating liquor?	Yes D
 Are you now under the initiality of a marcolic drag. List the full names of any dependent children. 	1	5. Are you now under the influence of a narcotic drug?6. List the full names of any dependent children.	Not Yes
Holly Veryse		Leigha Marie Laup	
Liva Sorry			Conservation .
Jacob Scott			
 Are you required by any court order or orders to support the dependent children? 	No Yes	Are you required by any court order or orders to support the above dependent children?	Ne Yes
If answer is "yes", it is required that this Application be accom compliance with any court order or orders issued for their/sup		If answer is "yes", it is required that this Application be accompanied by satisfa compliance with any court order or orders issued for them support.	ictory proof that you are in
8. Full name of father Scenuch Hor	ward Davidson	8. Full name of father Marion Doroet	t
Residence of father (if deceased so state)	ouda	Residence of father (if deceased so state) 8528 Kocker	bie De
Birthplace of father (State or foreign country)	leonas	Birthplace of father (State or foreign country)	and Cety
9. Full maiden name of mother 1/ 10 June 4	fiely Jones	9. Full maiden name of mother 1 pergalif source	se conque
Residence of mother (if deceased so state)	latida inin	Residence of mother (if deceased so state)	~ ~ ~
Birthplace of mother (State or foreign country)	bose and state the information given	Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS S8: I depose and state in this application	the information given is true and correct.
County of HENDRICKS	his application is true and correct.	County of	and correct.
Signed All March	12 D. M.	_ Signed Hresh t. 10	w
New Address / C + 1000	S honull	Subscribed and sworn to before me this 14th day of	nuary 1985
Subscribed and sworn to before me this	HENDRICKS	Subscribed and sworn to before in Puepsolicity HENDR	ICKS Circuit Court
- fight function	Circuit Court	proprint	And the local division of the
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marris	age. If only one parent
We, the parents, of this applicant hereby give consent for		We, the parents, of this applicant hereby give content to be signs, state facts which render the consent of the other parent unner	essary
signs, state facts which render the consent of the other	parent unnecessary	Signs, state trees that	
State of Indiana, County of HENDRICKS }ss:		State of Indiana, HENDRICKS	
County of Bas:		County of	Father
Signed	Father	Signed	Mother
Signed		Subscribed and sworn to before me thisday of	, 19
	y of		Clerk
		T. A marriage license having been refused to the above in the above in the marriage order issued.	named parties, the
			and nied
BE	UDN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE HENDRICKS	
of Indiana dated the	filed in my office a marriage licer	nse issued by the clerk of the , 1905, authorizing the joining together as TERESA INEEN KAYS	nusbana and wife
a water thed	ay of	, TERESA INEEN KAYS	
I,	iage certificate was fued in my	hereby certify that on the 2nd day of the M	ARION ,
strougula nine hundred and	5	County State of	
GUY EDWARD	DAVIDSON	County, State of LIENI	DRICKS
were by me united in many	of	that surpose by the Clerk of the Circuit Court of	
County.	by a marriage license issued for	THERSON	
Dated this2ndday ofFe	bruary, 1982	5 Signed /s/ JOE G. EMERSON MINISTER Official Designation	19 85.
Filed and records 1	tal de la construction de la construction de la construcción de la construcción de la construcción de la const	20 day of	Clerk
in accordance with the law	s of the State of Indiana this	Signed Mary Jane Marsh HENDRICKS	Circuit Court



County of HENDRICKS		State of Indiana, County of HENDRICKS		
Signed	Father			
Signed	Father	Signed	AND ADDRESS	
	Mother	Signed	ana antara mata mata mata mata mata mata mata	CONTRACTOR OF A DESCRIPTION OF A DESCRIP
Subscribed and sworn to before me this day of		Subscribed and sworn to before t	me this	and interesting the second providence of
	Clerk			and the second second second second second second second
CONDUCTOR		Brostengelike	an and a substantian state of the second state	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER	R OF COUR	T. A marriage license havin	g been refused to the a	bove named part
County	Ca	and has mailting and an immed		
inauthorizes and directs	the issuance o	f a marriage license to the al	ove named parties.	
RETURN OF MADE	100			and the second second
Be It Remembered, there was filed in my aff	AGE LICENS	E AND MARRIAGE CERTI	FICATE HENDRICKS	Circu
Be It Remembered, there was filed in my office a of Indiana dated the	marriage licen	ise issued by the clerk of the.	I ILI ILI ILI ILI ILI ILI ILI ILI ILI I	and a second
day of	U	195 auth	prizing the joining togeth	her as husband a
Be it further remembered, the following marriage certificate wa		nd HELEN LOUIS		
I,	s filed in my o	fice, to-wit:	TAKEN NOAN AN BARK CONSISTENCE OF THE CONSISTENCE	
I, DONALD E. RICHARDS one thousand nine hundred and 85		hereby certify that on the	2nd day of FEE	RUARY
one thousand nine hundred and 85 State of Indiana, Groom HOWARD 5		at BRIDGEPORT	, County o	
and, Bride		HENDRICKS	County, State of	TANA
were by me united in marriage as authorized by a marriage licen County. Dated this	of	HENDRICKS	County, State of	1 They areas
county.	180 incread las	the design of the second second	he Circuit Court of	HENDRICKS
Dated this 2nd day of Feb		ra pose og the Clerk of th	te otronis cours of	
Dated this2ndday ofFeb.	, 19 85			
		Signed 121	Donald E. Richar	ds
Filed and recorded in accordance with the		Official Designation Min	inter	No. of Concession, Name of Street, or other
Filed and recorded in accordance with the laws of the State of In	ndiana this	14th	b	19 85
		day of Eg	Real and	
		Signed Mary Cours		RICKS Circui
			Laboration 1	

	MARRIAGE LICENSE
Indiana State Board of Health under Authority Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	CKS File
Enve	County
MALE Medical Examination Report Dated 1-8-85	FEMALE Date of Application
	Medical Examination Report Dated 1-10-85
Name of Physician	
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Wh shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Name of Physician Lourid M. Hadley
shall be fined in any sum hor example.	In the statement of a license to marry by any false statement, representation or pretense
Name First Middle MEL Last	FEMALE APPLICANT
Jacy Jobb M Julley	Kanada Middle
Date of Birth Month Day Year b	Date of Birth Month Day Wilson
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) (0)
Residence Address Street or R. R. City County State	Residence Address Street .
	5170 Daw Jarles Plid County State
Previous Marital Status: Never Married O OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married O OR
Last Marriage Ended by: Sector Determined by: Birth Certificate Dudicial Decree	Last Marriage Ended By: Death Divorce Daniel D
Date of on the centred of the	Date of birth verified by: Birth Certificate UJudicial Decree
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D	1. Are you now or have you ever been adjudged to be after the standard
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Ves O	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No ₽ Yes □ 4. Are you now under the influence of intoxicating liquor? No ₽ Yes □	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of influence of influence of a narcotic drug? No Yes I 5. Are you now under the influence of a narcotic drug? No Yes I	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No By Van D
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆	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.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
Fullname of father Charlies Lee MCKynney	8. Full name of father Billy Ray Will a
Residence of father (if deceased so state) Indele, and	0 - 0 - 0
Birthplace of father (State or foreign country) Kentuckey	Residence of father (if deceased so state)
a Jan ing m	Birthplace of father (State or foreign country DUMORTED)
9. Full maiden name of mother Mary Clans Maryhows	9. Full maiden name of mother Martha Mag Carr
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) PDA Jud -
Birthplace of mother (State or foreign country	Birthplace of mother (State or foreign country) Kentuckey
state of Indiana,	State of Indiana, County of
County of HENDRICKS	County of HENDRICKS }ss: in this application is true and correct.
Signed & Jacy & MERinney	Signed & Blenda & Wilson
New Address 2/60 B. Bucke st. Indeletand	SUD & RUDON had
	New Address All CO S. Dove Store
subscribed and sworn to before me this day of day of 19.000	Subscribed and sworn to before me this day of HENDRICKS
Mary Jone Madell Clerk HENDRICKS Circuit Court	Mary Jone Russell Clerk Clerk Circuit Court
INSENT OF DARRYTE, DA	
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
gns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
ate of Indiana,	and the second
here indiana, here indiana, he	State of Indiana, HENDRICKS
	County of
Signed	Signed
SignedMother	Signed
bscribed and sworn to before me this	Subscribed and sworn to before me this
	Clerk
Clerk	the the shows named parties, the
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage license having been refused to the above handed particly include
Country	art by written order issued
authorizes and directs the issuance of	f a marriage license to the users
RETURN OF MARRIAGE LICENSE	Se issued by the clerk of the
Be It Remembered, there was filed in my office a marriage licens	se issued by the clerk of the
Indiana dated the day of	19
Tracy Contraction	id Brenda Jean Wilson
it further removed Scott McKinney ar	nce, co-wit: day of January
it further remembered, the following marriage certificate was filed in my of	ereou ceruj g unu si
Richard Cla	
Be It Remembered, there was filed in my office a marriage licens Indiana dated the day of e it further remembered, the following marriage certificate was filed in my of Richard Clevenger thousand nine hundred and ate of Indiana C	County, State of
thousand nine hundred and 35	Marion. County, State of IN
e thousand nine hundred and 35	Marion. County, State of IN
the of Indiana, Groom Nacy Scott of	Marion Marion Hendricks County, State of IN HENDRICKS HENDRICKS
the thousand nine hundred and ate of Indiana, Groom Kary Scott d, Bride Scott re by me united in marriage as authorized by a marriage license issued for the unty.	Marion Marion Hendrick hat purpose by the Clerk of the Circuit Court of HENDRICKS
te thousand nine hundred and 35 the of Indiana, Groom Yang Scott of d, Bride <u>Scott</u> of re by me united in marriage as authorized by a marriage license issued for the unty. ted this day of <u>Scott</u> , 19.85	hat purpose by the Clerk of the Circuit Court of HENDRICKS Signed Richard W. Clevenger
thousand nine hundred and 35 the of Indiana, Groom Kary Scott h, Bride	hat purpose by the Clerk of the Circuit Court of HENDRICKS Signed Richard W. Clevenger
thousand nine hundred and <u>b</u> e of Indiana, Groom <u>Nany</u> Scott of Bride. <u>Bread</u> <u>Scott</u> of by me united in marriage as authorized by a marriage license issued for the aty.	hat purpose by the Clerk of the Circuit Court of HENDRICKS Signed Richard W. Clevenger

	302		
	STATE (OF INDIANA	No]8
	Benearihed By	MARRIAGE LICENSE	File
	Health under Authority	CKSCounty	1-14-85
	of I.C. 31-1-3-2 Effective July 1, 1977		Date of Application
	MALE	FEMALE Medical Examination Report D	ated1-11-85
	MALE Medical Examination Report Dated	Name of Physician	eo Kanned
			by any false statement, representation
instation from the	Name of Physician des processes ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-W shall be fined in any sum not exceeding five hundred dollars (\$500,00)".		APPLICANT
Cardia Reference Law 19	shall be fined in any sum not extremely MALE APPLICANT	Name First	Middle
	Name First Middle Aarral	Date of Birth Month	June Swalfad
	Date of Birth Month Day Kear	Place of Birth (State or foreign country)	29 63
	Place of Birth (State or foreign country)	Residence Address Street or R. R.	City County State
	Residence Address Street or R. R. City County State	RR1, Box 128	Coatesulle Ind
	ICIC 2 I	Previous Marital Status: Never Married G Ol	
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Date of birth verified by: Birth Certificate	
	Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by. Dirth Certificate	Success Decree
	a Other (Specify) Druvers fice.	Other (Specify)	ene die
	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	 Are you now or have you ever been adjudged If answer is "yes", has the adjudication been r 	160
	If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease	100
	2. Are you afflicted with a transmissible disease? No I result 3. Are you related to the female applicant closer than second cousin? No I result	3. Are you related to the male applicant closer t	han second cousin? No B Yes D
	4. Are you now under the influence of intoxicating liquor? No VYes U	 Are you now under the influence of intoxicati Are you now under the influence of a narcotic 	105-
	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 	6 List the full names of any dependent children	163-
	6. List the full hames of any dependent condition		
	7. Are you required by any court order or orders to support the above	7 Are you required by any court order or order dependent children?	rs to support the above No D Yes D
	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in		lication be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders iss	sued for their support.
1	8. Full name of father and for faire	8. Full name of father 10000000	house subject
	Residence of father (if deceased so state)	Residence of father (if deceased so state)	bill allessation
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	sha.
	9. Full margen name of mother	9. Full maiden name of mother	serve give serve
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)	-and
	State of Indiana,	Birthplace of mother (State or foreign country) State of Indiana,	I depose and state the information given
	County of HENDRICKS as: I depose and state the information given in this application is true and correct.	County of HENDRICKS	} **: in this application is true and correct.
	Signed Mehael - Layle	Signed X Como	nie I Swafford
	New Address RR 2 Box 18 Danville, IN	New Address RRIL	30x 128 Galesville, An
	Subscribed and sworn to before me this day of	Subscribed and sworn to before me this	day of the 18/5
	Many Jone Kussell Clerk HENDRICKS Circuit Court	aand and man 11	Q Gierk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN		
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR	
	signs, state facts which render the consent of the other parent unnecessary		give consent for this marriage. If only one parent
		signs, state facts which render the consen	r of the other barent suppresses?

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V

State of Indiana, HENDRICKS }

County of	County of HENDRICKS
Signed	County of
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Guscribed and sworn to before me this
HENDRICKS	RT. A marriage license having been refused to the above named parties, th
County	Court by written order issued and file
authorizes and directs the issuance	court by written order issued
PETUDN OF ST	of a marriage license to the above named parties.
Be It Remembered, there was fled	SE AND MARRIAGE CERTIFICATE
of Indiana dated the	ense issued by the clerk of the HENDRICKS Circuit Cou
HARLAN KINCADE	office, to-wit: hereby certify that on the 9th day of FEB.
one thousand nine hundred and	hereby certify that on the 9th day of FEB.
M CHAFT C TANK	Country of HENDRING
CONNTR	Of DAKE
were by me united in marriage as authorized by a marriage license issued for County. Dated this	HENDRICKS County State of INDIANA
Dated this	r that purpose by the Clerk of the Circuit Control HENDRICKS
Dated this	in poor of the Clerk of the Circuit Court of
	85
Filed and recorded in	Signed /s/ HARLAN KINCADE
soorded in accordance with the laws of the State of Indiana	Official Designation MINISTER
orace of Indiana this	
	HENDRICKS Circuit Cou

STATE OF	INDIANA IO
Board Ol	NO
iana State Board of the Authority C. 31-1-3-2 ective July 1. 1977 APPLICATION FOR M HENDRICK	S File
ective July 1. 1.	County 1-14 St
MALE Report Dated /2-22-84	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination Report Dated 12-22-V//
Name of Physician Black	Name of Physician Black
A AUSTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement-Who	The of Physician Stuch
L QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whow Il be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ser procures the issuance of a license to marry by any false statement, representation or protocol
Man I Man	FEMALE APPLICANT
me Sturp Tan Start Burnett	Name First Middle
e of Birth Month Day 1962	Date of Birth Month Day Michold
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
idence Address Street or R. R. City Gunty State	P-11
R. Dex 15 / Filmou Putram th	Residence Address Street or R. R. City County / State
vious Marital Status: Never Married OR	Previous Marital Status: Never Married OR
t Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D
e of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by:
Dother (Specify) M. U.C.	
Are you now or have you ever been adjudged to be of unsound mind? No. Yes	1. Are you now or have you gues here all it is to be a
If answer is "yes", has the adjudication been removed? No 🛛 yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes
Are you afflicted with a transmissible disease? Not yes a	2 Are you afflicted with a transmissible in
Are you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin? No Kes No Kes D
Are you now under the influence of intoxicating liquor? No D Yest	4. Are you now under the influence of intoxicating liquor? Not Yest
Are you now under the influence of a narcotic drug? No Vyes D List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No Ves D
List the full names of any dependent enduren.	6. List the full names of any dependent children.
	april ruchols
Are you required by any court order or orders to support the above dependent children? No 🗖 Yes 🗖	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No 🛛 Yes 🖛
compliance with any court order or orders issued for their support ()	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any contorder or orders issued for their support.
Full name of father Ole Burnett	8. Full name of father harles withen Williams
Residence of father (if deceased so state)	Residence of father (if deceased so state) Follmore
Birthplace of father (State or foreign country)	Ind
Lough Bentric tinchen	Birthplace of father (State or foreign country) & Margarot Fidher
Full maiden name of mother y accurate plantate of article	9. Full maiden name of mother pour full manage
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
te of Indiana, http://www.andiana	State of Indiana, HENDRICKS County of HENDRICKS A Bas: I depose and state the information given in this application is true and correct.
X C+ O B ++	1 land finn Dichola
signed oren R_Jurner	signed the confirment of the single
New Address R.B. BOX 162A St. 163 Kike	New Address ATT JOCK A CONT Station 10
scribed and sworn to before me this day of	Subscribed and sworn to before me this day of HENIDPICKS
My ane Aussell Clerk HEWDRICKS Circuit Court	Mary Mile Mussell Clerk Circuit Court
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
s, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
e of Indiana,	State of Indiana, unpurpuers
nty of HENDRICKS ss:	County of
	Signed
Signed	Signed
Signed	Signed
scribed and sworn to before me this	Subscribed and sworn to before me thisClerk
Clerk	
	T. A marriage license having been refused to the above named parties, the and filed
C.	and by written order issued
authorizes and directs the issuance o	f a marriage license to the above named parties.
	ADDIACE CERTIFICATE UENIDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licen	se issued by the clerk of the
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	, 19.85, authorizing the joining together as hasound and
Indiana dated the 18th in a muser	ndSARA_LYNN_NICHOLS
maiana dated the 18th day of fanuery	
it further remembered the full further remembered the full may of an antifecte and filed in my of	fice, to-wit:
it further remembered, the following marriage certificate was filed in my o	hereby certify that on the putness of PUTNAM
it further remembered, the following marriage certificate was filed in my o	hereby certify that on the
Thaiana dated the	hereby certify that on the, County ofPUTNAM, County ofIN, at IN, County, State of, IN, of, County, State of, IN, County, State of, IN, County, State of, County, St
Thaiana dated the	hereby certify that on the, County ofPUTNAM, County ofIN, at IN, County, State of, IN, of, County, State of, IN, County, State of, IN, County, State of, County, St
Indiana dated the	hereby certify that on theIIII County of PUTNAM, at BELLE UNION, County of IN, pUTNAM, County, State of, IN, of, HENDRICKS, County, State of, HENDRICKS,
Indiana dated the	hereby certify that on theIIII County of PUTNAM, at BELLE UNION, County of IN, pUTNAM, County, State of, IN, of, HENDRICKS, County, State of, HENDRICKS,
Indiana dated the / gla day of formery STEVEN RAY BURNETT a it further remembered, the following marriage certificate was filed in my o PATRICK E. SMITH thousand nine hundred and 85 te of Indiana, Groom STEVEN RAY BURNETT b, Bride SARA LYNN_NICHOLS of re by me united in marriage as authorized by a marriage license issued for the subscription of ted this 19th day of JANUARY 19.85	hereby certify that on the
Indiana dated the / gla day of formery STEVEN RAY BURNETT a it further remembered, the following marriage certificate was filed in my o PATRICK E. SMITH thousand nine hundred and 85 te of Indiana, Groom STEVEN RAY BURNETT b, Bride SARA LYNN_NICHOLS of re by me united in marriage as authorized by a marriage license issued for the subscription of ted this 19th day of JANUARY 19.85	hereby certify that on the

COMP.	304	
1	OT ATE OF	FINDIANA No. 20
	Prescribed By	MARRIAGE LICENSE File
	Indiana State Board of Health under Authority of I.C. 31-1-3-2 HENDRICI	KS
	Effective July 1, 1977	Date of Application
	MALE Depart Dated 1-10-85	Medical Examination Report Dated
	MALE Medical Examination Report Dated Name of Physician David B. Haggard	Name of Physician David D. Naggord
Destances a king til	1 C 21 1 2 6 prescribed False statement	bever procures the issuance of a license to marry by any false statement, representation or pretense
-HARRING OF AND A LE	shall be fined in any sum more MALE APPLICANT	FEMALE APPLICANT Name Fjøst
	Name Prinstan a. Middle Last	Date of Birth Month Day Year Usho
	Date of Birth Month Day 2 1961	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country) Ondplos Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
	137 Lawrdale ave apris	Previous Marital Status: Never Married OR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment Divorce Date of birth verified by: Birth Certificate Judicial Decree
	Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate = Judicial Decree
	(Specify) Arwein ticense Not Yes	Other (Specify) A Aller Spice no.
A. S. 出於 16-61月	1. Are you now or have you ever been adjudged to be of unsound finite. No □ Yes □	If answer is "yes", has the adjudication been removed?
	2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease? No Yes No Yes No Yes
	3. Are you related to the female applicant closer than second cousting	4. 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. 	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
1. 近日日 1.11	6. List the full names of any dependent contents	
		7. Are you required by any court order or orders to support the above
	7. Are you required by any court order or orders to support the above dependent children?	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory prog that you're in
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	ormpliance with any court order or orders issued for their support.
	8. Full name of father Norald Paul Narding	8. Full name of father Alonas Melver Burks
	Residence of father (if deceased so state)	Residence of father (if deceased so state)
	Birthplace of father (State or foreign country) 9. Full maiden name of mother Barbara Jean Johnson	9. Full maiden name of mother Eleanor Louise adamys
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
a subscription of	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Missouri
	State of Indiana, County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.	State of Indiana. County of HENDRICKS as: I depose and state the information given in this application is true and correct.
	Signed Mutri a Harring	V signed Low Burks
	New Address Di Lawy Cale Ave. Apt. D	New Address 137 Raundale, ave apt. B
	Subscribed and sworn to before me this day of January, 19.85	Subscribed and sworn to before me this day of January, 1983
	Circuit Court	I fary gane gusteller her on the offerit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
	signs, state facts which render the consent of the other parent unnecessary.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
·····································		
	State of Indiana,	
	County of HENDRICKS ss:	State of Indiana, County of HENDRICKS
	Signed	Signed
	Signed	Signed
	Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me thisday of
		Clerk
	HENDRICKS	RT. A marriage license having been refused to the above named parties, the purt by written order issued
	in	of a marriage license to the above named parties.
	Be It Remembered, there was field	E AND MARRIAGE CERTIFICATE
	of Indiana dated the	ise issued by the clerk of the
	one thousand nine hundred and or	hereby certify that on the 19th day of JANDARI
	of Indiana, Groom	at PLAINFIELD County of HENDRICK
	ind L d T l l d	Classic Classe of 1
	were by me united in marriage as authorized by a marriage license issued for County. Dated this	that purpose by the Clerk of the Circuit Court of HENDRICKS
	Dated this	
	Filed and recorded in accordance with the law	Official Designation MINISTER
	Filed and recorded in accordance with the laws of the State of Indiana this	
		Signed May of JANUARY Clerk HENDRICKS Circuit Court

orm Prescribed By STATE O	F INDIANA
orm Preservice 39 diana State Board of ealth under Authority I.C. 31-1-3-2 ffective July 1, 1977	MARRIAGE LICENSE No
Heeline on a	County1-177-85
MALE Medical Examination Report Dated 1-15-85	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination Report Dated 1-16-95
Name of Physician Thomas M. Walker	Name of Physician N NO
11 QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Wh	noever.procures the issuance of a license to marry by any false statement, representation or pretense
LL QUESTIONS MUST BE ANSWERED. 1.C. 31-1-3-6 prescribed "False statement-Wh nall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	and of a license to marry by any false statement, representation or pretense
First Middle Last	Name ON FEMALE APPLICANT
ame Michael D. Ruderows	Middle Last
ate of Birth 3 11 44	Date of Birth Month Day Year Hart
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
vidence Address Street or R. R. City County State 1044 Chesterdale Ct. Cinemasti Ofio 4521	Residence Address Street or R. R. City County
	46 461 Douglas It. Brownedwag and Holls
revious Marital Status: Never Married OR ast Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
ast Marriage Ended By: Death - Divorce - Annument	Last Marriage Ended By: Death D Divorce Annulment D
	Date of birth verified by: D Birth Certificate D Judicial Decree
A Other (Specify) Douveres die	4 Other (Specify) brusers Lice
Are you now or have you ever been adjudged to be of unsound mind? No CY Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No BY Yes D
If answer is "yes", has the adjudication been removed? No Ves	If answer is "yes", has the adjudication been removed? No D Yes D
Are you afflicted with a transmissible disease? No Ves Are you related to the female applicant closer than second cousin? No Ves Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?
Are you related to the female applicant closer than second cousin? No Ves Are you now under the influence of intoxicating liquor? No Ves	3. Are you related to the male applicant closer than second cousin? No Pres D
Are you now under the influence of a narcotic drug? No Yes	 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No Drug D
List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No Pres
Setterented Setterented	Jand.
Robel Roter (Christian	M. O. M
Mariat alla	- (may
Musique.	
Are you required by any court order or orders to support the above dependent children? No D Yes D	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
Full name of father & energy & for Mallow	8. Full name of father Charles Kobert Williams
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Estelle Ruth Dielo	9. Full maiden name of mother Will Many Pousell
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
0.0	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
HENDRICKS I depose and state the information given in this application is true and correct.	County of BR: in this application is true and correct.
Signed Michael J- Clenoz	Signed & Mary Q. Duffing
New Address/044 Chesterdaloct Cenamation	New Address. 10.44 Chastudal A Cinam
bscribed and sworn to before me this day of 1985	Subscribed and sworn to before me this day of 45
HENDRICKS	Mos On Pussell Clerk HENDRICKS Circuit Court
Clerk Clerk Circuit Court	1. Com fine marine and
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
s, state facts which render the consent of the other parent unnecessary	signs, state facts which render the company
e of Indiana,	State of Indiana, HENDRICKS
nty of HENDRICKS	County of
SignedFather	Signed
	Signed
	Subscribed and sworn to before me this day of 19
cribed and sworn to before me this	Clerk
Clerk	to bits the above named parties, the
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having been refused to the above named parties, the and filed
	ourt by written order issues
	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
RETURN OF MARRIAGE LICEN Be It Remembered, there was filed in my office a marriage lice	ense issued by the clerk of the
Indiana dated the day of	and MARY A. DUFFNEY office, to-wit: hereby certify that on the 17th County of HENDRICKS
it further remained G. RIDENOUR	and MARY A. DUTTAMA
LARDY Temembered, the following marriage certificate was filed in my	and
thousand nine have a second	hereby certify that on the 17th day of HENDRICKS at DANVILLE , County of HENDRICKS HAMILTON County, State of IN of IN
Sound nine hundred and 95	County State Of another
, Groom	County, State UENIDPICKS
re by me units to	r that purpose by the Clerk of the Circuit Court of
unty. and in marriage as authorized by a marriage license issued for	
ted this	5 Signed /s/ LARRY R.
led and recorded in accordance with the laws of the State of Indiana this	Official Designation_JUDGE
ed and recorded in accord	17th day of JANUARY Clerk
accordance with the laws of the State of Indiana this	17th day of JANGARANA HENDRICKS Circuit Court

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Described By ADDI ICATION FOR		INDIANA No. 22
	Form Prescribed of Indiana State Board of Health under Authority HENDRICK	-10-80
	of I.C. 31-1-3-2 Effective July 1, 1977	Date of Application
	1 11 85	FEMALE Medical Examination Report Dated
	MALE Medical Examination Report Dated	Name of Physician Ence Clark
	Name of Physician Erre Clark	ever procures the issuance of a license to marry by any false statement, representation or pro-
in the second second second second	Name of This MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Who	ever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
IN DURING THE PARTY OF THE PART	ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed in any sum not exceeding five hundred dollars (\$500,00)". shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	Name First Middle Last
	Name First Middle Collins	Date of Birth Month Day Yest
	Date of Birth Month / 8 /967	Place of Birth (State or foreign country)
	Planet (State or foreign country)	Incincastle, Indiana
	Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
	660 Wilson, Manutary	Previous Marital Status: Never Married G OR
	Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
	Previous Marital Status. Recer International Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: 🕒 Birth Certificate 🛛 Judicial Decree
	Date of birth verified by:	Other(Specify)
	□ Other (Specify) No□ Yes□ 1. Are you now or have you ever been adjudged to be of unsound mind? No□ Yes□	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
	the hear removed?	If answer is "yes", has the adjudication been removed? No Yes O 2. Are you afflicted with a transmissible disease? No Yes O
	2. Are you afflicted with a transmissible disease?	Are you related to the male applicant closer than second cousin? No Yes No Yes
	3. Are you related to the female applicant closer than second cousin. No Yes	4. Are you now under the influence of intoxicating liquor? No Yes D
	4. Are you now under the influence of intoxicating liquor? No Yes 5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug? No Yes No Yes
	 List the full names of any dependent children. 	List the full names of any dependent children.
		7. Are you required by any court order or orders to support the above
	7. Are you required by any court order or orders to support the above No Yes dependent children?	dependent children? No Ves D
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support. 8. Full name of father August Allan Byth
AL PART	8. Full name of father for a father for the father father for the father for the father for the father father for the father for the father for the father father for the father	Besidence of father (if deceased so state) Dreencastle, In.
	Residence of father (if deceased solstate)	Birthplace of father (State or foreign country) Sudiane
	Birthplace of father (State or foreign country)	horathy Mar Harris
	9. Full maiden name of mother a contract of the second property of t	9. Full maiden name of mother Alactic for a period
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	State of findame. HENDRICKS	County of HENDRICKS
	Signed Canceling	× Signed Jonda D. Byrd
	New Address 660 wilson Danville In	New Address 660 Wilson Narville
	Subscribed and sworn to before me this 18th day of Junuary , 19.85	Subscribed and sworn to before me thin 1864 day of Jenuary 19.85
	Mary Jone assurgerk HENDRICKS Circuit Court	Mary Jone Currie Clerk HENDRICKS Circuit Court
	0-0-	
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana	
	State of Indiana, County of HENDRICKS }ss:	State of Indiana, Country of HENDRICKS
	signed by h alling	Father
	Signed Barbara Lean Poll	Signed
	Subscribed and sworn to before me this day of Agr. 19.85	Signed
	May June Fire day	Subscribed and sworn to before me this
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
	County	and file
	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 lice	SE AND MARRIAGE CERTIFICATE Inse issued by the clerk of the
	aay of Mulary	19 15 authorizing the joining together as husband and will
	Do it further remembered, the following marriage certificate was find	and TONDA D. BYRD
	JAMES STOREY	
	State of Indiana Comments	
	and, Bridejohn l. collins	of
	were by me united in marriage as authorized by me united in marriage as authorized by the second sec	of
	were by me united in marriage as authorized by a marriage license issued for County. Dated this	that purpose by the Clerk of the Circuit Court of HENDRICKS
	Dated this	95
		Staned /S/ JAMES STURET
	Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER
	Thaiana this	Simulay of FEBRUARY [19.63.
		Signed Mary Que Russell HENDRICKS Circuit Cour
		······································

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Form Preservice Board of APPLICATION FOR	MARRIAGE LICENSE
Health under an Article Articl	CKSCounty
Line	
MALE Medical Examination Report Dated 1-15-85	FEMALE Medical Examination Report Dated
Name of Physician por	Name of Physician ALL 2 +'
	hoever procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-W ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-W shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000"), shall be fined in any sum not exceeding five hundred dollars (\$500,000"), shall be fined in any sum not exceeding five hundred dollars (\$500,000"), shall be fined in any sum not exceeding five hundred dollars (\$500,000"), shall be fined in any sum not exceeding five hundred dollars (\$500,000"), shall be fined in any sum not exceeding five hundred dollars (\$500,000"), shall be fined in any sum not exceeding five hundred dollars (\$500,000"), shall be first five five five five five five five five	
First Middle Last	Name First
Name Mathew Wayne King	Date of River Ling Middle
Date of Birth (Month 12 18 1966	Day Year Luphy
Place of Birth (State or foreign country) Ond	Place of Birth (State or foreign country)
Residence Address Street or R. B. City County State	Residence Address Street or R. R. City Gounty State
11 Clander 1	polatopa flato
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Last Marriage Ended Dy. Birth Certificate Judicial Decree	Last Marriage Ended By: Death Devorce Annulment Date of birth verified by: Birth Certificate Dudicial Decree
Date of comments () () () () () () () () () (Judicial Decree
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D If answer is "yes", has the adjudication been removed? No Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes
If answer is "yes", has the adjudication been removed.	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmission of the second cousin?	3. Are you related to the male applicant along the
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Yes U	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.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Name Lox Keng	8. Full name of father Adred L. Murphy
Residence of father (if deceased so state) Ond TA	Residence of father (if deceased so state) Ond f
, Chu d	Ded.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother A Canada Alan Dioton	9. Full maiden name of mother
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of Math	County of 1 Unio Munch /
- Signed J. March And Spy	2 Signed What I Drown Arus
New Address. 7 Allant Pr. D.L.	New Address /// Welliam an Jerow Plant
Subscribed and sworn to before me this 18 th day of January, 1983	Subscribed and sworn to before me this and any of HENDRICKS
Mary Jane Ruppleder HENDRICKS Circuit Court	Circuit Court
	<u></u>
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, up up ICKS
County of	HEINDRICKS
	SignedFather
SignedFather	Mother
Signed	day of
Subscribed and sworn to before me this day of, 19,	Subscribed and sworn to before me change
Clerk	
	refused to the above named parties, the
inauthorizes and directs the issuance	e of a marriage license to the above named parties.
	NSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
19 11 Semembered there was fled in my office a marriage u	cense isonou - o
day of the	MILPDHY
Be it for MATHEW WAYNE KING	and
Be it further remembered, the following marriage certificate was filed in m I. GLEN BURNETDE	y office, to-wit. 2ndday of
one thousand	and GINA MARLE HORITAR office, to-wit: 2nd day of FEBRUARY hereby certify that on the day of
State of Indiana	at BROWNSBURG County of IN at HENDRICKS County, State of IN of HENDRICKS County, State of IN HENDRICKS County of HENDRICKS
THITTEN WAITED RELE	Country - LIENIDDICKS
were by me with the GINA MARIE MURPHY	to the Clerk of the Circuit Court of
County. County.	BURNSIDE
Dated this 2ndday of FEBRUARY, 19.	.85 Signed /s/ CHARLES G. Down
	19 85.
Filed and recorded in accordance with the low of the State of Indiana this	Official Designation
accordance with the laws of the State of Indiana the	5th

ANNAL ALIGNA ALI 0

308	
CTATE O	FINDIANA No. 24
STATE O	MADDIACE LICENSE
Indiana	
Health under Authonity HENDRIC	
Effective July 1, 1977	Date of Application
	FEMALE Medical Examination Report Dated
MALE Medical Examination Report Dated	
1 I I Walt	Name of Physician Derry J. Mandel
Name of Physician Jerry Children Statement - Wh	oever, procures the issuance of a license to marry by any false statement, represented
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "Faise statement" when dipression five bundred dollars (\$500,00)".	oever procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED. I.C. 31713-36 precention shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	FEMALE APPLICANT
Middle (Last	Name First Middle Last
Name First Find E. Von Burgh	Date of Birth Month Day
Date of Birth Month Pay 63	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Place of Birth (state of foreign country
and pla. Ind cin County State	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City would be a street of R. R. City would be a street of R. R. City would be a street of the	- Toto D: 1000. Moushalling, and
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: 🖉 Birth Certificate 🗆 Judicial Decree	Date of birth verified by: DB Birth Certificate Dudicial Decree
Date of our we consider the	
Other (Specify) No Yes	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind.	1. Are you now or have you ever been adjudged to be of unsound mind? No Pres D
If answer is "yes", has the adjudication been removed.	If answer is "yes", has the adjudication been removed? No Ves No Yes
2. Are you afflicted with a transmissible disease.	 Are you afflicted with a transmissible disease? No □-Yes □ Are you related to the male applicant closer than second cousin?
3. Are you related to the female applicant closer than second cousin.	No Yes
4. Are you now under the initiative of intesticating inquoties	No "Yes
5. Are you now under the influence of a narcolic drug.	6. List the full names of any dependent children.
6. List the full names of any dependent children.	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Ves	dependent children? No 🛛 Yes 🗆
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Fullname of father Jarguera C. Von Durg of.	8. Full name of father Charles and newson f.
Residence of father (if deceased so state) 10 Nourselling, Sed-	Residence of father (if deceased so state) Browneburg Sid -
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Singura
9. Full maiden name of mother Masser M. Showas	Q. C. O.L.
	9. Full maiden name of mother autre the operation
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Dia in to
State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct	State of Indiana
County of in this application is true and correct.	County of HENDRICKS as: I depose and state the information given in this application is true and correct.
Signed Kaymond & 2m Burg Jr	Manual 3 side of 120
New Address 6127 Beacheron Dr. #147	signed X, Valery C. Laugen
	New Address 6127 Beachuren Dr. #141
Subscribed and sworn to before me this. 22 day of Journey, 1985	Subscribed and sworn to before me this 22 day of 200 , 198
Many Jane Kussell Clerk HENDRICKS Circuit Court	Mary Jane Russell Glerk HENDRICKS Circuit Court
	Circuit court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
parent uniccessary	signs, state facts which render the consent of the other parent unnecessary

County of HENDRICKS } ss:	State of Indiana, County of HENDRICKS }ss:
Signed	
Signed	Signed
Subscribed and sworn to before me this	SignedMother
	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County	T. A marriage license having been refused to the above named parties, the urt by written order issuedand filed
Be it further remembered, the following marriage certificate was filed in my of STEVE POURT	WALERIE E. LAWSON
and nine hundred and	hereby certify that on the lst day of FEBRUARY
one thousand nine hundred and	nt
State of Indiana, Groom RAYMOND E. VON BURG JR. and, Bride VALERIE E. LAWSON of County. Dated this	of HENDRICKS County, State of IN
ountly.	Country State of
VALERIE ELAWSON of	hat purpose by the Clerk of the Circuit Court of
Filed and recorded in	Signed /s/ STEVE POWELL
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation ORDAINED ELDER
Just of Indiana this	
	Signed Man Clerk
	HENDRICKS Circuit Court

Form Prescribed By STATE O Indiana State Board of Authority APPLICATION FOR	OF INDIANA
Indiana State Dual of the state	MARRIAGE LICENSE No. 25 CKS County File
MALE Male Examination Report Dated 1-18-85	1-24-85
Medical Examination Report Dated	FEMALE Date of Application Medical Examination Report Dated - 18 - 86
Name of Physician Robert Schimmedgennig	
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Wh	never procures the image in the set a chimmel plenning
shall be fined in any sum not exceeding tive number donars (\$500,00), MALE APPLICANT	Name of Physician Robert Schimmelpfenning
Name First Middle Last	FEMALE APPLICANT
Date of Birth Month Day Wear	Middle
Place of Birth (State or foreign country)	Date of Birth Month Day Steadland
Judgle, Jud.	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City . Country
Previous Marital Status: Never Married OR	1. DIA YEA DAMINEL O State
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree
A Other (Specify) Drusers die	
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D	Other (Specify) Drussers fic
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Pres D If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No 🗹 Yes 🗆	2. Are you afflicted with a transmissible disease?
 Are you related to the female applicant closer than second cousin? No ♥ Yes □ Are you now under the influence of intoxicating liquor? No ♥ Yes □ 	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of monitoring inducts No Yes I 5. Are you now under the influence of a narcotic drug? No I Yes I	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
the second s	hall M Rate
and the second se	Matting K Bart
	Castrad . K. Bastrad .
7. Are you required by any court order or orders to support the above	7 Are you required by any court of the second secon
dependent children? No Ves No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	7. Are you required by any court order or orders to support the above dependent children?
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Robert B. Despicator	compliance with any court order or orders issued for their support. 8. Full name of father Standard or a faither State
Residence of father (if deceased so state) Hollywood CA.	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Sudala. Sud	D b D-
9. Full maiden name of mother Helen & Harden	Birthplace of father (State or foreign country)
Residence of mother (if deceased so state)	9. Full maiden name of mother Mane Stras Saylor
	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) And Alls, And . State of Indiana,	Birthplace of mother (State or foreign country)
County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Level Soffen he	signed kipe & Steadham
New Address 12 Lincoln dr. Brown shuff Fre	New Address 12 Sincoln 10, Brownstan
Subscribed and sworn to before me this 24 day of 2000 1955	Subscribed and sworn to before me this 24 day of 2000 271988
Mary Jane Russell HENDRICKS	Mary Jane Ry Reell Gerk HENDRICKS Circuit Court
Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana,
County of HENDRICKS ss:	State of Indiana, HENDRICKS }ss:
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
	Subscribed and Subscribed
COMPLET	and to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS	r. A marriage license having been refused to the above maner participation and filed
n	T. A marriage license having boom and filed art by written order issued
authorizes and directs the issuance of	f a marriage license to the above many i
Be It Remembered the RETURN OF MARRIAGE LICENSE	se issued by the clerk of the
f Indiana dated the	1985, authorizing the joining together as husband and wife
RUBERT I PUEETNOMON	JUICH
C and the following marriage certificate was filed in my of	14 LII day of
h bornside	ereby certify that on the
a and and 85	the Divertise of INDIANA
nd Brid.	HENDRICKS County, State of Inductor
ounty. JOYCE F. STEADHAM of	hat purpose by the Clerk of the Circuit Court of
Data July	
Dated this 14th day of February , 1985	fficial Designation
Viled and recorded in accordance with the laws of the State of Indiana this	minister 19.85
and recorded in accordance with the lang of the State of Indiana this	20 day of February Clerk Signed Many Gue Russell HENDRICKS Circuit Court
with the laws of the State of Induana ostonica	Signed HENDRICHS Circuit Court

* 198		STATE OF	FINDIANA No. 26
		Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File
		Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	County Date of Application
B	Į.	MALE Medical Examination Report Dated January 17,1985	FEMALE Medical Examination Report Dated January 17, 1985 Name of Physician Nr. Jacobson
	And the second s	Name of Physician Dr. precident	ever procures the issuance of a license to marry by any false statement, representation or pretense
G	- AND	ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-36 preserved and an and an and an and an and an and an	
	4	Name First Migle Upung	Name First Middle Mariel
G	4	Date of Birth Month Day Year H4	Date of Birth Month Day Year 1-10-44 Place of Birth (State or foreign country)
	1	Place of Birthy (State or foreign country)	Residence Address Street or R. R. Of City County Street
(F	~	Residence Address Street or R. R. City - County State 42.3. S. Spedalph Jallonspolis A.	213 Duffy St. Alenfield Inderso Previous Marital Status. Never Married OR
C.	-	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death D Divorce Annulment D
(C	24	Last Marriage Ended By: Death Divorce Infinite Date of birth verified by: D Birth Certificate D Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
(G		- all arrived	& Other (Specify) Aruces Decense
(TT		1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No P Yes D If answer is "yes", has the adjudication been removed? No D Yes D
		If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease" No 2 Yes 0
G		3. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin? No Vet
	국 111	4. Are you now under the influence of intoxicating liquor? No □ res □ 5. Are you now under the influence of a narcotic drug? No □ Yes □	4. Are you now under the influence of intoxicating liquor? No E Yes D 5. Are you now under the influence of a narcotic drug? No E Yes D
	44 No. 1	 Are you now under the influence of a value of a value	6. List the full names of any dependent children.
J	-	- Kardy young	Dean Husman
R		forned guerg	- Parge Kersmon
		7. Are you required by any court order or orders to support the above	7 Are you required by any court order or orders to support the above dependent children?
T	A share a first	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
ا بلي ا		compliance with any court order or orders issued for their support	compliance with any court order or opens issued for their support. 8. Full name of father Bruert M. Murel
18 Mart		8. Full name of father (if deceased so state) Plainfield Indiana	8. Full name of lather (if deceased so state) Alice each
A REAL		Birthplace of father (State or foreign country) Henterchy	Birthplace of father (State or foreign country) In Second
G	5	9. Full maiden name of mother Deargie Mellace	9 Full maiden name of mother alice & phaston
A LEC	er-	Residence of mother (if deceased so state) Plainfield Ardiana	Residence of mother (if deceased so state)
2		Birthplace of mother (State or foreign country) Batucky	Birthplace of mother (State or foreign country)
MINI		State of Indiana, County of	State of Indiana. County of HENDRICKS as: I depose and state the information given in this application is true and correct.
G	-	Signed Jourial & Therand	signed Mari Lee Wonel
U		New Address 1. J. J. J. J. Collins Unn	New Address 1331 S. Ellen arm Rol, Judge
I F		Subscribed and sworn to before me this 3.0 day of January 1983, Mary pare Russell Clerk HENDRICKS Circuit Court	Subscribed and sworn to before me this a day of January 19 Mary Jac Ressell Clerk HENDRICKS Circuit Court
		CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	-	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
1		signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	*		
C C		State of Indiana,	State of Indiana
P.S.		County of HENDRICKS	State of Indiana, County of HENDRICKS
Cover		Signed	Signed
		Signed	SignedMother
672	-	Subscribed and sworn to before me this day of, 19,	Subscribed and sworn to before me thisday of
RU.	-	COMPLETE IF MARRIAGE LICENSE LOUDE	Clerk
C			RT. A marriage license having been refused to the above named parties, the
V		inauthorizes and directs the issuance of	
		Be It Remembered the RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
能。		of Indiana dated the	nse issued by the clerk of the higher and wife
		the following mamia	Ind
13%		one thousand nine hundred and	hereby certify that on the 2nd day of FEBRUARY
		State of Indiana, Groom DAVID LEE YOUNG and, Bride	at AVON County of HENDRICKS
			.of nENDRICKS County State of 10
	1	Country and anticea in marriage as authorized by	HENDRICKS County, State of IN
		Dated this	o and otorn of the Otreatt Court of
-	-		C. mpavis
44		Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Signed Age Clerk
N N			HENDRICKS Circuit Court

	MARRIAGE LICENSE File
ective July 1, 1977	County
MALE	FEMALE Date of Application
MALE Medical Examination Report Dated /- 22-85	Maltain
Name of Physician Miely	Nedical Examination Report Dated
THE ANSWERED LC. 31-1-3-6 prescribed "False statement When	Name of Physician Michael Mulu
L QUESTIONS are an exceeding five hundred dollars (\$500,00)",	ever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	
ne Della Middle Last	Name Pirst ·
e of Birth Month Day Year	Date of Birth Westy Middle Dast
Det 1959	Day Unpolds
Indiana	Place of Binth State or foreign country)
dence Address Street or R. R. City County State	Residence Address Street or R. R. Chu
RAH 1 52 131-1 austrice rendered m	REI BOU 157-1 Stillengell State
rious Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
e of birth verified by: D Birth Certificate D Judicial Decree	Date of birth verified by:
D Other (Specify) Alr tec	h · · · ·
Are you now or have you ever been adjudged to be of unsound mind? No. Yes	D Other (Specify) (MULLS) Ricense
Are you now or nave you ever been abjudged to be of unsound mind. Note Yes U If answer is "yes", has the adjudication been removed? No Ves D	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is 'yes, has the aujulication been removed. No Yes C	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmission disease.	2. Are you afflicted with a transmissible disease? No Ver D
Are you never the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin? No P Yes D
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of intoxicating liquor? No Yes D
List the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? No Yes D 6. List the full names of any dependent children.
	A i i la a
	appany - Uge 4 yrs.
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
ependent children? No 🗆 Yes 🗆	dependent children? No Ves D
fanswer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
ompliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
"ull name of father Alme Calutty Jock have	8. Full name of father The Mamburs
Residence of father (if deceased so state)	Residence of father (if deceased so state) - In dianapolis, In
Birthplace of father (State or foreign country) Induania	Birthplace of father (State or foreign country) Indiana
"ull maiden name of mother_ Marilyn Jo Nowling	Alin A hally
ul maiden name of mother	9. Full maiden name of mother Aurley a. Morely
desidence of mother (if deceased so state)	Residence of mother (if deceased so state) Dozeman. To Tonlan
irthplace of mother (State or foreign country) Induana	Birthplace of mother (State or foreign country) Andlana
of Indiana,	State of Indiana, In Indiana, I depose and state the information given
ty of HENDRICKS ss: in this application is true and correct.	County of A and a state the into match and correct.
Sind Phillip E. Jorkhand	sing (htistyte: Keymolds)
Signed July and Hill II A	Signed Allasy V 154-1 Stillervill
New Address R. 1. 1204 131-1 Sullesville, the	New Address A. J. Star 199 Comunication of the
cribed and sworn to before me this 29 day of 9 cm , 19.85.	Subscribed and sworn to before me this 2 day of January 19.05
Ung Jane Rusself Clerk HENDRICKS Circuit Court	Mary Jane Russell Clerk HENDRICKS Circuit Court
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other particle united and
	and the second
of Indiana, ty of HENDRICKS }ss:	State of Indiana, HENDRICKS }ss:
ty of	County of
Signed	Signed
	Signed
Signed	Subscribed and sworn to before me this
ribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	
	in lines having been refused to the above named parties, the
HENDRICKS	r. A marriage license having been refused to the above named parties, the and filed
Con	irt hy written order issued
authorizes and directs the issuance of	a marriage needs to the
DETUDN OF MADDIACE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licens	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court se issued by the clerk of the, authorizing the joining together as husband and wife
Be It Remembered, there was filed in my office a marriage licens ndiana dated the day of	, 19, authorizing the joining together as husband and app
day of	CHRISTY A. REYNOLDS
further remembered, the following marriage certificate was filed in my of	Fice, to-wit: 9th day of FEB.
t further remembered, the following marriage certificate was filed in my of CARL R. BACHELOR	ereby certify that on the
CARL R. BACHELOR h thousand nine hundred and 85 a	t. STILESVILLE
thousand nine hundred and 85 a e of Indiana, Groom PHILLIP Ex LOCKHART o Bride	HENDRICKS
PHILLIP FUCKHART	County, State of
by me united in marriage as authorized by a marriage license issued for the	Let surpose by the Clerk of the Circuit Court of
^{by} me united in marriage as authorized by a marriage license issued for the ty.	nut pur per c
	/s/ CARL R. BACINDON
	Official Designation. MINISTER Feb., 19.85.



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Anishing of the francism and

12		
	OF INDIANA	No 28
Beserihed By	MARRIAGE LICENSE	
		File
e 1 C - 21-1-3-Z	_County	1-30-85 Date of Application
Effective July 1, 1977	DDM 41 P	Date of Application
7.05	FEMALE Medical Examination Report D	
MALE Medical Examination Report Dated 1-7-83	L'	Luis
Merbert J. The plan	Name of Physician Ally	novall. mo.
Name of Physician	noever procures the issuance of a license to marry	by any false statement, representation or pr
shall be fined in any sum not exceeding the MALE APPLICANT	FEMALE	APPLICANT
Middle () h Last	Name First	Miggle law
Name Product W. Perkins	Date of Birth Month	Day Auvall
Date of Birth Month 2 1953	Place of Birth/State or foreign country)	30 1960
Place of Birth (State or, foreign country)	Libanon	In.
Cast St douis dec. County State	Residence Address Street dr R. R.	City County State
Residence Address Street or R. R. Maple. In.	The pop 131	Danvelle, Ind.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OOR	and the Rowsell of Street
Lost Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Diverce	
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate	Judicial Decree
Date of one of the second se	Other (Specify) Milita	
Other (Specify) Drivers License		1
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes Yes	1. Are you now or have you ever been adjudged to	Now
If answer is "yes", has the adjudication been removed.	If answer is "yes", has the adjudication been re	moved" No D
2. Are you afflicted with a transmissible disease	2. Are you afflicted with a transmissible disease?	No D
3. Are you related to the female applicant closer than second cousin? No Yes No Yes No Yes 1	 Are you related to the male applicant closer th Are you now under the influence of intexicating 	Not
4. Are you now under the influence of moxicating neutrin	 Are you now under the influence of a narcotic Are you now under the influence of a narcotic 	No D Y
5. Are you now under the influence of a narcotic drug.	 Are you now under the initiative of a margarier List the full names of any dependent children. 	No Py
6. List the full names of any dependent children.	5. List the run names of any dependent children.	
Kinberly ann Type		and mean of a little of
		and the second secon
		the state of the second
Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆	 Are you required by any court order or orders dependent children? 	No D Y
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Applie	
compliance with any court order or orders issued for their support. Perkens	compliance with any court order or orders issue	d for their support.
and bud	8. Full name of father CORLACC	de suuraus
Residence of father (if deceased so state) Maple . Ma	Residence of father (if deceased so state)	acceased
Birthplace of father (State or foreign country) To ficklygage	Birthplace of father (State or foreign country)	Indiana
. Full maiden name of mother Kuth Marie Larue	9 Full maiden name of mother MOROC	the Man block
Residence of mother (if deceased so state) Adplo. m.		Daniel Co
lon 1	Residence of mother (if deceased so state)	Manuelo, Sn.
Birthplace of mother (State or foreign country) TO Chigan	Birthplace of mother (State or foreign country)	Indiana
ounty of	State of Indiana, HENDRICKS	ss: I depose and state the information i
10. × 11/1	County of	in this application is true and cor
Signed Kofus Withems	Signed a Catl	arallechell
New Address 651 N. Berwick	New Address (051)	n. Berning b.
ubscribed and sworn to before me this 30 day of January 19 85	2	
Mary Jane Russell, HENDRICKS	Subscribed and sworn to before me this St	day of part 19.
Circuit Court	- jury prie Trus	HENDRICKS Circuit Co
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUA	ARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give	consent for this marriage. If only one par
rns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of	
	the consent of	our sents the cut municipant and
	Another to the second	CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR

State of Indiana, HENIDDICKS

County of HENDRICKS	State of Indiana. County of HENDRICK	s } ***
Signed	County of	
	Signed	Fat
Subscribed and sworn to before me this	Signed	Mot
Subscribed and sworn to before me this	Subscribed and sworn to before	me this day of 19
Clerk		Ch
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license havin	g been refused to the above named parties, th
inauthorizes and directs the issuance of RETURN OF MARRIACE LICENT	urt by written order issued	and file
	a marriage license to the ab	ove named parties.
of Indiana dated the	E AND MARRIAGE CERTIF	FICATE HENDRICKS Circuit Course
Be it further remembered, the following marriage certificate was filed in my of	nd BARBARA ANNE DU	rizing the joining together as husbana and wi VALL
thousand nine hundred and	icroba and	
one thousand nine hundred and 85 State of Indiana, Groom Robert Walter Perkins and, Bride Barbara Anne Du Vall	t Indpls	5th
Ind, BrideBarbara Anne Du Waller Perkins	/ Marias	, County of Classed
State of Indiana, Groom Robert Walter Perkins and, Bride Barbara Anne Du Vall were by me united in marriage as authorized 1 of	Hendricks	County, State of Indiana
and, Bride		e Circuit Court of HENDRICKS
ued and recorded in accordance with the	Signed	/s/ Steve Kerr
Filed and recorded in accordance with the laws of the State of Indiana this		MINISTER 19 85
	Signed August	Clerk

Form Prescribed By STATE O. Indiana State Board of APPLICATION FOR	FINDIANA MAPPIACE
Form Prescribed by Indiana State Board of Health under Authority of LC. 31-1-3-2 Effective July 1, 1977	MARRIAGE LICENSE File
	-2-1-85 Data
MALE Medical Examination Report Dated 1-28-85	FEMALE Date of Application
Name of Physician Advist D. aulo MD.	Medical Examination Report Dated 1-28-85
Name of Thyser	Name of Physician Robert D. Auto mo
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license to marry by any false statement
MALE APPLICANT	
Name First Middle, Tow Yell Last	Name First
Date of Birth Month Day Year	Date of Birth Marth Middle Middle Middle
Place of Birth (State or foreign country)	Day Juli
Andre nepoces	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married I OR	Nor141 Nonvelles In
Previous Marital Status - Feedback Divorce - Annulment -	Previous Marital Status: Never Married DOR
Last Marriage Dided = 5 Date of birth verified by: Dirth Certificate Judicial Decree	Last Marriage Ended By: Death D Divorce Annulment D
0	Date of birth verified by:
Other (Specify) Aller License	Other (Specify) Werens Lioeman
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	If answer is "yes", has the adjudication been removed? No U Yes U
2. Are you afflicted with a transmissible disease? No 🗗 Yes 🗆	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No □ Yes □ 4. Are you now under the influence of intoxicating liquor? No □ Yes □	3. Are you related to the male applicant closer than second cousin? No Ver D
4. Are you now under the influence of intoxicating inquor: No Yes I 5. Are you now under the influence of a narcotic drug? No Yes I	4. Are you now under the influence of intoxicating liquor? No D Yes D
Are you now under the influence of a narcotic drug. Now Tes	5. Are you now under the influence of a narcotic drug? Ng Yes D
	6. List the full names of any dependent children.
The second s	
7. Are you required by any court order or orders to support the above dependent children? No Ves Ves	7. Are you required by any court order or orders to support the above
dependent children: No Yes U If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No 🛛 Yes 🔾
compliance with any courter that this reprint atom be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Sturno Wilson	compliance with any court order or orders issued for their support. 8. Full name of father A CAU A - Miller
Residence of father (if deceased so state) Same	Danuell Car
Chedianal	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) And and the state of father (State or foreign country)	Birthplace of father (State or foreign country) Md -
9. Full maiden name of mother Callyn allen Sutpher	9. Full maiden name of mother Nonno Coppett
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) South Bend, In
Birthplace of mother (State or foreign country) Induana	Marth Rend In
State of Indiana,	Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS County of
County of HENDRICKS	County of
Signed & Ab C. Nippor	Signed & abapath Jyun Millen New Address
	signed & alogeth Jyun Miller
New Address Subscribed and sworn to before me this 12t day of 120, 19.85 Mary Jana Aussell Clerk HENDRICKS Circuit Court	Signed & Qoogan Juny Millen New Address Subscribed and sworn to before me this 1st day of Aub 1985 Mary Janu Russell Clerk HENDRICKS Circuit Court
New Address Subscribed and sworn to before me this 12t day of 19.85 Mary Jana Aussell Clerk HENDRICKS Circuit Court	Signed & Quarter Juny Miller New Address Subscribed and sworn to before me this 1 pt day of Jub , 1985 Mary Janu Russell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN
New Address Subscribed and sworn to before me this 1st day of 1985 Mary Jane Aussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN	Signed & Chappen Juny Millen New Address Subscribed and sworn to before me this 1 pt day of 1985 Mary Janu Russell Clerk HENDRICKS Circuit Court
New Address Subscribed and sworn to before me this bt day of All, 19.85 Mary Jane Aussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	Signed & Quarter Juny Miller New Address Subscribed and sworn to before me this 1 pt day of Jub , 1985 Mary Janu Russell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN
New Address Subscribed and sworn to before me this bt day of All, 19.85 Mary Jane Aussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	Signed & Queen Jun Millen New Address Subscribed and sworn to before me this fat day of Jub , 1985 Mary Janu Russell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
New Address Subscribed and sworn to before me this bt day of All, 19.85 Mary Jane Aussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	Signed & Queen Jun Millen New Address Subscribed and sworn to before me this 1 pt day of 4ub 1985 Mary Janu Russell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
New Address Subscribed and sworn to before me this 1st day of 4th 1985 Martin Commen Principally HENDRICKS	Signed & Queen Jun Millen New Address Subscribed and sworn to before me this fat day of Jub , 1985 Mary Janu Russell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
New Address Subscribed and sworn to before me this bt day of day	Signed & Queen Jun Millen New Address Subscribed and sworn to before me this fat day of Jub , 1985 Mary Janu Russell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
New Address Subscribed and sworn to before me this <u>ht</u> day of <u>htb</u> <u>19.85</u> <u>Mary Aussell Clerk HENDRICKS</u> <u>Circuit Court</u> CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana, <u>HENDRICKS</u>	Signed & Queen Jun Millen New Address Subscribed and sworn to before me this Jat Mary Augustic Clerk HENDRICKS Conservery Conservery New the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS
New Address. Subscribed and sworn to before me this <u>ht</u> day of <u>htb</u> , 19.85 <u>Mary and ussell</u> <u>Clerk HENDRICKS</u> <u>Circuit Court</u> CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, <u>HENDRICKO</u>	Signed & Queen Jun Millen New Address Subscribed and sworn to before me this 10t Mary Janu Aussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
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New Address Subscribed and sworn to before me this May May <td>Signed & December Junit Mediles New Address Subscribed and sworn to before me this. lat of</td>	Signed & December Junit Mediles New Address Subscribed and sworn to before me this. lat of
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New Address Subscribed and sworn to before me this May Any May Any May Any May Any May Any Any<	Signed X Signed X Subscribed New Address Ist day of Julk 19 KS Mary Mary Mussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana. Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Cuerk Clerk
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New Address Ist_day of Ist 19.85 Subscribed and sworn to before me this Ist_day of Ist 19.85 MANY Amage Assessed Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary If only one parent State of Indiana, County of HENDRICKS Iss: Iss Signed Father Signed Signed Mother Mother Subscribed and sworn to before me this day of 19 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT County of County County HENDRICKS County County County	Signed Coopering Syntheses. Subscribed and sworn to before me this lat day of August 1985 Mary Janu Aussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. State of Indiana. HENDRICKS signed factors which render the consent of the other parent unnecessary. Signed factors which render the consent of the other parent unnecessary. Signed factors which render the consent of the other parent unnecessary. Signed factors which render the consent of the other parent unnecessary. Signed factors which render the consent of the other parent unnecessary. Signed factors which render the consent of the other parent unnecessary. Signed factors which render the consent of the other parent unnecessary. Subscribed and sworn to before me this day of 19. Clerk T. A marriage license having been refused to the above named parties, the factor which and filed f a marriage license to the above named parties.
New Address Ist. Ist. <td>Signed & Googen June Milley New Address. Subscribed and sworn to before me this lot day of <u>June 1965</u> <u>Mary Janu Aussell Clerk HENDRICKS</u> Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. State of Indiana. <u>Signed</u> sss: <u>Signed</u> factor <u>Signed</u> 19. <u>Subscribed and sworn to before me this</u> day of <u>19.</u> Clerk T. A marriage license having been refused to the above named parties, the surt by written order issued f a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS <u>Circuit Court</u></td>	Signed & Googen June Milley New Address. Subscribed and sworn to before me this lot day of <u>June 1965</u> <u>Mary Janu Aussell Clerk HENDRICKS</u> Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. State of Indiana. <u>Signed</u> sss: <u>Signed</u> factor <u>Signed</u> 19. <u>Subscribed and sworn to before me this</u> day of <u>19.</u> Clerk T. A marriage license having been refused to the above named parties, the surt by written order issued f a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS <u>Circuit Court</u>
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New Address Jat Jag Jag Jag Subscribed and sworn to before me this Jat day of Jag Jag May Jan Jussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parenta, of this applicant hereby give consent for this marriage. If only one parent signa, state facts which render the consent of the other parent unnecessary. State of Indiana. HENDRICKS J ss: Signed Father Signed Mother Subscribed and sworn to before me this day of 19 County of HENDRICKS J ss: Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County County County n authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE Ste Jit Remembered, there was filed in my office a marriage licent day of July Museriage licent day of Be Jit Remembered, the fullowing marriage acetificates was filed in my office a marriage licent day of July Museriage licent day of July	Signed And States New Address Subscribed and sworn to before me this Ist Mary Jawa Aussell Gerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana. Key State of Indiana. Bigned Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of 19 Chartinge license having been refused to the above named parties, the and filed f a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court 19 , authorizing the joining together as husband and wife 19 , authorizing the joining together as husband and wife
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New Address Ist day of All, 1985 Subscribed and sworn to before me this Ist day of All, 1985 May Amage Amage Amage All Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana. County of HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Complete IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County County County Mathematic Action of the following marriage certificate was filed in my office a marriage licent day of Mathematic Action of the following marriage certificate was filed in my office in my	Signed X Jun M. Hen New Address. Jak day of Subscribed and sworn to before me this. Jak day of Mary Jawa Aussell Clerk HENDRICKS CIrcuit Court Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. HENDRICKS Signed Father Signed Sas: County of HENDRICKS Signed Mother Subscribed and sworn to before me this day of T. A marriage license having been refused to the above named parties, the aurt by written order issued and filed f a marriage license to the above named parties. E E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court 19. , authorizing the joining together as husband and wife mathematication the 9th day of Feb. marriage license to the gay of Feb. feb. feb. f a marriage license to the above named parties. Image: fibe joining together as husband and wife mad.
New Address Ist day of 18.55 May Amage (Lissell) Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent aigns, state facts which render the consent of the other parent unnecessary If only one parent State of Indiana. Father Signed Father Signed Mother Iss: Signed Clerk Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County County County n authorizes and directs the issuance of lindiana dated the day of Mitter Mitter Set if Remembered, there was filed in my office a marriage licer John. CL INFON. WILSON a a Set if mither remembered, the following marriage certificate was filed in my office Marriage licer a Muther remembered, the following marriage certificate was filed in my office Marriage licer Martine for membered, the following marriage certificate was filed in my office Marriage licer Mather state of Indiana dated and 85 S	Signed X Junior M. Illen New Address July July Subscribed and sworn to before me this Jot July May Juny Aussell Cark May Juny Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana. State of Indiana. HENDRICKS Jasi Signed Father Signed Father Signed Jasi Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of T. A marriage license to the above named parties. Circuit Court T. A marriage license to the above named parties. And filed fa marriage license to the above named parties. Circuit Court <t< td=""></t<>
New Address Ist day of 18.55 May and dussell clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Ist only one parent State of Indiana. Father Signed Father Signed Ist Signed Ist Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County County County In authorizes and directs the issuance of the following marriage certificate was filed in my office a marriage licer Ist Remembered, the following marriage certificate was filed in my office a marriage licer Indiana dated the John CL INFON WILSON Aug of Ist Marriage licer We thousand nine hundred and 85 State of Indiana State of Indiana	Signed Y Junit M. Hendrick New Address. 19 Job Subscribed and sworn to before me this 10 Job Mary January Accussified cark HENDRICKS Circuit Court Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. HENDRICKS 3 se: Signed Father Signed Signed Mother Subscribed and sworn to before me this day of. 19. Clerk T. A marriage license having been refused to the above named parties, the and filed fa marriage license to the above named parties. and filed fa marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court 19. authorizing the joining together as husband and wife file, to-wit: n. nd DEBORAH LYNN. MILLER Feb. hereby certify that on the 9th. day of. Feb. net. FlainFIELD County, State of INDIANA of HENDRICKS County, State of HENDRICKS
New Address. Jak Jak Jak Subscribed and sworn to before me this Jak HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. State of Indiana. HENDRICKS Ss: Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County County County Mather State of Indiana dated the State of Indiana dated the State of Indiana, Groom JOHN. CL INTON. WILSON Mather State of Indiana, Groom JOHN. CLINTON. WILSON Me thousand nine hundred and 85 State of Indiana, Groom JOHN. CLINTON. WILSON Mather DEBORAH. LXNN. MILLER of State of Indiana, Groom	Signed Y. Gradesh, July M. Helley New Address Subscribed and sworn to before me this. lat. May Janu Aussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana. HENDRICKS Signed Set Signed Set Signed Set Signed Mother Subscribed and sworn to before me this. day of Subscribed and sworn to before me this. day ot T. A marriage license having been refused to the above named parties, the antriage license to the above named parties. F AND MARRIAGE CERTIFICATE HENDRICKS Signed Science July Witten order issued and filed fa marriage license to the above named parties. Circuit Court July M. authorizing the joining together as husband and wife file. matherestic counti: County of HENDRICKS and Filed County of HENDRICKS and Filed County of HENDRICKS se issued by the clerk of the. County of HENDRICKS
New Address. Jak Jak Jak Jak Subscribed and sworn to before me this Jak HENDRICKS Circuit Court MAMY Great Court Circuit Court Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. Signed Father Signed Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Cierk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County County Subscribed and ated the 5 County County County Matter Structure State of Indiana dated the 5 Agy of Muther State of Indiana dated the 5 Agy of Muther County County State of Indiana dated the 5 Agy of Muther County County State of Indiana dated the 5 County	Signed Y. Gradesh, July M. Helley New Address Subscribed and sworn to before me this. lat. May Janu Aussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana. HENDRICKS Signed Set Signed Set Signed Set Signed Mother Subscribed and sworn to before me this. day of Subscribed and sworn to before me this. day ot T. A marriage license having been refused to the above named parties, the antriage license to the above named parties. F AND MARRIAGE CERTIFICATE HENDRICKS Signed Science July Witten order issued and filed fa marriage license to the above named parties. Circuit Court July M. authorizing the joining together as husband and wife file. matherestic counti: County of HENDRICKS and Filed County of HENDRICKS and Filed County of HENDRICKS se issued by the clerk of the. County of HENDRICKS
New Address Jol 19.55 Subscribed and sworn to before me this Jol HENDRICKS Circuit Court MAW Aussell Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We. the parents, of this applicant hereby give consent for this marriage. If only one parent Name State of Indiana, Circuit Court State of Indiana, Estate swhich render the consent of the other parent unnecessary Father Signed State of Indiana, Signed Mother Subscribed and sworn to before me this day of 19	Signed X June M.Hen New Address 19.55 May Janu Aussell Crerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN Inclust Court We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Circuit Court State of Indiana. HENDRICKS 3 set: Signed Father Signed Signed Mother Signed Circuit Court State of Indiana. HENDRICKS 3 set: Signed Setter Signed Signed Setter Signed Mother Subscribed and sworn to before me this day of 19 Circuit Curk T. A marriage license having been refused to the above named parties, the aurt by written order issued and filed f f a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Mother se issued by the clerk of the County of Feb Signed Signed Signed Signed Signed Signed Signed
New Address Jol 19.55 MAY Grave Aussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signed Constant of the other parent unnecessary State of Indiana. HENDRICKS \$ss: Signed Father Signed Signed Mother 19. Subscribed and sworn to before me this day of 19. Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County County In authorizes and directs the issuance of RETURN OF MARRIAGE LICENS Be it Remembered, there was filed in my office a marriage licens of Indiana dated the day of Mutury Mutury Indiana dated the Gay of Mutury Mutury Mutury Mutury Indiana dated the JOHN. CLINTON. WILSON State of Indiana, Groom JOHN. CLINTON-WILSON State of Indiana, Groom JOHN. CLINTON-WILSON Mutury Mutury	Signed X June M.Hen New Address 19.55 May Janu Aussell Crerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN Inclust Court We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Circuit Court State of Indiana. HENDRICKS 3 set: Signed Father Signed Signed Mother Signed Circuit Court State of Indiana. HENDRICKS 3 set: Signed Setter Signed Signed Setter Signed Mother Subscribed and sworn to before me this day of 19 Circuit Curk T. A marriage license having been refused to the above named parties, the aurt by written order issued and filed f f a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Mother se issued by the clerk of the County of Feb Signed Signed Signed Signed Signed Signed Signed
New Address Jak 1980 May Annow Mussell Clerk HENDRICKS Circuit Court CONSENT OF PARENTS. PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, State of Indiana, HENDRICKS Ss: Signed Father Signed Mother Subscribed and sworn to before me this day of 19	Signed X June M. Hendersen New Address 19.65 May Jaw Aussell Crerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN HENDRICKS We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Great Court State of Indiana. HENDRICKS 38: County of Jame Jame Signed Sec Signed Signed Mother 9 Subscribed and sworn to before me this day of. 19 Clerk Clerk Clerk T. A marriage license having been refused to the above named parties, the aurit by written order issued and filed fa marriage license to the above named parties. E ADD MARRIAGE CERTIFICATE HENDRICKS Circuit Court signed gathorizing the joining together as husband and wife DEBORAH. LYNN. MILLER Gounty of. Feb. hereby certify that on the 9th day of. Feb. feb. file, clumpticks County. State of INDIANA feb. feb. feb. file plurpose by the Clerk of the Circuit Court of

	STATE O	No. <u>30</u>
	Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File
	Health under Authority HENDRIC	CKS County 2-1-85
	Effective July 1. 1977	Date of Application
	1 - 21 85	FEMALE Medical Examination Report Dated 1-31-85
	MALE Medical Examination Report Dated 1-31-85	Name of Physician David M. Hadley
		Name of Thypretan
in the second sheet	Name of This	noever procures the issuance of a license to marry by any false statement, representation or pretense
the same server	tall be fined in any sum me	FEMALE APPLICANT
	MALE APPLICANT	Name First Middle Lost
	Name First Keevin Mooney	Date of Birth Month Day Year Gibbs
	Date of Birth Month Day Year 1	lo 23 to
	Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
		Residence Address Street or R. R. City County
	Residence Address Street or R. R. City County State	11225 W. Wash. #61 Jadpis. IN state
		Previous Marital Status: Never Married P OR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
	Last Marriage Ended By. Detail Date of birth verified by: B Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
		Other (Specify)
	□ Other (Specify) No ♥ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
	1. Are you now or have you ever been adjudged to be of unsound mind? No Gr Yes G	If answer is "yes", has the adjudication been removed?
	If answer is "yes", has the adjudication been removed? No 🖸 Yes 🗆	2. Are you afflicted with a transmissible disease?
	 Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second cousin? No Yes I 	3. Are you related to the male applicant closer than second cousin?
	3. Are you related to the remain applicant closer than according to the remain accor	4. Are you now under the influence of intoxicating liquor?
	5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Stephen Mooney	Gregory Mobbs
	Stephanie Mooney	Jennifer Gibbs
	7. Are you required by any court order or orders to support the above dependent children? No ♥ Yes □	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any-court order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father Raul F. Mooney	8. Full name of father VIVGT L. Dailey
	Residence of father (if deceased so state) Deceased	Residence of father (if deceased so state) Ind ols TW
	Birthplace of father (State or foreign country) Thanks. Th	Birthplace of father (State or foreign country) Judots IN
H HE HE I	satural and I an averally	R. H. E. MCM. Illion
	The avert the	9. Full maiden name of mother South E. F. F. Mino
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
and the state of the	Birthplace of mother (State or foreign country) 1007 LS. 100	Birthplace of mother (State or foreign country) LOUPLS LN .
1. 医杜耳尔	State of Indiana, County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS as: I depose and state the information given in this application is true and correct
	M. DOK SI	Anna Da 1/ 11 (Di'I
	Signed Signed Cesury Goode	Signed Carmenglan Muchy All
11年4月1日	New Address // 225 0 wach, #6) LNDPC	New Address 1/225162 Wash Hul maple
	Subscribed and sworn to before me this 2 day of teb 1985	Subscribed and sworn to before me this 2 day of Sele 1085
A Good -	Mary Jone Russell Clerk HENDRICKS Circuit Court	Mary Jane Russell Gerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
A DEAT OF SHEET AND		

State of Indiana, HENDRICKS County of Signed Signed Father Signed Mother Subscribed and sworn to before me this day of Clerk Clerk	State of Indiana, County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage license having been refused to the above named parties, the ourt by written order issuedand filed of a marriage license to the above named parties.
Be it further remembered, the following marriage certificate was filed in my of a marriage licer I, LARRY M. HAMM	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nse issued by the clerk of the HENDRICKS Circuit Court , 19, authorizing the joining together as husband and wife and CARMEN_JEAN. DAILEY_GIBBS office, to-wit:
CARMEN JEAN GIBBS of	HENDRICKS County, State of IN HENDRICKS County, State of HENDRICKS that purpose by the Clerk of the Circuit Court of HENDRICKS 5
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation PASTOR 5th day of FEBRUARY 19 85. Signed Clerk HENDRICKS Circuit Court

APPLICATION FOR M	INDIANA MARRIAGE LICENSE
etive July 1, 1977	S File
	County
MALE Medical Examination Report Dated 1-29-85	FEMALE Date of Application
Name of Physician Arreing Cohow	Medical Examination Report Dated
Name of Physician Strength Care	Name of DL
QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoe	ever procures the issuance of a license to marry by any false statement, representation or pretense
be fined in any same MALE APPLICANT	
e First Middle Last	Name First
of Birth Month Day Year	Date of Birth Marth
e of Birth (State or foreign country)	Day Day
Johnson D. Maral	Place of Birth (State or foreign country)
lence Address Street or R. R. City County State	Residence Address Street or R. R. City County
ious Marital Status: Never Married OR	- 101 Villal Rd. Plfd. Ind State
Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree
Courses fin	Judicial Decree
D Other (Specify)	A Other (Specify) Jourers Lies.
re you now or have you ever been adjudged to be of unsound mind? No Ves fanswer is "yes", has the adjudication been removed? No Ves U	1. Are you now or have you ever been adjudged to be of unsound mind? No Pres D
t answer is "yes", has the adjudication over removed. No Types T re you afflicted with a transmissible disease? No Types T	If answer is "yes", has the adjudication been removed?
re you allited us the female applicant closer than second cousin? No Yes D	2. Are you afflicted with a transmissible disease? No Byges D
re you now under the influence of intoxicating liquor? No 🗗 Yes 🗆	 Are you related to the male applicant closer than second cousin? No C Yes D Are you now under the influence of intoxicating liquor?
re you now under the influence of a narcotic drug? No 🗘 Yes 🗆	5. Are you now under the influence of a narcotic drug? No Yes D
ist the full names of any dependent children.	6. List the full names of any dependent children.
re you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
ependent children? No 🗆 Yes 🗆	dependent children? No D Yes D
answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
In name of father	compliance with any court order or orders issued for their support
R. J. S.	8. Full name of father - Arring how ald any her and
esidence of father (if deceased so state)	Residence of father (if deceased so state)
irthplace of father (State or foreign country) for half the	Birthplace of father (State or foreign country)
ull maiden name of mother Classer and Davalag	9. Full maiden name of mother Synatte J. Blake
esidence of mother (if deceased so state)	Residence of mother (if deceased so state)
rthplace of mother (State or foreign country) Asy Cattles	Birthplace of mother (State or foreign country)
ty of	State of Indiana. HENDRICKS Signed Y. New Address. Madels In 46240 1 Subscribed and sworn to before me this. HENDRICKS State of Indiana. I depose and state the information given in this application is true and correct. Signed Y. May all A. All gail gail gail gail gail gail gail ga
Lasy Jane Kussel Clerk HENDRICKS Circuit Court	Mary Jone Massell Clerk Circuit Court
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
the parents, of this applicant hereby give consent for this marriage. If only one parent	we, the parents, of this applicant necess give comparent unnecessary
state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the current parts
of Indiana,	State of Indiana, HENDRICKS } ss:
ty of HENDRICKS } ss:	County of
SignedFather	Signed
SignedMother	Signed
ribed and sworn to before me this	Subscribed and sworn to before me this
	Subscribed and short
Clerk	
PLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above famed parties, the
Contraction	art by written order issued
authorizes and directs the issuance of	t a marriage license to the
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
we It Remembered, there was filed in my office a marriage licens	se issued by the country
idiana dated the 8th day of February	se issued by the clerk of the
JOEL SCOTT BOND ar	ABIGAIL DECKARD fice, to-wit: hereby certify that on the 16th day of February
I TEM PM have 1 11 A 11 A	ereby certify that on the 16th day of rebruary,
WILLIAM R CLAVATION	County ofHENDATCRO
CLAINION	Charles of LINE + 64+7AF
thousand nine hundred a la 05	Mi to at
housand nine hundred and 85	HENDRICKS County, State of HENDRICKS
housand nine hundred and 85	HENDRICKS County, State of HENDRICKS
thousand nine hundred and	hat purpose by the Clerk of the Circuit Court of
thousand nine hundred and	hat purpose by the Clerk of the Circuit Court of
Chousand nine hundred and 85	hat purpose by the Clerk of the Circuit Court of

	the section By	F INDIANA MARRIAGE LICENSE	No. <u>32</u> File
	Form Freat Board of Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	KSCounty	Date of Application
	MALE Medical Examination Report Dated 1-30-85	FEMALE Medical Examination Report Dat Name of Physician	ted_ 1-30-85
in many in	17 91 1 2 6 prescribed 1 disc state	bever procures the issuance of a license to marry i	is any faise statement, representation or pretense
WAALA ALBOR AL		FEMALE	APPLICANT
	MALE APPLICANT	Name . First	Middle R Last
	Name First Middle Wade Ruck E. Vade Date of Birth Month 4 Day Year Vear	Date of Birth Month Place of Birth (State or foreign country)	Day Year
	Place of Birth (State or foreign country) Residence Address Street or R. R. City County State	Residence Address Street or PR	Dr. Pilyd - County State
	12 Elin LA. Fila.	Previous Marital Status: Never Married POR	and it has a set of the set of the
	Previous Marital Status: Never Married @ OR	Last Marriage Ended By: Death Divorce D	
	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Point Certificate Judicial Decree	Date of birth verified by: Birth Certificate	Judicial Decree
	Date of birth verified by: Control Certificate	Other (Specify)	
	Other (Specify) No U Yes □	1. Are you now or have you ever been adjudged to	be of unsound mind? No Ves D
	1. Are you now or have you ever been adjudged to be of unsound mind.	If answer is "yes", has the adjudication been rer	165 0
	If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease?	No Tres D
	2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer that	
	3. Are you related to the female applicant closer than second cousin.	4. Are you now under the influence of intoxicating	
	4. Are you now under the influence of intoxicating liquor? No □ Yes □ 5. Are you now under the influence of a narcotic drug? No □ Yes □	5. Are you now under the influence of a narcotic d	
	 Are you now under the influence of a national of the second second	6. List the full names of any dependent children.	
	6. List the full names of any dependent entering		
	7. Are you required by any court order or orders to support the above No Ves No	7. Are you required by any court order or orders t dependent children?	to support the above No Yes
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Applica	ation be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issue	ed for their support.
	8. Full name of father Edmande, Dade gr.	8. Full name of father Coger b.	Bead.
	Residence of father (if deceased so state)	Residence of father (if deceased so state)	Pld. Ind.
	a. Co. and C.	2	Jud O
834 (E) 6 [[Birthplace of father (State or foreign country) 21.2 fbb. 14.0	Birthplace of father (State or foreign country)	S. H. b. H
	9. Full maiden name of mother State sue Sestements	9. Full maiden name of mother 1 2004	and Monen
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)	and
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	Dennessees
	State of Indiana, HENDRICKS BS: I depose and state the information given in this application is true and correct.	State of Indiana,	I depose and state the information given
	County of	County of HENDRICKS	• ss: in this application is true and correct.
	Signed Sick & Wagle	Signed X Supp	C. Beach
A THE STORE	New Address 12 30 Almond DR.	New Address 1230 0	elmord Dr. pefd. Sr.
	Subscribed and sworn to before me this day of JUT . 1985		28 state and 1
	Mary Jone Russell Clerk HENDRICKS Circuit Court	Subscribed and sworn to before me this.	Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PAPENTS, PAPENT OF O	TARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GU	
	signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give	
	and conserv of the other parent unnecessary	signs, state facts which render the consent	of the other parent unnecessary

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State of Indiana, County of HENDRICKS } ss:	State of Indiana, County of
Father	Signed
Mother	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Clerk
HENDR CKS	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
of Indiana dated the	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
and y of manufactured and the	husband and wife
I, DARRELL W. COX	IndLISA C. BEACH
State of Indiana, Groom RICK E MADE	at MAPLE GROVE County of HENDRICKS
County.	HENDRICKS County, State of INDIANA
Dated this	that purpose by the Clerk of the Circuit Court of
	Cincil (C/ DADDELT M COV
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation PASTOR
indiana this	14th day of Feb. , 19 82. Signed Mary Jane Cussell HENDRICKS Circuit Court
	Signed Mary Jane Russell HENDRICKS Circuit Court

	310	
		No 32
	STATE	FINDIANA No. J2
	Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File
	Health under Authority	CKS County 2-4-85
	of I.C. 31-1-3-2 Effective July 1, 1977	Date of Application
		FEMALE Medical Examination Report Dated
	MALE Normination Report Dated 1-30-85	
	Medical Examination rep	Name of Physician David M. Hadley
	Name of Physician David's Conference	neever procures the issuance of a license to marry by any false statement, representation or needed
have been and	ALL OUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement"	noever procures the issuance of a license to marry by any false statement, representation or pretense
Advertise 1	ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1530 pression pression of the second pression of th	Direct Middle
	Inst Last	Name First Middle Last
	Rick Day Year	Date of Birth Month Day Year
	Date of Birth Month Law Gar	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Residence Address Street or R R City County State
	Residence Address Street or R. R. City County State	Residence Address Street or the Pill County State
	12 Elin Dr. Flipa.	Previous Marital Status: Never Married GOR
	Previous Marital Status: Never Married D OR	Last Marriage Ended By: Death Divorce Annulment
	Annulment	Date of birth verified by: Birth Certificate Dudicial Decree
	Date of birth verified by: Birth Certificate Dudicial Decree	
		Other (Specify)
	Other (Specify) No I Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No I Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D
	No = res =	If answer is "yes", has the adjudication been removed? No Ves D
	No Yes	2. Are you afflicted with a transmissible disease? No -Yes -
	No Yes	3. Are you related to the male applicant closer than second cousin? No - Yes -
	No LT Yes	4. Are you now under the influence of intoxicating liquor? No B Yes D
	Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug? No Tres D
	6. List the full names of any dependent children.	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
	dependent children? No Yes 1	dependent children? No 🛛 Yes 🛛
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father Edward Flower Slower	8. Full name of father Jogen D. Deach
	Residence of father (if deceased so state) Kild	Residence of father (if deceased so state)
	Birthplace of father (State or foreign country) Jud pla .	Birthplace of father (State or foreign country)
	9. Full maiden name of mother Battie Sue Jestemente	9. Full maiden name of mother Mary Sue Hokett
	Resid	
	Resid	
PERSONAL PROPERTY AND	Birth	
	County I. Clurgy Hi Wagle h	,hereby give my consent for
		1.1 /
	my Sen, Mull C	Wade to
	manne T. Dal	
1.1.1	Subser Subser	· //
	and the second se	01 / 1. 1.1 / 1
		duras & Marka
	CONSE Subscribed and	E- DD SE
	We the Subscribed and sworn to before me	this b day of Jeb 1985
	signs, st	0.01
		Tues of & Dole
	-	Notary Public P (1.19)
		Notary Fubilité Expres 6/1/86

State of Indian

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State of Indiana, HENDRICKS > 58 : County of ... HENDRICKS County of Subsc Ί, Vade ,hereby give my consent for mv ward to CON marry Deach in..... Vade the Subscribed and sworn to before me this 5 day of 1985 of Is Be it 1, one t 26 Notary ublic Expires State and, pruce were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Signed /S/ DARRELL W. COX ., 19....85.... Clerk Signed Mary Jane Kussell Circuit Court HENDRICKS

APPLICATION FOR	F INDIANA MARRIAGE LICENSE No. 33
diana State Board Authority Path under Authority I.C. 31-1-3-2 Ffective July 1, 1977	KS File
lectric services	County
MALE Depart Deted 1-11-85	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination Report Dated
Name of Physician Thomas H. Black	Name of DL
OUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement-Wh	opper province of Thysician Thomas H. Black
all be fined in any sum not exceeding five hundred dollars (\$500,00)".	oever procures the issuance of a license to marry by any false statement, representation or pretense
	FEMALE And A Description of pretense
me Raheat Gi Middle Last	FEMALE APPLICANT Name Image: Contract of First
te of Birth Month Day Year	Date of Birth Martin ann, House
ace of Birth (State or foreign country)	Month Day Howard
Ana	Place of Birth (State or foreign country) 23 1958
idence Address Street or R. R. City County State	Residence Address Street or R. R.
ANT Nove Manual OV OB	- RAI BOUIGZA Stiller County State
evious Marital Status: Never Married OR st Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
te of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
te of birth verified by	Date of birth verified by:
Other (Specify) Annels Ticense	Other (Specify) Dreverst icense)
Are you now or have you ever been adjudged to be of unsound mind? No Yes D	1 Are you now or have you and a line of a control
If answer is "yes", has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes
Are you afflicted with a transmissible disease? Not Yes D	2. Are you afflicted with a transmissible disease?
Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer that sound it is
Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of interior in the second seco
Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	6. List the full names of any dependent children.
	Dale Christopher Hound
	Mene Company de
	when a con youard
Are you required by any court order or orders to support the above	
dependent children? No Vyes	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Fullname of father C- Splane	8. Full name of father John Brown Howard
Residence of father (if deceased so state) Coatesvelle	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	
We de la contra M	Birthplace of father (State or foreign country)
Full maiden name of mother and a faither fundelles	9. Full maiden name of mother Stene Sinder
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Vinginia
HENDRICKS	State of Indiana. HENDRICKS }ss: I depose and state the information given in this application is true and correct.
unty of $HENDRICKS$ $\int a^{ab}$ in this application is true and correct.	County of
Signed Robert E Maye	Signed heuse a. Howard
New Address RRIBOX 162-A STilgsuirlle Incl	New Address RR1 BOXILEZ-A Stelesville Ch
itte Chiling	ith A. haugue 25
bscribed and sworn to before me this 7 Tday of 7200540044198.5	Subscribed and sworn to before me this day of terrary 193.00
Clerk HENDRICKS Circuit Court	Clerk
	THE REAL PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
s, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
te of Indiana,	State of Indiana, HENDRICKS
ty of	County of
Signed	Signed
Signed	Signed
	Subscribed and sworn to before me this
cribed and sworn to before me this	Subscribed and sworn to select Clerk
Clerk	
MPLETE IF MARRIAGE VICTORE CONTRACTOR OF COUL	T. A marriage license having been refused to the above named parties, the and filed
	and by written of del ibouteness
authorizes and directs the issuance of	TAND MAPPIACE CERTIFICATE HENDPICKS
RETURN OF MARRIAGE LICENS	E AND MARKING Concern Prevention Circuit Court
Indiana data i si Remembered, there was filed in my office a marriage licer	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nese issued by the clerk of the
day of Tel	nse issued by the clerk of the 19.85, authorizing the joining together as husband and wife 19.85, authorizing the joining together as husband and wife Ind
it further remembered the full in my constituents and filed in my constituents	office, to-wit: February
, and following marring correspondence and r	hereby certify that on the DILL PUTNAM
thousand nine hundred and 25	hereby certify that on the 15th ady of PUTNAM at FILLMORE , County of INDIANA PUTNAM County, State of INDIANA,
to of the numered and 05	of
ROBERT EUGENE GLAZE	County, State of the province
A Thatana, Groom	a court of another of
A shataha, Groom	that purpose by the Clerk of the Circuit Court of an
by me united in marriage as authorized by a marriage license issued for nty.	
by me united in marriage as authorized by a marriage license issued for nty.	
e by me united in marriage as authorized by a marriage license issued for nty. ed this	Signed ROBERT E. JONES
by The second se	Signed ROBERT E. JONES
ted this 15th day of February 19.85	Official Designation PASTOR 25th day of February 1985
by me united in marriage as authorized by a marriage license issued for mty.	Signed ROBERT E. JONES

- Andrew Color Andrews Ball 1

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18	
CT ATE	OF INDIANA No. 34
a the By	MARRIAGE LICENSE File
Form Prescribed By Indiana State Board of APPLICATION FOR	
Health under Authority of I.C. 31-1-3-2 HENDR	
Effective July 1. 1977	Date of Application FEMALE
120.85	Medical Examination Report Dated
MALE Medical Examination Report Dated	Name of Physician & Baelly
1 DORNE	
taile statement of 1.7.6 prescribed "Faise statement"	hoever procures the issuance of a license to marry by any false statement, representation or
hall be fined in any suit box set	FEMALE APPLICANT
MALE APPLICANT Middle Last	Name First Middle Law
Name First Manager	Date of Birth Month Day Collins
Date of Birth Month	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	, bull stragged
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County Stu 2122 Danesson Indels O. Str
2122 Danesso Indels. Ind.	- The same that the strate
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married O OR Last Marriage Ended By: Death O Divorce & Annulment O
ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By Death Continues Manufiment
Date of birth verified by: Birth Certificate Judicial Decree	There as on on the second second seconds
. aif we way the	B Other (Specify) Wassers die
Other (Specify) Dettermine and the set of unsound mind? No Pres	1. Are you now or have you ever been adjudged to be of unsound mind? No D
If answer is "yes", has the adjudication been removed"	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease?	2 Are you afflicted with a transmissible disease" No B
Are you related to the female applicant closer than second cousin" No C Yes	3. Are you related to the male applicant closer than second cousin? No D
Are you now under the influence of intoxicating liquor?	4 Are you now under the influence of intoxicating lique? No a
5. Are you now under the influence of a narcotic drug? No 🕅 Yes 🗆	5. Are you now under the influence of a narootic drug? No D
5. List the full names of any dependent children.	6 List the full names of any dependent children.
Cand Atrilands	
I treball as way	
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children" No D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory profithat ye
Full name of father Same P. Same December 201	compliance with any court order or orders issued for their support. 8 Full name of father East States State
102 21 2	An and
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Bullie Le bule	9. Full maiden name of mother Jeles M. Know
Residence of mother (if deceased so state)	Residence of mother (if deceased so states Alexandra alexander and .
Birthplace of mother (State or foreign country)	
HENDRICKS	Birthplace of mother (State or foreign country) State of Indiana,
ounty of	County of HENDRICKS
Signed Supprey C. Anarson	illed an in O Vi a
New Address \$122 WANESSA Funds In	Signed X Jorn M. Coller
ubscribed and sworn to before me this day of	New Address 22 22 Marshard 20 12
Mar Dr 12 da	Subscribed and sworn to before me this
The HENDRICKS Circuit Court	Mary Spine Russell derk HENDRICKS Circuit
ONSENT OF PARENTS, PARENT OR GUARDIAN	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one
gns, state facts which render the consent of the other parent unnecessary	
	signa, state facts which render the consent of the other parent unnecessary

State of Indiana,

County of HENDRICKS ss:	State of Indiana,
Signed	County of HENDRICKS
Father	Signed
	Signed
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me thisday of, 19
Clask	Cler
COMPLETE IF MARRIAGE LICENSE LOS	
HENDRICKS County Department of COU authorizes and directs the issuance RETURN OF MARPIACE LICENSE	RT. A marriage license having been refused to the above named parties, the Court by written order issued and file and file
BE It Remember A RETURN OF MARRIAGE LICEN	The second
Be It Remembered, there was filed in my office a marriage lice	SE AND MARRIAGE CERTIFICATE trase issued by the clerk of the Circuit Court
day of the	nse issued by the clerk of the
Be it further remembered the full	, 19. authorizing the joining together as husbana and any
JERRY R NACH was filed in my	office to with
thousand nine hundred and	Ath FEBRUARY
State of Indiana, Groom JEFF C CD1	hereby certify that on the 4th day of FEBRUARY at BROWNSBURG County of HENDRICKS of HENDRICKS County, State of IN
nd, Bride	At BROWNSBURG County of HENDRICKS County, State of IN HENDRICKS County, State of IN HENDRICKS County, State of HENDRICKS
vere by me united in marriage	County, State of
ounty.	HENDRICKS County State of IN-
JONI.M. COLLIER	that purpose by the Clerk of the Circuit Court of HENDRICK
Filed and man have	Signed /s/ JERRY R. NASH
and the recorded in accordance with the laws of the a	Official Designation PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this	
	Clork
	Signed 11 Ang Prove Provel HENDRICKS Circuit Court

APPLICATION FOR M 1 under Authority 2 31-13-2 tise July 1, 1977 HENDRICK	MARRIAGE LICENSE File
tive July 1. 1977	County
	FEMALE Date of Application
MALE Medical Examination Report Dated 2-2-85	
Name of Physician Bonald K. Stegendler	Medical Examination Report Dated 2-2-85
Name of Finyactum	Name of Physician Ronald K. Strong 200
QUESTIONS MUST BE ANSWERED, IC. SPIE are preserved "Faise statement-Whom to find in any sum not exceeding five hundred dollars (\$500,000".	ever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	
e First Middle Last	FEMALE APPLICANT
Christian Contraction	Middle
of Birth	Date of Birth Month Day (Maria)
of Birth (State or foreign country)	Place of Birth (State or foreign country)
ence Address Street or R. R. City County State	Residence Address Street or R. R. City
of SITRRI Clayton Ind.	P.O. Box 129 United City County State
ous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
of birth verified by: P Birth Certificate D Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
Other (Specify) re you now or have you ever been adjudged to be of unsound mind? No Yes	Other (Specify)
answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D
answer is "yes", has the adjudication over removed.	If answer is "yes", has the adjudication been removed? No Ves
re you afflicted with a transmission disease.	2. Are you afflicted with a transmissible disease? No Yes D
re you related to the female applicant closer than second cousin. No C 1es C re you now under the influence of intoxicating liquor? No C Yes C	3. Are you related to the male applicant closer than second cousin? No B Yes D
re you now under the influence of a narcotic drug? No Yes D	4. Are you now under the influence of intoxicating liquor? No G Yes D
ist the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? No P Yes D 6. List the full names of any dependent children.
	and the ran names of any dependent children.
re you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
ppendent children? No Ves D	dependent children? No Ves
answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
mpliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
ull name of father January N. Stockwell	8. Full name of father BUNNE &. Williams
esidence of father (if deceased so state) Carton Ud. Valahua	Residence of father (if deceased so state) Laiton Id.
inthplace of father (State or foreign country)	Birthplace of father (State or foreign country Sudiana)
and no is	
ull maiden name of mother	9. Full maiden name of mother
esidence of mother (if deceased so state)	Residence of mother (if deceased so state) farbar f. St. with
rthplace of mother (State or foreign country) Stal and	Birthplace of mother (State or foreign country) Kentuckay
of Indiana.	State of Indiana. HENDRICKS
ty of HENDRICKS } ss: in this application is true and correct.	County of Bs: in this application is true and correct.
Signed X Chris Stockwall	Signed Dara Williams
David Jolt actual	"Alathan next word barriel of
New Address	New Address I all bof in fill which is the second of the
tribed and sworn to before me this day of JUL, 19.0°.	Subscribed and sworn to before me this day of HENDRICKS
Any ane Russell Clerk HENDRICKS Circuit Court	Mary Jane Russell Clerk Clerk Circuit Court
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
state facts which render the consent of the other parent unnecessary	
of Indiana	State of Indiana.
of Indiana, ty of HENDRICKS }ss:	State of Indiana, HENDRICKS
	Father
Signed	Signed
Signed	Signed
	Subscribed and sworn to before me this
ribed and sworn to before me this	Subscribed and sworth the Clerk
Clerk	
PLETE IE MARTIN	T. A marriage license having been refused to the above named parties, the and filed
HENDRICKS	T. A marriage license having been related to any and filed out by written order issuedand filed out a marriage license to the above named parties.
County	to moving license to the above named parties.
authorizes and directs the issuance o	I a marriage needed of an antipic ATE
DETUDN OF MARRIACE LICENS	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licen	ise issued by the clerk of the initial the joining together as husband and wife
ndiana dated the Sthe day of the lowar	nse issued by the clerk of the
day of	A SARA LINN WILL
t further remembered, the following marriage certificate was filed in my o	hd
DAVID DOGWITT	hereby certify that on the
	at
thousand nine hundred and 8511.8VILLE	of HENDRICKS County, State of
t Jurther remembered, the following marriage certificate was filed in my o DAVID ROCKWILL thousand nine hundred and e of Indiana, Groom CHRISTIAN JAMES STOCKWELL	ITNIDDICKS
e of Indiana, Groom CHRISTIAN JAMES STOCKWELL	Circuit Court of
e of Indiana, Groom CHRISTIAN JAMES STOCKWELL	that purpose by the Clerk of the Circuit Court of
e of Indiana, Groom CHRISTIAN JAMES STOCKWELL Bride SARA LYNN WILLIAMS of of of the state of the	that purpose by the Clerk of the Circuit Court of management of the court of the co
e of Indiana, Groom CHRISTIAN JAMES STOCKWELL Bride SARA LYNN WILLIAMS of of of the state of the	that purpose by the Clerk of the Circuit Court of management of the court of the co
e of Indiana, Groom CHRISTIAN JAMES STOCKWELL Bride SARA LYNN WILLIAMS of of this 8th day of FEBRUARY 1985	that purpose by the Clerk of the Circuit Court of
e of Indiana, Groom CHRISTIAN JAMES STOCKWELL Bride SARA LYNN WILLIAMS of of this 8th day of FEBRUARY 1985	that purpose by the Clerk of the Circuit Court of

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	P INDIANA	No. 310
STATE O	FINDIANA MADDIACE LICENSE	
Authority	MARRIAGE LICENSE	File
Health under Authority of I.C. 31-1-3-2 HENDRIC	CKS County	-2/5/85
Effective July 1, 1977		Date of Application
alular	FEMALE Medical Examination Report D	ated 2/4/2m
MALE Medical Examination Report Dated 2/4/86	So. "	BD - 1 + 85
A Physician Prec Clark	Name of Physician Chu	cearp_
When the statement - When the statement - When	oever procures the issuance of a license to marry	by any false statement, representation or preter-
shall be fined in any sum not exceeding the	FEMALE	APPLICANT
MALE APPLICANT	Name First	(Middle
Name Payles Edward Mortox	Date of Birth Month	Tern Trast
Date of Birth Month Day Year 1953	11	14 Yest 940
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	- and
Residence Address Street or R. R. Cuty County State	Residence Address Street or R. R.	City County State
10139 Dwases Drive	10129 Wascok	nue
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married O OR	1
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce	Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificale	Judicial Decree
View Dureis Ficense	Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged t	o be of unsound mind?
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been re	moved?
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?	No Yes
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer th	an second cousin? Not Yes D
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicatin	Nov Yes U
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic	drug? Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.	× . ?
	John Math	and findley_
	Joseph Edu	vaid Kindley
		1 mg
7. Are you required by any court order or orders to support the above	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	dependent children?	No Yes
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Applie	
8. Full name of father Housard Motor	compliance with any court order or orders issue 8. Full name of father	ed for their support
Residence of father (if deceased so state)		Delar mey
	Residence of father (if deceased so state)	and I
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	Ind
9. Full maiden name of mother_ / ancy May Hullard	9. Full maiden name of mother 7/00	ma flan Water
Residence of mother (if deceased so state) alabrama	Residence of mother (if deceased so state)	Gently,
Birthplace of mother (State or foreign country) alabama		-O. d
State of Indiana, County of HENDRICKS }ss: I depose and state the information given	Birthplace of mother (State or foreign country) State of Indiana,	
county of the and correct.	County of HENDRICKS	BR: I depose and state the information given in this application is true and correct.
Signed Charles E Morton	Sime Colith	The Kingless
New Address 10139 OULASCODr. Indianapolis	10139	OWASCO DR. Indian
Subscribed and sworn to before me this 5th day of hebricary, 1985	New Address /01 3 7	the and and
Mary Jane Sunsed HENDRICKS	Subscribed and sworn to before me this	and a felluary 1982
Circuit Court	Thary Jone fus	HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSERVE OF FORM	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GU	
igns, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby giv	e consent for this marriage. If only one parent
and other parent unnecessary	signs, state facts which render the consent o	f the other parent unnecessary
· · · · · ·		The second s
HENIDDICKS	State of Indian-	
HENIDDICKS	State of Indiana, County of HENDRICKS	55 :
ounty of	County of HENDRICKS	
ounty ofHENDRICKS ss: Signed	County of HENDRICKS	ss :Father
ounty ofHENDRICKS ss: Signed	County of	sa : Father Mother
ounty of	County of	Mother
ounty of	County of	
ounty of HENDRICKS \$85: Signed Father Signed Mother ubscribed and sworn to before me this day of 19 Clerk Clerk Clerk	County of	
Nounty of	County of <u>HENDRICKS</u> Signed Signed Subscribed and sworn to before me this	
Sounty of	County of <u>HENDRICKS</u> Signed Signed Subscribed and sworn to before me this	
County of	County of <u>HENDRICKS</u> Signed Signed Subscribed and sworn to before me this . A marriage license having been refu rt by written order issued a marriage license to the above named	Mother day of
County of	County of <u>HENDRICKS</u> Signed Signed Subscribed and sworn to before me this . A marriage license having been refu rt by written order issued a marriage license to the above named	Mother day of
County of	County of <u>HENDRICKS</u> Signed Signed Subscribed and sworn to before me this . A marriage license having been refu rt by written order issued a marriage license to the above named AND MARRIAGE CERTIFICATE e issued by the clerk of the	Mother day of
County of	County of	Mother day of 19 Clerk used to the above named parties, the and filed parties. HENDRICKS Circuit Court joining together as husband and wife
County of	County of	Mother day of
County of	County of	Mother day of
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County of HENDRICKS \$85: Signed Father Signed Mother Subscribed and sworn to before me this day of 19	County of	Mother day of

Form Prescribed By Indiana State Board of Indiana der Authority	STAT	Ceria 2 TE OF INDIANA
Indiana State Board Health under Authority	APPLICATION F	OR MARRIAGE LICENSE
Health under very of I.C. 31-1-3-2 Effective July 1, 1977	HEN	File
		County
MALE Medical Examination Report Dated	2-2-85	FEMALE Date of Application
	march	Medical Examination Report Dated_ 2-2-85
Name of Physician Add	ggung	Name of Physician Aagaard
ALL QUESTIONS MUST BE ANSWERED. LC shall be fined in any sum not exceeding five hund	31-1-3-6 prescribed "False statement dred dollars (\$500,00)".	t-Whoever procures the issuance of a linear of the second se
shall be fined in any	ICANT	Name of Physician Agggard t-Whoever procures the issuance of a license to marry by any false statement, representation or pretense
Name First M	Middle Black	FEMALE APPLICANT
Pate of Birth Month I	Day Year	Date of Birth VERi Middle Last
Place of Birth (State or foreign country)	20 61	Date of Birth Month Day
Place of Birth Place Address Street or R. R.	City County State	Place of Birth (State or foreign country)
7935 N. 6508. 1	. bull pand &	Residence Address Street or R. R. City County State
Previous Marital Status. Never Married OR	0	Stackande Rd Phil State
Let Marriage Ended By: Death Divorce Annula	ment 🗆 🚽 🕹 👘	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Judic	ial Decree	Date of birth verified by: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree
A Other (Specify) Drugers	die.	
1. Are you now or have you ever been adjudged to be of ur	nsound mind? No Ye	S O ther (Specify) Dursen fip
If answer is "yes", has the adjudication been removed?	No 🗆 Ye	If answer is "ves" has the adjudged to be of unsound mind? No Yes D
2. Are you afflicted with a transmissible disease?	No 🖸 Ye	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second		3. 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? 		4. 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. 	No 🖱 Ye	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent confideren.		6. List the full names of any dependent children.
- Macon		- chall wastall -
7. Are you required by any court order or orders to suppor dependent children?	rt the above No 🗆 Yes	
If answer is "yes", it is required that this Application be a	accompanied by satisfactory proof that you are	aependent children?
compliance with any court order or orders issued for the		compliance with any court order or orders issued for their support.
B. Full name of father Daniel D. M.	Slack	- 8. Full name of father William J. Johnson
Residence of father (if deceased so state)	g, but, g	Residence of father (if deceased so state) Plfd. and .
Birthplace of father (State or foreign country)	Sanais	Birthplace of father (State or foreign country)
Full maiden name of mother Elizabeth	. Q. Dickey	9. Full maiden name of mother Betty & Woods
Residence of mother (if deceased so state)	8	Q I I
Birthplace of mother (State or foreign country)	1. J	- Residence of mother (if deceased so state)
tate of Indiana,	diana	Birthplace of mother (State or foreign country) Andrawa State of Indiana,
ounty of HENDRICKS	I depose and state the information giv in this application is true and correct	
Signed & Lord	ABlack	Signed & Vicki & Black
New Address 1735 B	INX PORK Road	New Address / 7.35 Black rock & Plainfiela 461
upscribed and sworn to before me this	Falt 18	5 5 4- 5
Mary Mine Russell	HENDRICKS	Mar June Renell HENDRICKS
for for for the second se	Clerk Circuit Cou	
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Form Prescribed By STATE O Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 HENDRIC	MARRIAGE LICENSE
Effective July 1. Terr	CKS File
MALE 2-4-85	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination
Name of Physician Aleman Walker	N
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Wh	oever procures the issuance of it
hall be fined in any sum not executing the number of outputs (source).	Name of Physician <u>Showass</u> Walker
ame First Middle Last	FEMALE APPLICANT
Date of Birth Month Day Year	Pirst D Middle
lace of Birth (State or foreign country)	Date of Birth Month Day Scholes
Shales. Shal.	Place of Birth (State or foreign country)
esidence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
revious Marital Status: Never Married 🗗 OR	b. U. dalah 2-1 C
ast Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married COR
ate of birth verified by: 🖗 Birth Certificate 🗖 Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Death Certificate Dudicial Decree
Other (Specify)	Judicial Decree
Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes D	Other (Specify)
Are you now of marc you control of the adjudication been removed? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
Are you afflicted with a transmissible disease? No Ves D	2. Are you afflicted with a transmit it is a second of the second
Are you related to the female applicant closer than second cousin? No 🔍 Yes 🗆	3. Are you related to the male applies to the
Are you now under the influence of intoxicating liquor? No 🗗 Yes 🗆	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug? No Yes D List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	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 Ves D	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father John Daw	8. Full name of father Howard, Q. Scholes
Residence of father (if deceased so state)	Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Oklahowa
Full maiden name of mother Daisy Bo Vithan	9. Full maiden name of mother Sound & Cornichael
Residence of mother (if deceased so states maple, Jud	00 000
Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state) fraple - fra
ate of Indiana,	Birthplace of mother (State or foreign country)
bunty of HENDRICKS ss: I depose and state the information given in this application is true and correct.	County of
Signed Jamy Tlan	signed & Dera of Scholes
New Address 95 50 10 to the I Ind ALS Ind	New Address 9880 West 10th 51,37-26 Indela
ubscribed and sworn to before me this day of Sel-	Subscribed and sworn to before me this 6 day of Set . 1985
Man Co. R. MON HENDRICKS	Manue Cours Russell Clerk HENDRICKS Circuit Court
Circuit Court	The fort for the content of the cont
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
is, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
and the constant of the other parent unnecessary	
te of Indiana. nty of HENDRICKS }ss:	State of Indiana, HENDRICKS
	County ofFather
Signed	Signed
SignedMother	Signed
scribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	
MDY see	T A marriage license having been refused to the above named parties, the
Col	urt by written order issued
authorizes and directs the issuance of	f a marriage license to the above named parties.
	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
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The It Remembered, there was filed in my office a marriage licens Indiana dated the day of helpensey	
DANNY I DANNI	N/d
it further remembered, the following marriage certificate was filed in my of JQHN E. GAUS.	fice, to-wit:
JOHN E CAUS	hereby certify that on cheminant of MARION
and and 85	tt
of Inaliana, Groom. DANNY J. DANN	County, State of
e by me unit it is	hat purpose by the Clerk of the Circuit Court of
and this	/s/ JOHN L. Groo
19.85. L4th	DISTOR
	to 95
ed this	Signed /s/ JOHN E. GAUS Signed PASTOR Official Designation

	STATE O	MARRIAGE LICENSE File
	Health under Authority	
	of I.C. 31-1-3-2 Effective July 1, 1977	Date of Application
	MALE Medical Examination Report Dated 2-7-85	FEMALE Medical Examination Report Dated 2-7-85 Name of Physician Eric Plank
		Hume of Friday
interration from the 18	ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement - wh shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ovever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
and the owners as	shall be fined in any sum and MALE APPLICANT	Name First Middle
	Name First Middle Last	Date of Birth Month Day Kand
	Date of Birth Month	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	W. UW
	Residence Address Street or R. R. City County State	Residence Address street or R. R. petr County State
		Previous Marital Status: Never Married OR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death ADDivorce Annulment	Last Marriage Ended By: Death A Divorce Annulment
	Date of birth verified by:	C . 8.
	& Other (Specify) Stusens the.	A Other (Specify) Drubers 710
	1. Are you now or have you ever been adjudged to be of unsound mind?	 Are you now or have you ever been adjudged to be of unsound mind? No □_Yes □ If answer is "yes", has the adjudication been removed? No □_Yes □
	If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed. No D Yes D 2. Are you afflicted with a transmissible disease? No D Yes D
	 Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second cousin? No Yes I 	3. Are you related to the male applicant closer than second cousin? No B Yes D
	4. Are you now under the influence of intoxicating liquor? No Yes	4. Are you now under the influence of intoxicating liquor? No B Yes D Are you now under the influence of a narcotic drug? No B Yes D
	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 	 Are you now under the influence of a narcotic drug? No^D Yes D List the full names of any dependent children.
	6. List the full names of any dependent children.	Corgand show when to whow
	- advort darsh war	Corginal stord civilas
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
	dependent children? No Ves V	dependent children? No 🛛 Yes 🖓
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
	8. Full name of father Mangelath Johnston	8. Full name of father John Joste Barr
	Residence of father (if deceased so state)	Residence of father (if deceased so state) Houde
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) W. Vo.
	9. Full maiden name of mother Ruby Atthats	9. Full maiden name of mother Pursice Elles Commington
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	State of Indiana, County of	State of Indiana, County of HENDRICKS
	Signed William & Humm	signed Juscollo D. Wood
	New Address 1745 13 Valle Rock RD	New Address 1745 Blackhock Rd
	Subscribed and sworn to before me this day of Job 1955.	Subscribed and sworn to before me this good day of Doby, 185
	Harry Jane Kinsell Clerk HENDRICKS Circuit Court	Mary Jone Russell Glerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
		which state racts which render the consent of the other parent united
	State of Indiana, County of HENDRICKS	State of Indiana,
	county of	County of HENDRICKS
	Signed	Signed
	Signed	SignedMother
	Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of, 19,
	COMPANY	Clerk
	HENDRICKS	T. A marriage license having been refused to the above named parties, the
	inCountyCo	and filed
	and arters the Issuance o	I a marriage license to the above named parties.
	Be It Remembered there was field	E AND MARRIAGE CERTIFICATE
	of Inarana dated the the day of the	se issued by the clerk of the
	I,	fice, to-wit:
	one thousand nine hundred and 85 State of Indiana, Groom WILLIAM L. JOHNSON and, Bride UCILLE	at Plainfield Londricks
	and, Bridelucille d_ward	of HENDRICKS County of Hendrick
the second block	and, Bridelucille d. wardof	Hendricks County State of indiana,
	were by me united in marriage as authorized by a marriage license issued for a Dated this	that purpose by the Clerk of the Circuit Court of HENDRICKS
	Dated this 22nd day of February, 19.85	
		C' PICK MATTHEWS
	Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER
	trits	Signed Clerk
		Signed

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	32
Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1:3-2 Effective July 1. 1977	MARRIAGE LICENSE
Effective duity to	County
MALE Medical Examination Report Dated 2-5-85	Date of Application FEMALE Medical Examination Report Dated Q - 5 - 85
Name of Physician David B. Haggard	Name of Physician Court & U
	ever procures the issuance of a li
ALL QUESTIONS MUST BE ANSWERED, LC, 31-13-b prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)", MALE APPLICANT	the issuance of a license to marry by any false statement, representation or pretense
First Middle Last	FEMALE APPLICANT
Name Robert Wayne Masterook	Kelle Middle Last
Date of Birth	Date of Birth Month Day White Rec
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County of Street
K.C. I I I I I I I I I I I I I I I I I I	723 Ridgwood Dr. Plyd. Id
Previous Marital Status: Never Married O OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married Or OR
Last Marriage Ended By: Death Certificate U Judicial Decree	Last Marriage Ended By: Death D Divorce D Annulment D
Date of Dirth Vertice of the	Date of birth verified by: Birth Certificate D Judicial Decree
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No Pres D
If answer is "yes", has the adjudication been removed? No Ves O	If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆
Are you afflicted with a transmissible disease? No Yes No Yes	2. Are you afflicted with a transmissible disease? No Yes D
Are you related to the termine applicant closer than second closen. No PYes D	 Are you related to the male applicant closer than second cousin? No Yes D Are you now under the influence of intoxicating liquor? No Yes D
Are you now under the influence of a narcotic drug? No Yes	Are you now under the influence of intoxicating liquor? No Yes No Yes No Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No 🗆 Yes 🗆	dependent children? No 🗆 Yes 🗆
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. 8. Full name of father Rudaya S. Hostowald	compliance with any court order or orders issued for their support. 8. Full name of father Alexan Leslie Whiteker
	0 0 01990
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country	Birthplace of father (State or foreign country) Alaraha
9. Full maiden name of mother Detry D. Show	9. Full maiden name of mother Studies Unix 1 Tonuser
Residence of mother (if deceased so state) www, Mrd.	Residence of mother (if deceased so state) Madple. Md.
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
State of Indiana. HENDRICKS	State of Indiana. HENDRICKS as: I depose and state the information given in this application is true and correct.
County of HENDRICKS	County of the second se
Signed X. KOBERT HARTSOCK	signed X Kelley Whitaker
New Address 923 RIDGEWOOD DRIVE	New Address 925 KCCGEWWW DA
Subscribed and sworn to before me this 14 day of Sub-	Subscribed and sworn to before me this A day of Sett 19.5
Mary Jane Kussell Gerk HENDRICKS Circuit Court	Mary Jone Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of L to	State of Indiana
State of Indiana, County of HENDRICKS	State of Indiana, HENDRICKS
county of	Signed
Signed	Mother
Signed Mother	Signed
Subscribed and sworn to before me this day of 19,	Subscribed and sworn to belot in the control of the
Clerk	and a souties, the
	T. A marriage license having been refused to the above named parties, the
HENDRICKS	RT. A marriage license having been refused to the above manual and filed ourt by written order issued a set a set and filed of a marriage license to the above named parties.
in Use office authorizes and directs the issuance of	of a marriage license to the above named parties.
authorizes and directs die internet	HENDRICKS CERTIFICATE HENDRICKS Circuit Court
Be It Remembered there was fied in my office a marriage lices	nse issued by the clerk of the the joining together as husband and wife
Be It Remembered, there was filed in my office a marriage licer of Indiana dated the day of	, 19 , authorizing the joining the
ROBERT WAYNE HARTSOCK	and KELLEY ANN WALLS
I unther remembered, the following marriage certificate was filed in my	hereby certify that on the15thday ofFEDIUALY
ROBERT WAYNE HARTSOCK Be it further remembered, the following marriage certificate was filed in my of I,	DANVILLE County of INDIANA
Si and hike hunared and 05	TNDTANA TNDTANA
State of Indiana, Groom ROBERT WAYNE HARTSOCK and, Bride	HENDRICKS HENDRICKS
were by me united	that murpose by the Clerk of the Circuit a
County County a marriage as authorized by a marriage method	
Dated this 28th day of February, 19 8!	Gianad St. CHANDED
	10 OJ
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation March IIth day of March Clerk Signed Ary Prove Russell HENDRICKS Circuit Court
in accordance with the laws of the State of Indiana Justician	Signed Alary Partie Circuit Court

Form Prescribed By	ION FOR MARRIAGE LICENSE File
Health under Authority	HENDRICKS County 2-14-85
Effective July 1, 1977	Date of Application
the second s	FEMALE
MALE 1-31-85	Medical Examination Report Dated 1-31-85
Medical Examination Report Dated	Name of Physician John Steenberger
Name of Physician John Steenhergen	
ALL QUESTIONS MUST BE ANSWERED. L.C. 31-1-3-6 prescribed "Fals shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	se statement – whot terp and the presentation or pre
shall be fined in any sum not exceeding five humans	FEMALE APPLICANT
Name First Middle	Last Name First Middle Last
Ronald De Dura	r Date of Birth Month Day Year
Date of Dirth 1	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	State Residence Address Street or R. R. City County
Residence Address Street or R. R.	State Residence Address Street or R. R. City County State
2265 Broyles Rd. Flyd. No	Previous Marital Status: Never Married & OR
Previous Marital Status: Never Married DOR	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Dudicial Decree
Date of birth verified by: Birth Certificate Dudicial Decree	
Other (Specify)	Other (Specify)
 Are you now or have you ever been adjudged to be of unsound mind? 	No 9 Yes 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 Ves I If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?	No Ves 2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?	No Pres 3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?	No PYes 4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?	No Yes 5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children?	No □ Yes □ 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 proc	
	of that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
compliance with any court order or orders issued for their support.	of that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support. 8. Full name of father and the formed the	
	compliance with any court order or orders issued for their support.
8. Full name of father Alex Alex Burd Residence of father (if deceased so state)	compliance with any court order or orders issued for their support. 8. Full name of father Sport Boole Residence of father (if deceased so state)
8. Full name of father Alex Ale Bund Residence of father (if deceased so state) Plfd. Id Birthplace of father (State or foreign country)	compliance with any court order or orders issued for their support. 8. Full name of father State or foreign country Birthplace of father (State or foreign country)
8. Full name of father (if deceased so state) Birthplace of father (State or foreign country) Full maiden name of mother Detty Low Devel	compliance with any court order or orders issued for their support. 8. Full name of father <u>Some</u> Residence of father (if deceased so state)
8. Full name of father Alex Ale Bund Residence of father (if deceased so state) Plfd. Id Birthplace of father (State or foreign country)	compliance with any court order or orders issued for their support. 8. Full name of father State or State Birthplace of father (if deceased so state) Birthplace of father (State or foreign country)
8. Full name of father Alex Ale Bund Residence of father (if deceased so state) Birthplace of father (State or foreign country) Full maiden name of mother Batty four Deve Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Add .	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
 Full name of father Alexa full for the father of father (if deceased so state) Full maiden name of mother for the father of father (if deceased so state) Full maiden name of mother for the father of father (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country) 	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) Birthplace of mother (State or foreign country) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Birthplace of mother (if deceased so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Birthplace of Indiana,
8. Full name of father (if deceased so state) 9. Full maiden name of mother (State or foreign country) 9. Full maiden name of mot	 compliance with any court order or orders issued for their support. 8. Full name of father Birthplace of father (if deceased so state) 9. Full maiden name of mother Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country)
 Full name of father Alexa full for the father of father (if deceased so state) Full maiden name of mother for the father of father (if deceased so state) Full maiden name of mother for the father of father (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country) 	 compliance with any court order or orders issued for their support. 8. Full name of father Birthplace of father (if deceased so state) 9. Full maiden name of mother Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country)
8. Full name of father (if deceased so state) 9. Full maiden name of mother (State or foreign country) 9. Full maiden name of mot	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 (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, and correct. State of Indiana, State of Indiana, Signed for the State or foreign country Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, Signed for the state or foreign country State of Indiana, State of Indiana, State of Indiana, State of Indiana,
8. Full name of father (if deceased so state) Birthplace of father (if deceased so state) 9. Full maiden name of mother (State or foreign country) 9. State of Indiana, 9.	compliance with any court order or orders issued for their support. 8. Full name of father State of father (if deceased so state) Birthplace of father (State or foreign country) Birthplace of father (if deceased so state) 9. Full maiden name of mother State of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, and correct. State of Indiana, State or foreign country) State of Indiana, New Address 2265 State 32000 New Address 2265 State 32000
8. Full name of father (if deceased so state) Birthplace of father (if deceased so state) Birthplace of father (State or foreign country) P. Full maiden name of mother (State or foreign country) Residence of mother (If deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, County of	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 (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, and correct. State of Indiana, State of Indiana, State of Indiana, Signed for the State or foreign country Signed for the State or foreign country State of Indiana, Signed for the State or foreign country State of Indiana, Signed for the State or foreign country State of Indiana, Signed for the State or foreign country State of Indiana, County of
B. Full name of father (if deceased so state) Birthplace of father (if deceased so state) Birthplace of father (State or foreign country) Residence of mother (State or foreign country) Birthplace of Mother (State or forei	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) Residence of mother (State or foreign country) State of Indiana, and correct. Wew Address 22.05. Charges BD Planfull Subscribed and sworn to before me this day of 19. HENDRICKS
8. Full name of father (if deceased so state) Residence of father (if deceased so state) Birthplace of father (State or foreign country) Pull maiden name of mother Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS Signed Maxuall Signed New Address Vest Address May of Maxuall Clerk	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, and correct. State of Indiana, State of Indiana, New Address 22.65 Charges Bo Planged Mulling New Address 22.65 Charges Bo Planged HENDPICKS
 Full name of father Full name of father (if deceased so state) Birthplace of father (State or foreign country) Full maiden name of mother Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign	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 (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country) State of Indiana, County of HENDRICKS Signed for See Dore Signed for See Dore Signed for See Dore Signed for See Dore Subscribed and sworn to before me this Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN
 Full name of father (if deceased so state) Birthplace of father (if deceased so state) Birthplace of father (State or foreign country) Full maiden name of mother Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country) State of Indiana, Birthplace of mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) Birthplace of	compliance with any court order or orders issued for their support. 8. Full name of father group boone Residence of father (if deceased so state) Birthplace of father (State or foreign country) 9. Full maiden name of mother Elevent boone Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) 8. Full maiden name of mother Elevent boone Residence of mother (State or foreign country) 8. Full maiden name of mother State or foreign country) 9. Full maiden name of mother State or foreign country) 8. State of Indiana. 8. State of Indiana. 1. depose and state the information given and correct. Signed State State State State State State State State of Indiana. 1985. 1985. Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN
8. Full name of father	compliance with any court order or orders issued for their support. 8. Full name of father and a state of their support. 9. Full maiden name of mother foreign country. 9. Full maiden name of mother for foreign country. 9. State of Indiana, 10. State of Indiana, 11. depose and state the information give 12. State of Indiana, 13. State of Indiana, 14. Subscribed and sworn to before me this. 19. Subscribed and sworn to before me this. 19. Subscribed and sworn to before me this. 19. Circuit Court 19. Subscribed and sworn to before me this. 19. Consent of PARENTS, PARENT OR GUARDIAN 19. We, the parents, of this applicant hereby give consent for this marriage. If only one parent
 Full name of father (if deceased so state) Birthplace of father (if deceased so state) Birthplace of father (State or foreign country) Full maiden name of mother Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country) State of Indiana, Birthplace of mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) Birthplace of	compliance with any court order or orders issued for their support. 8. Full name 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) Residence of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana. and correct. Signed Build State of Indiana. 1985. Subscribed and sworn to before me this Consent of PARENTS, PARENT OR GUARDIAN
 Full name of father (if deceased so state) Birthplace of father (if deceased so state) Birthplace of father (State or foreign country) Full maiden name of mother Birthplace of mother (if deceased so state) Birthplace of mother (State or foreign country) State of Indiana, Birthplace of mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) State of Indiana, Birthplace of Mother (State or foreign country) Birthplace of	compliance with any court order or orders issued for their support. 8. Full name of father and the support of

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County of HENDRICKS } ss:	State of Indiana, County of HENDRICKS
	SignedFather
Subscribed and sworn to before me this	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Clerk
DETUDAT	f a marriage license to the above named parties.
be it further remembered, the following marriage certificate was filed in my office a marriage licens ROANDL_LEE_BURD	E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court , 19. , authorizing the joining together as husband and wife and JERRI SUE BOONE fice, to-wit: thereby certify that on the 14th day of February the BARTLETT CHAPPEL INVERSE
State of Indiana, Groom RONALD LEE BURD and, Bride o and, Bride JERRI SUE BOONE of of were by me united in marriage as authorized by a marriage license issued for the county. Dated this 14th day of February 19.85	HENDRICKS County, State of INDIANA hat purpose by the Clerk of the Circuit Court of HENDRICKS
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 31-1-32 HENDRICKS	IARRIAGE LICENSE
of I.C. 31-1-3-2 Effective July 1, 1977	County 2-14.85
MALE Medical Examination Report Dated 2-7-85	FEMALE Medical Examination Report Dated 2-4-85
Name of Physician	Name of Physician Lungdas Que Shin
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,007", shall be fined in any sum not exceeding five hundred dollars (\$500,007",	ver procures the issuance of a license to marry by any false statement, representation experimentation
shall be fined in any sum and MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Contract
Date of Birth H Day Hor	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country).
Residence Address Street or R. R. City County State 3343 S. Smith Rd. Judpb. Ind	Residence Address Street or R. R. City Coupty State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Previous Marital Status. Reference Divorce Annulment Divorce Annulment Divorce	Last Marriage Ended By: Death Divorce Annulment D
	Date of birth verified by:
Cother (Specify) Contracts free adjudged to be of unsound mind? No Ves D	* Other (Specify) bruner of lo
1 Are you now or have you ever occur any ange	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
If answer is "yes", has the adjudication been removed? No Ves 2. Are you afflicted with a transmissible disease? No Ves	If answer is "yes", has the adjudication been removed? No 🛛 Yes 🖓 2. Are you afflicted with a transmissible disease? No 🕮 Yes 🖓
3. Are you related to the female applicant closer than second cousin? No Pres	3. Are you related to the male applicant closer than second cousin? No Tres D
4. Are you now under the influence of intoxicating liquor? No 2 Yes	4. Are you now under the influence of intoxicating liquor? No By Yes D
5. Are you now under the influence of a narcotic drug? No Yes D	 5. Are you now under the influence of a narcotic drug? No Pres D 6. List the full names of any dependent children.
6. List the full names of any dependent children.	C. List the full martes of any dependent children.
	Jeffrey allen Van Bilber
 Are you required by any court order or orders to support the above dependent children? No Yes Yes 	7. Are you required by any court order or orders to support the above dependent children? No Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. 8. Full name of father Dalle A. Jones	compliance with any gourt order or orders issued for their support. 8. Full name of father fail tout this burlingame
8. Full name of tather Residence of father (if deceased so state)	Residence of father (if deceased so state) Deseased
	Birthplace of father (State or foreign country) Explander Quel.
Birthplace of father (State or foreign country)	9. Full maiden name of mother Mastern &. Evans
9. Full maiden name of mother and the Pigure So. Deletto	Residence of mother (if deceased so state) fort ville Ind.
Residence of mother (if deceased so state)	X
State of Indiana, HENDRICKS	Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS B8: I denose and state the information given in this application is true and correct.
County of HENDRICKS	County of the Broken Stand
Signed X Source Former	Signed 3 343 So Smill Rd Inde
New Address 33433, 3m, Th Ke, Luopis	New Address 14th day of Det. 1985
Subscribed and sworn to before me this day of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 1.4 day of HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state inter
	and Indiana
State of Indiana, County of MENDRICKS	State of Indiana, HENDRICKS
County of	Signed
Signed	
Signed Mother	Signed
Subscribed and sworn to before me this day of 19	
Clerk	having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	URT. A marriage license having been refused to the above named parties, the Court by written order issued. 3 Augusta and filed e of a marriage license to the above named parties.
HENDRICKS County	e of a marriage license to the above hander r
authorizes and a	HENDRICKS CIRCUIT COURT
Be It Remembered, there was filed in my office a marriage lie	ISE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court cense issued by the clerk of the
Be it further remembered the following provides certificate was filed in my	y office, to-wit: 16th
I,	indefedy county (Indpls.?)
one thousand nine hundred and	y office, to-wit. hereby certify that on the 16th day of FEBRUARI MARION (Indpls.?), County of MARION, at MARION (Indpls.?), County, State of INDIANA of HENDRICKS County, State of INDIANA HENDRICKS County, State of HENDRICKS or that purpose by the Clerk of the Circuit Court of HENDRICKS
State of Indiana, Groom GORDON E. JONES	HENDRICKS County, State of HENDRICKS
and, Bride	or that purpose by the Clerk of the Circuit Court of
	or that purpose by the Clerk of the Order B5 JAMES BLANKENSHIP Signed
United this loth repruary 19	Signed
	B5 JAMES BLANKENSHIP Signed JAMES BLANKENSHIP Official Designation PASTOR day aft February Clerk
Filed and recorded in accordance with the lower of the State of Indiana this.	Official Designation PASTOR , 19.85 19th day off February Clerk Signed Lawy One HENDRICKS Circuit Court
the uccordance with the laws of the State of The	Official Designation PASTOR , 19.85. 19th day off February , 19.85. Signed Lawy Own Readed HENDRICKS Circuit Court

	Proscribed By FOR	MARRIAGE LICENSE
	Health under Authority	
	of I.C. 31-1-3-2 Effective July 1, 1977	Date of Application
		FEMALE 2/P/2/
	MALE Report Dated 27/85	Medical Examination Report Dated 2/7/85
	MALE Medical Examination Report Dated / 100	Name of Physician Kobert D. aiello
	Name of Physician Poler N. Current - Who	ever procures the issuance of a license to marry by any false statement, representation or se
AL I	Name of Physician OCCUP IN . COMPARENT ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	
	shall be fined in any sum not exceeding international management of the shall be fined in any sum not exceeding international management of the shall be fined in any sum not exceeding international management of the shall be fined in any sum not exceeding international management of the shall be fined in any sum not exceeding international management of the shall be fined in any sum not exceeding international management of the shall be fined in any sum not exceeding international management of the shall be fined in any sum not exceeding international management of the shall be fined in any sum not exceeding international management of the shall be fined in any sum not exceeding international management of the shall be fined in any sum not exceeding international management of the shall be sha	
	Einst Middle D Last	Name Robin Range Diast
	Name Pirst A. Cuano Price Day Year 1059	Date of Birth Month Day Year
	Date of Birth Month 26 1931	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Residence Address Street of R. R. City County State
	Residence Address Street of R. R. City On al no la	402 S. Featucky Danvill
	3405 W. 114 Server Sample	Previous Marital Status: Never Married COR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Drivorce Annulment
	Last Marriage Ended By: Death = Dirotec	Date of birth verified by: Birth Certificate Judicial Decree
	Date of birth verified by	& Other (Specify) 1 rivers Licenzo)
	Other (Specify) No Ves	1. Are you now or have you ever been adjudged to be of unsound mind?
	1. Are you now or have you ever been adjudged to be of another many	If answer is "yes", has the adjudication been removed?
	If answer is "yes", has the adjudication been removed	2. Are you afflicted with a transmissible disease?
	2. Are you afflicted with a transmissible disease.	3. Are you related to the male applicant closer than second cousin?
	 3. Are you related to the female applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor? 	4. Are you now under the influence of intoxicating liquor?
	4. Are you now under the influence of a narcotic drug? N→ Yes □	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above dependent children?	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father Million A ale Evans	8. Full name of father Sickard Aale Arenne
	Residence of father (if deceased so state) 477 S. Hinnore Rd	Residence of father (if deceased so state) 402 S. Sentuche
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	9. Full maiden name of mother Mary alberta thomson	9. Full maiden name of mother Lourena Ellare Wes
	Residence of mother (if deceased so state)	Que
		Residence of mother (if deceased so state)
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS as: I depose and state the information in this application is true and con-
	N.S.S.S.	Pet . IA.
	Signed Concerciant	Signed Sound Knewnan
	New Address 703 0 1 51 Milylo	New Address 9405 With pr Andy
	Subscribed and sworn to before me this day of Rebuilding, 19.8.5	Subscribed and sworn to before me this 11 Hay of he building
	1 pur fail fussell Clerk HENDRICKS Dircuit Court	Many Jake Russellark HENDRICKS Circut
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN A DUMBLE PROVIDE STATE
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parents
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana,	
	County of	State of Indiana,
	Signed	County of HENDRICKS
	Signed	SignedFa
	Signed	Signed
	Subscribed and sworn to before me this	Signed
	Clerk	Subscribed and sworn to before me thisday ofday of
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above named parties.
	inCountyCo	T. A marriage license having been refused to the above named parties, urt by written order issuedand
	in	f a marriage license to the above named parties
	Be It Remembered RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
	of Indiana dated the	E AND MARRIAGE CERTIFICATE se issued by the clerk of the
		$() \land () \land$
	one thousand nine hundred and 85	ereby certify that on the 23rd day of Feb.
	A EVANS	Country of
	ALDIN RENEE DEPART	Contraction Classics of
	were by me united in marriage as authorized by a marriage license issued for t County. Dated this	HENDRICKS County, State of INDIANA
	Dated this	hat purpose by the Clerk of the Circuit Court of
	Dated this	
	, 19.05	Ciana I
	Put a	Signed
	Filed and recorded in accordance with the laws of the State of Indiana this	Signed

Highs

F

rm Prest Board of	FINDIANA MARRIAGE LICENSE
diana State Board Authority alth under Authority IC. 31-1-3-2 Toring July 1, 1977 HENDRIC	MARRIAGE LICENSE File
I.C. 31-1-3-2 fective July 1, 1977	County 2-14-85
NUE DIA DE	FEMALE Date of Application
MALE Medical Examination Report Dated 2-12-85	Medical Examination
Name of Physician a. J. Seudder	Non critica Da A
	wame of Physician A. N. Seudday
LL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-W} all be fined in any sum not exceeding five hundred dollars (\$500,00)".	noever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
ame Prive R. Sites	Middle D Last
ate of Birth Month Day Year	Date of Birth Month Day Castur
ace of Birth (State or foreign country)	Place of Birth (State on foreign country)
sidence Address Street or R. R. City County State	Residence Address Street or R. P.
32 Juncoln Dr. prownancy	101 W. Silden Rd. City County State
evious Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death D Divorce Annulment D
st Marriage Enter of Birth Certificate Dudicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
Other (Specify) Driver Lie.	
Are you now or have you ever been adjudged to be of unsound mind? No Yes	A Other (Specify) Museus Jus.
Are you now or have you ever been adjudged to encoded? No Ves I If answer is "yes", has the adjudication been removed? No Ves I	 Are you now or have you ever been adjudged to be of unsound mind? No D Yes D If answer is "yes", has the adjudication been removed? No D Yes D
If answer is yes, has the adjustication of the adju	
Are you related to the female applicant closer than second cousin? No PYes D	2. Are you afflicted with a transmissible disease? No □ Yes □ 3. Are you related to the male applicant closer than second cousin? No □ Yes □
Are you now under the influence of intoxicating liquor? No 🛡 Yes 🛛	4. Are you now under the influence of intoxicating liquor? No E Yes D
Are you now under the influence of a narcotic drug? No Yes O	5. Are you now under the influence of a narcotic drug? No B Yes D
List the full names of any dependent children.	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 Ves O	7. Are you required by any court order or orders to support the above dependent children? No D Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father James J. Jeter	8. Full name of father John W. Wellow
Residence of father (if deceased so state)	Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Andrana
2 A Barbar	Callet Dir Str. 9
Full maiden name of mother Contraction of the contraction	9. Full maiden name of mother Santas Santas
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country Dudiana)
HENDRICKS	State of Indiana, HENDRICKS }ss: I depose and state the information give in this application is true and correct
County of The Others And	- In Vapune Caster
Signed OV IN 14 AUV	Signed P g Pringer Mart
New Address 32 Lercolroffer.	New Address 32 Deficiency New Address 32 Deficiency New New Address
subscribed and sworn to before me this 14 day of 400	Subscribed and sworn to before me this day of
Mary Jone Russell Gerk HENDRICKS Circuit Court	Man Jone Russell Clerk HENDRICKS Circuit Court
Cierk Cierk	
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
Ve, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
gns, state facts which render the consent of the other parent unnecessary	
tate of Indiana.	State of Indiana, HENDRICKS
bunty of HENDRICKS ss :	HENDRICKS J
	Signed
SignedFather	Moth
Signed	day of
ubscribed and sworn to before me this	Subscribed and sworn to before into the
	and to the above named particular
HENDRICKS	URT. A marriage license having been refused to the door and file Court by written order issued
County	f a marriage license to the above named parties.
authorizes and directs the isotation	CITCUIT CERTIFICATE LENIDRICKS Circuit Cou
Be It Remembered, there was filed in my office a marriage li	AND MARTHA J. CASTER
Indiana dated the	CASTER.
e it further remembered the BETER	y office, to-wit: 19th day of FEDILUER
MARY JANE BUCCELL	hereby certify that on the County of
	DAN VIII INDIANA
MARY JANE RUSSELL me thousand nine hundred and State of Indiana Compared and	of
MARTHA J. CASTER	an that purpose by the Clerk of the Chicago
vere by me united :	
ounty.	INT MARY JANE RUSSELL
Pated this	85 Signed
Pated this	Signed CLERK HENDRICKS COUNTY
Dated this	or that purpose of 85

		OT ATE	OF INDIANA	No46
HENRICS Contry Date of Appli MALE Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatter Marcel Flatte	in the By	STATE	MARRIAGE LICENSE	File
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And be finded function March New of Birth New of Birth <		2D I.C. 31-1-3-6 prescribed "False statement-W	hoever procures the issuance of a license to marry l	by any false statement, representatio
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HUARAALA

State of Indiana, County of HENDRICKS } ss:

State of Indiana.

	County of HENDRICKS
Signed	SignedFather
Signed	Signed
Subscribed and sworn to before me this	
Clerk	Subscribed and sworn to before me this
HENDRICKS County	T. A marriage license having been refused to the above named parties, the purt by written order issued
inauthorizes and directs the issuance o	of a marriage license to the above named parties
Be if Remembered, there was filed in my office a marriage licen of Indiana dated the	E AND MARRIAGE CERTIFICATE ase issued by the clerk of the <u>HENDRICKS</u> <u>Circuit Court</u> , 19 , authorizing the joining together as husband and wife and JACQUELINE BUCHANAN ffice, to-wit: hereby certify that on the <u>22Dd</u> day of <u>FEBRUARY</u> at BARTLETT CHAPEL UNITED METHODISTy of <u>HENDRICKS</u> of <u>HENDRICKS</u> <u>County</u> , State of <u>INDIANA</u> HENDRICKS <u>County</u> , State of <u>INDIANA</u> that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u>
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ KENNETH E. VETTERS Official Designation PASTOR
of Indiana this	25th day of FEBRUARY , 19 85 Signed Mary Russell Clerk HENDRICKS Circuit Court

etive July 1, 1977	
	County D-14-85 Date of Application
MALE Medical Examination Report Dated	Medical Examination D
Name of Physician Willie Edwords	Name of DL
THE ANSWERED IC 31.1.3.6 proceeding and a	ever procures the issuance of the
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Lerk HENDRICKS Circuit Court	Mary Jone Kussell Clerk Michelle Circuit Cour
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Signed	Signed Bacheren Jonan Maha
cribed and sworn to before me this day of 19	Subscribed and sworn to before me this 15 day of Sub- 1983 Mary Cane Russell Cler
Clerk	1 Harry Jane Mint
APLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T A marriage license having been refused to the above named parties, th
authorizes and directs the issuance of	
DETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Cour
Re TURN OF MARNINGE DICENSE	
	nd
	fice to-wit: February
ndiana dated the 19th day of February JIMMY DALE HARRIS	
andiana dated the 19th day of February JIMMY DALE HARRIS t further remembered, the following marriage certificate was filed in my of GARY VAN JELCEDUILS	hereby certify that on the HENDRICKS
Indiana dated the 19th day of February JIMMY DALE HARRIS at it further remembered, the following marriage certificate was filed in my of GARY VAN JELGERHUIS thousand nine hundred 85	
JI Kemembered, there was filed in my office a marriage licen Indiana dated the 19th JIMMY DALE HARRIS and it further remembered, the following marriage certificate was filed in my of GARY VAN JELGERHUIS thousand nine hundred and 85 ie of Indiana, Groom JIMMY DALE HARRIS	ofHENDRICKS
JI Kemembered, there was filed in my office a marriage licen Indiana dated the 19th JIMMY DALE HARRIS and it further remembered, the following marriage certificate was filed in my of GARY VAN JELGERHUIS thousand nine hundred and 85 ie of Indiana, Groom JIMMY DALE HARRIS	ofHENDRICKS
Indiana dated the 19th day of February JIMMY DALE HARRIS and it further remembered, the following marriage certificate was filed in my of GARY VAN JELGERHUIS thousand nine hundred and 85 if of Indiana, Groom JIMMY DALE HARRIS Bride THERESA A. ZIMMERMAN of e by me united in marriage as authorized by a marriage license issued for the	ofHENDRICKS
Jie Di Kemembered, there was filed in my office a marriage licent Indiana dated the 19th JIMMY DALE HARRIS and it further remembered, the following marriage certificate was filed in my of	ofHENDRICKS HENDRICKS HENDRICKS that purpose by the Clerk of the Circuit Court of Signed
Indiana dated the 19th day of February JIMMY DALE HARRIS and it further remembered, the following marriage certificate was filed in my of GARY_VAN_JELGERHUIS thousand nine hundred and 85 ie of Indiana, Groom JIMMY_DALE HARRIS Bride THERESA A. ZIMMERMAN of e by me united in marriage as authorized by a marriage license issued for the set of this 23rd day of February 19 8	ofHENDRICKS HENDRICKS HENDRICKS that purpose by the Clerk of the Circuit Court of Signed

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Station and a state of the stat	332	
		No. 49
- 101 I	STATE OI	FINDIANA
	Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File
	Health under Authority HENDRIC	KS County $-2-15-85$
	effective July 1, 1977	Date of Application
	4 4 95	FEMALE Medical Examination Report Dated 3-12-85
	MALE Medical Examination Report Dated 2-12-00	Name of Physician M. O. Scenchorn
G	MALE Medical Examination Report Dated 2-12-85 Name of Physician M. O. Sumulouw Statement-Who	
		bever procures the issuance of a license to marry by any false statement, representation or pretense
alianna alianna alian alian	tall he fined in any suit not cast	FEMALE APPLICANT
	MALE APPLICANT Middle Last	Name First help lite Middle me Lage
	VI ALL WI VOOR	Date of Birth Month Day Year Year
	Date of Birth Month Day 1ear 7 20 58	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
	Residence Address Street or B. R. City County State B 2 Day 32 Thorntown Gaone M.	R.1, Box 65 Puttalino Gendricks) w.
		Previous Marital Status: Never Married DOR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D
	Last Marriage Ended By: Death Control Divorce Industrial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
	Date of birth verned by / Cara	Other (Specify)_ Alteners Filence
	□ Other (Specify) No ☑ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No 2 Yes D
1 177	1. Are you now or have you ever been adjudged to be of unsound mind? No 2 Yes 1 If answer is "yes", has the adjudication been removed? No 2 Yes 1	If answer is "yes", has the adjudication been removed? No Ves V
	If answer is "yes", has the adjudication been remoted. No 2 Yes 2 2. Are you afflicted with a transmissible disease? No 2 Yes 2	2. Are you afflicted with a transmissible disease? No yes D
	3 Are you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin?
	4. Are you now under the influence of intoxicating liquor? No I Yes I No I Yes I	 Are you now under the influence of intoxicating liquor? No Yes D Are you now under the influence of a narcotic drug? No Yes D
	5. Are you now under the influence of a narcotic drug:	5. Are you now under the influence of a narcotic drug? No \mathcal{O} Yes 6. List the full names of any dependent children.
	6. List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above dependent children? No Ves	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
and the second s	compliance with any court-order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father Marticle Student Theat	8. Full name of father North and a children in Such y
	Residence of father (if deceased so state) Al Miller Ct. 1 Setty, Str.	Residence of father (if deceased so state) - 1 20703, June 10, Super State).
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	9. Full maiden name of mother Delley pruse elipter	9. Full maiden name of mother Mar gove Maly Salbab
	Residence of mother (if deceased so state) femeret. to they, Sw	Residence of mother (if deceased so state) R / DOLOS Pullelisto In
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kanses
NI THE PLAN	State of Indiana, County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS
	Et PN 2	County of
	Signed and and the the	Signed UMDOULD MILLING
	New Address	New Address
	Subscribed and sworn to before me this 15th day of Fellenery, 19.55	Subscribed and sworn to before me this 15th day of Fubruakey 19.85
	Mary are Russell Clerk HENDRICKS Circuit Court	Mary and Russell Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS PARENTS	
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN CONSERVING TO THE PARENTS
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
and the second s	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS }ss:	State of Indiana, County of
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me this	
	Subscribed and sworn to before me this
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	JRT. A marriage license having been refused to the above named parties, the Court by written order issued
PETUDN OF THE ISSUANCE	ISE AND MARRIAGE CERTIFICATE
of Indiana dated the	and KIMBERLY S. MCCLUNG
one thousand nine hundred and 85	hereby certify that on the 22 nd day of February
STEVEN D	Country of FEMALISTIC
RIMBERLY S. MCCLUNC	County State of
were by me united in marriage as authorized 1	HENDRICKS County, State of INDIANA r that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 27th	r that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 27th day of February 19	35
	Signed /C/ I V DOLEC
, we and recorded in accordance with the laws of the State of Indiana this	Official DesignationJUDGE_CIRCUIT_COURT
	Signed Mary Clerk HENDRICKS Circuit Court

	33:
Form Prescribed By STATE O	F INDIANA
Indiana State Doal of Authority APPLICATION FOR	MARRIAGE LICENSE No. 49
Health under a file of I.C. 31-1-3-2 of I.C. 31-1-3-2 Effective July 1, 1977 HENDRIC	KS File
Fire	County
MALE M Jicol Examination Report Dated	FEMALE Date of Application
Medical Examine	Medical Examination Report Dated
Name of Physician Du Thomas Walker	
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,000". MALE APPLICANT	ever procures the issuance in the Monas Walker,
shall be fined in any sum not exceeding the management of the management of the state of the sta	issuance of a license to marry by any false statement, representation or pretense
Name First * Middle Alast	FEMALE APPLICANT
Date of Birth Month Day Day Year	Middle
7 10/. 1	Date of Birth Month Day ne hligh
Place of Birth (State or foreign country) Ond	Place of Birth (State or foreign country) Year 1967
Residence Address Street or R. R. City County State	Residence Address Street Dr.
Previous Marital Status: Never Married OR	a cedar Bus Dr. County State
Previous Marital Status: Never Marital On Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Last Marriage Elice by Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate Dudicial Decree
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes", has the adjudication been removed? No Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	2. Are you attricted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? Not Yes	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug?	 4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	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.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Marshall Lene Skeets	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state) 303 Harry Dy. Plath	8. Full name of father Jarry W. Alent
Birthplace of father (State or foreign country)	Residence of father (if deceased so state) 2710 gancome Num Ky
Ull is Man A.A.	Birthplace of father (State or foreign country)
9. Full maiden name of mother Alenda 11 Jac Cooc	9. Full maiden name of mother Jara Agua Underwood
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
R. Jan Shout	County of County of Sand Sand Sand Sand Sand Sand Sand Sand
Signed Quant Since Mett	Signed 1000 allen to the
New Address CEDAR RUN DRIVE BROWNSON	New Address 2 1 COCOT BON OF STO.
Subscribed and sworn to before me this 15 T day of February, 1935	Subscribed and sworn to before me this day of <u><i>Relation</i></u>
Clerk HENDRICKS	Clerk HENDRICKS Creuit Court
CONSENT OF REPRESE	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS ss :	County of
Signed	SignedFather
Signed	Signed
SignedMother	Signed
Subscribed and sworn to before me this day of, 19,	Subscribed and sworn to before me this
	Clerk
Clerk	the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	and filed
Compte	ourt by written order issued
inauthorizes and directs the issuance	of a marriage license to the above named parties.
authorizes and directs the issuance of	A A A A A A A A A A A A A A A A A A A
RETURN OF MARRIAGE LICENS	E AND MARKIAGE CLINIT COURT HEINDRICKS
of Indiana dated the	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ase issued by the clerk of the
day of	Mangent SHZANNE FLINT
Potentian LAN. GENE SHEETIG	Ind
I,	handhay certify that on thelstday ofMarch
I,MARY.LEE.COMER. one thousand nine hundred and	DANVILLE County of INDIANA
State of Lat	HENDRICKS County, State of
and Distance, Groom BRIAN GENE SHEETS	County, State of
Were h	HENDRICKS ALL Clerk of the Circuit Court of
were by me united in marriage as authorized by a marriage license issued for County.	that purpose of
Datalist	
Dated thislstday ofMarch, 19 8	5
	Official DesignationJudge, Hender
Filed and recorded in accordance with the laws of the State of Indiana this	11th day of
in accordance with the laws of the State of Indiana this	11th day of Clerk Signed Clerk HENDRICKS Circuit Court
	Digitization (

	334		
		D WDYANA	No 50
	Form Prescribed By	F INDIANA MARRIAGE LICENSE	File
	Health under Authority	VC	11
	of I.C. 31-1-3-2 Effective July 1, 1977	County	<u>Tebruary</u> 15, 1985 Date of Application
	2 9 85	FEMALE Medical Examination Report Date	
	MALE Medical Examination Report Dated	Name of Physician_	m Elwarla
	Name of Physician Um. UWarde		any false statement, representation
Standard Hallin Half	Name of Physician	FEMALE A	PPIICANT
A MARKAN CO.	MALE APPLICANT	Name First	Middle De Last
	Name first D. Michell Anegoty Day Year	Date of Birth Month	Day Year
	Date of Birth Month 29 1954 Place of Birth (State or foreign couptry), Particular Place	Place of Birth (State or foreign country)	10 1954
	Place of Birth (State of Toleign County County State Residence Address Street or R. R. City County State	Residence Address Street or R.R.	City County State
	310 W. Min fifd dend and	Previous Marital Status: Never Married OR	fall wind fr.
	Previous Marital Status: Never Married OOR Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce	
	Last Marriage Ended by. Dean Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Dirth Certificate	Judicial Decree
	to other (Specify) Drivers Licensel Parture)	Other (Specify)	Miline puture
	1. Are you now or have you ever been adjudged to be of unsound mind? No Vyes	 Are you now or have you ever been adjudged to be If answer is "yes", has the adjudication been remo 	Nou Yesu
	If answer is "yes", has the adjudication been removed? No I Yes I 2. Are you afflicted with a transmissible disease? No I Yes I	2. Are you afflicted with a transmissible disease?	No Ves No Yes No Yes D
	3 Are you related to the female applicant closer than second cousin? No 🗹 Yes 🗆	3. Are you related to the male applicant closer than	second cousin? No Ves D
	4. Are you now under the influence of intoxicating liquor? No 🖓 Yes 🗆	 Are you now under the influence of intoxicating li Are you now under the influence of a narcotic dru 	Noa Yes
	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 	6. List the full names of any dependent children.	8? No Yes D
			onl
			A CONTRACTOR OF A CONTRACTOR O
	7. Are you required by any court order or orders to support the above dependent children?	 Are you required by any court order or orders to s dependent children? 	upport the above No Dyes D
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application	
	compliance with any court order or orders issued for their support. 8. Full name of father William Mitghell	8. Full name of father MURALLY	Mulay 1
	Residence of father (if deceased so state) THE Allance Ra -	Residence of father (if deceased so state)	von In Camill
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	Alennic Th.
	9. Full maiden name of mother Joan White have of	9. Full maiden name of mother Alyuora	mae Maymark
	Residence of mother (if deceased so state) Miser Grillance, Ra-	Residence of mother (if deceased so state)	lamily And.
and the part of the second	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	Attinni
	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS	I depose and state the information given in this application is true and correct.
	Signed Dregory D Mitchell	Signed Brende	2 Schummer
	New Address 224 W. Fast St. Phainful	New Address 2247	1. East St. Plurfield
	Subscribed and sworn to before me this	Subscribed and sworn to before me this.	5 day of Fehr 1983
		Muny Stre Sussell	Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUAL	PDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give	
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of t	the other parent unnecessary
	State of Indiana,		
	County of HENDRICKS }ss:	State of Indiana, County of HENDRICKS	A massie att
	Signed		Father
新教報報告告	Signed		Mother
	Subscribed and sworn to before me this	Subscribed and sworn to before me this	
	Contraction		
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS		
	HENDRICKS County	art by written order issued	and filed
	DETENTION OF A STATE O	a marriage license to the above named pa	arties.
	Be It Remembered, there was filed in my office a marriage lise	AND MARRIAGE CERTIFICATE	ENIDRICKS at wit Court
	Be it further remembered, the following D. MITCHELL	1985 authorizing the in	ining together as husband and wife
新日報 日			
	one thousand nine hundred and h	ereby certify that on the 23rd	, february
	GREGODV D		
States and the	County. County as authorized by a marriage li	HENDRICKSCou	nty, State of INDIANA
	Dated this23rdday ofFebruary, 1985	purpose oy the Clerk of the Circuit Co	urt of
			ON BARNARD
	Filed and recorded in accordance with the laws of the State of Indiana this	Official DesignationJUDGE	05
	, Anduna this	Signed Mary Care Russell	
		Signea Music Jane Merell	HENDRICKS Circuit Court

form Prescribed By STATE OF APPLICATION FOR N	INDIANA No. 5/
Form Prescribed by Indiana State Board of Health under Authority of IC. 31-1-3-2 HENDRICK	ARRIAGE LICENSE
of LC. 31-1-3-2 Effective July 1, 1977	SCounty
MALE	FEMALE Date of Application
MALE Medical Examination Report Dated 2-11-85	Medical Examination Report Dated 2-11-85
Name of Physician Well Edwards	Name of Physician Walks 71
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver, procures the issuance of a license to marry by any false statement
shall be fined in any sum not command and make APPLICANT	
Name First Middle Last	Name First Middle
Date of Birth Month 19 Year St	Date of Birth Month Day Alpine
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Builde Middle Mid.
KKI Day 263 H Manan and	Residence Address Stheet or R. R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Previous Marriage Ended By: Death Divorce Annulment Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
	Date of birth verified by: Birth Certificate Judicial Decree
1 Other (Specify) Driven Lio	\$ Other (Specify) Sources Lie).
1. Are you now or have you ever been adjudged to be of unsound mind? No Ver Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No S Yes D
If answer is "yes", has the adjudication been removed? No U Yes U 2. Are you afflicted with a transmissible disease? No U Yes U	If answer is "yes", has the adjudication been removed? No D Yes D
 Are you afflicted with a transmissible disease. Are you related to the female applicant closer than second cousin? No Yes D 	2. Are you afflicted with a transmissible disease? No I Yes I 3. Are you related to the male applicant closer than second cousin? No I Yes I
4. Are you now under the influence of intoxicating liquor? No Ves	4. Are you now under the influence of intoxicating liquor? No Cres D
5. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆	5. Are you now under the influence of a narcotic drug? No Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Ves V	7. Are you required by any court order or orders to support the above dependent children? No O Yes O
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
8. Full name of father Horman Crown Shorlag	8. Full name of father flasher Janes alphane
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Fullmaiden name of mother Julian Marie Collinguota	9. Full maiden name of mother forma and all all
Residence of mother (if deceased so state) Deceased	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
County of	Burgely And Alpice
Signed Mark C Durglaff	BR# 1Box 245 A Nineyeh, In-
New Address LR 1 BOX 269 A NINEVER IN	New Address 11 , 19 day of Febr 18
Subscribed and sworn to before me this day of 1923	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
Mary Jone Russell Clerk HENDRICKS Circuit Court	Mary Jace Russell Clerk
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	DIBIOL DESC.
State of Indiana, County of HENDRICKS } ss :	State of Indiana, HENDRICKS
	Signed
SignedFather	Signed
Signed	day of 19
Subscribed and sworn to before me this	Subscribed and sworn to betore interest of the second seco
	fund to the above named parties, the
Clerk	here heen refused to the above
	RT. A marriage license having been received and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having been reasonable and filed court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	of a marriage license to the above named parties.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS County	of a marriage license to the above named parties.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS County	of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS inauthorizes and directs the issuance RETURN OF MARRIAGE LICEN Be It Remembered, there was filed in my office a marriage lice of Indiana dated the day of	of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS inauthorizes and directs the issuance RETURN OF MARRIAGE LICEN Be It Remembered, there was filed in my office a marriage lice of Indiana dated theday ofday of	of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS in	of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS County	of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the joining together as husband and wife
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS County	of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the joining together as husband and wife
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS County	of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the joining together as husband and wife
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS County	of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the <u>issued by the clerk of the</u> <u>issued by the clerk of the</u> <u>issued by the clerk of the issued and wife</u> <u>issued by the clerk of the</u> <u>issued and wife</u> <u>issued by the clerk of the issued and wife</u> <u>issued by the clerk of the Circuit Court of</u> <u>HENDRICKS</u> r that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u>
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS County	of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the <u>lines</u> <u>to constant</u> <u>to constant <u>to constant</u> <u>to constant</u> <u>to constant</u> <u>to constant</u> <u>to constant <u>to constant</u> <u>to constant</u> <u>to constant</u> <u>to constant</u> <u>to constant</u> <u>to constant <u>to constant</u> <u>to constant</u> <u>to constant <u>to constant to constant</u> <u>to constant to constant</u> <u>to constant to constant <u>to constant to constant to constant <u>to constant to constant</u> <u>to constant to constant to constant <u>to constant to c</u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u>
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS County	of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the <u>lines</u> <u>to consist to court</u> <u>19</u> <u>5</u> , authorizing the joining together as husband and wife and <u>BEVERLY A. ALPINE</u> <u>and BEVERLY A. ALPINE</u> <u>office, to-wit:</u> <u>hereby certify that on the 2nd day of March</u> <u>hereby certify that on the Cnd day of March</u> <u>hereby </u>

20 CONTRACT	336		
14		No. 52	
	STATE 0	OF INDIANA	-
	Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File	
	Health under Authority HENDRIC	CKS 2-20-85	
	Effective July 1. 1977	Date of Application	
4	1985	FEMALE Medical Examination Report Dated 2-9-85	
	MALE Medical Examination Report Dated 2-9-05	Name of Physician france Black M. D	-
	Provide the state of the prescribed "False statement" and	noever procures the issuance of a ticense to marry by any tasse statement, representation or pr	etense
_ manufacture station and one		FEMALE APPLICANT	-
	toter MALE APPLICANT	Name Shirler Midgle Shi Last	T
	Name First Middle Check	Date of Birth Month Day Year	Le la
	Date of Birth AMONTH A4 1443	Place of Birth (State or foreign country)	_
	Place of Birth (State or foreign country)	Residence Address Street or R. R. D. City County / Store	
	Residence Address Street or R. R. City. Analyticky Street	I have a support of the all and the the second	25
	1025 Kingeway N. Manulle Negerica	Previous Marital Status Never Married OR	7
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment D	a
	Last Marriage Ended By: Death Date of birth verified by: Death Certificate Judicial Decree	Date of birth verified by:	
7	Allenot i Linence	Other (Specify) Areners ficence	
	□ Other (Specify) Other to be of unsound mind? No 🗹 Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No	Yes D
	1. Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □	If answer is "yes", has the adjudication been removed? No \square	
	No E Yes	2. Are you afflicted with a transmissible disease? No B	/
	2. Are you related to the female applicant closer than second cousin? No □ Yes □ 3. Are you related to the female applicant closer than second cousin? No □ Yes □	 Are you related to the male applicant closer than second cousin? No 2 Are you now under the influence of intoxicating liquor? No 2 	/ · · · ·
	4. Are you now under the influence of intoxicating industry	4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No	/
	5. Are you now under the influence of a harcotic drug:	6. List the full names of any dependent children.	I es 🖬
	6. List the full names of any dependent children.	John Shields -	
	That is Alton the		
	Sheru Cheek		
		7. Are you required by any court order or orders to support the above	1
	7. Are you required by any court order or orders to support the above dependent children? No D Yes D	dependent children? No D	
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that yo	a are in
	compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support	
	8. Full name of father August C. 15 Thick	8. Full name of father Accounter of performance	
-	Residence of father (if deceased so state)	Residence of father (if deceased so state)	-
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
	9. Full maiden name of mother and a chip w. Thorna ally	9. Full maiden name of mother GRADI W. HANNEY	
	Residence of mother (if deceased so state) NUCLELCEL	Residence of mother (if deceased so state) Suger W	_
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)Radiand	_
	State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.	State of Indiana. HENDRICKS	given orrect.
		County of the tenter of the set	
-	Signed for the	Signed Allowing from Josef Set Set State	
	New Address	New Address	93
	Subscribed and sworn to before me this 20 and day of Sebuary, 19 25	Subscribed and sworn to before me this 20 th day of full ulley, 1	0.03
	HENDRICKS Circuit Court	Mary pretusell ark HENDRICKS Circuit	Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN		
		CONSENT OF PARENTS, PARENT OR GUARDIAN	
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one	parent
	and the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary	an in the second

1. S.			Av

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PIC DIC

State of Indiana,

County of	State of Indiana, HENDRICKS
Signed	county of
	Father
Signed Mother	Nother
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
inauthorizes and directs the issuance o	Jurt by written order issued
Diministration and diffects the issuance of	of a marriage license to the above named parties.
Be It Remembered there are the second	E AND MARRIAGE CERTIFICATE
of Indiana dated the 254 was filed in my office a marriage licen	E AND MARRIAGE CERTIFICATE tase issued by the clerk of the 19. \$5, authorizing the joining together as husband and wife
a manual and	CUTST SIL O OTTAT DO
I,	brice, to-wit: hereby certify that on the 26th day of February UENDRICKS
one thousand nine hundred and	hereby certify that on the 26th day of February
State of Indiana, Groom JOSEPH H. CHEEK and, Bride SHIRLEY S. SHIELDS of were by me united in marriage as authorized by a marriage license issued for	hereby certify that on the 26th day of February at DANVILLE , County of HENDRICKS , INDIANA
SHIRLEY S. SHIFT DC	of HENDRICKS County State of
were by me united in marriage as authorized by a marriage license issued for County. 26th day of February	HENDRICKS County, State of INDIANA
County. County as authorized by a marriage license issued for	that purpose by the Clerk of the Circle County, State of HENDRICKS
Dated this 26th day of February 18	and purpose by the Clerk of the Circuit Court of
, 19	
Filed and non-line	Signed /s/ LARRY R. HESSON
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation JUDGE/SUPERIOR COURT II
the State of Indiana this	
	Signed
	HENDRICKS Circuit Court

Prescribed By STATE O	F INDIANA
and State Authority AITERCATION FOR	MARRIAGE LICENSE No. 53
C. 31-1-3-2 retive July 1, 1977 HENDRIC	KS File
	County
MALE instign Report Dated 2-14-85	FEMALE Date of Application
i al Evamination Report Dured	Medical Examination Report Dated 2-14-85
Name of Physician Black	Name of Phone: Alach
OUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement-Wh	oever procures the issues
L QUESTIONS MUST BE ANSWERED, LC, AL1-3-5 prescribed "False statement-Wh I be fined in any sum not exceeding five hundred dollars (\$500,00)".	oever procures the issuance of a license to marry by any false statement, representation or pretense
Middle A	FEMALE APPLICANT
ne Latra I meade Werberk	Name AFirst Middle
e of Birth Month Day Year	Date of Birth Month Kay Belland
te of Birth (State or foreign country)	Day Year
	Place of Birth (State or foreign country) 18 1958
dence Address Breet or R. R. Lawille Land State	Residence Address Citreet or R. R. City -1. County / Stard
rious Marital Status: Never Married OR	The send the tend the
Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
e of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
of birth verticed of	Date of birth verified by: D Birth Certificate D Judicial Decree
Other (Specity) and lice	9 Other (Specify) dr. lic.
Are you now or have you ever been adjudged to be of unsound mind? No Cr Yes O	1. Are you now or have used and the test
If answer is "yes", has the adjudication been removed? No D Yes D	If answer is "yes" has the stirt of a
Are you afflicted with a transmissible disease? No Vego	2. Are you afflicted with a transmissible disease? No □ Yes □ No □ Yes □
Are you related to the female applicant closer than second cousin? NoO yes D	3. Are you related to the male applicant closer than second cousin? No Yest
Are you now under the influence of intoxicating liquor? No Via	4. Are you now under the influence of intoxicating liquor? No 2 yes
Are you now under the influence of a narcotic drug? No. Yes D	5. Are you now under the influence of a narcotic drug? No 🛛 Yes 🗆
List the full names of any dependent chuldren.	4 List the full names of any dependent shildren.
Kimberly Coerteck	Michelle Bellamy
Kurt	J.
Kivin II II	
Are you required by any court order or orders to support the above	A no your manifold be an and a set of the se
sependent children? No D Yes	7. Are you required by any court order or orders to support the above dependent children? No D Yes D
fanswer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support up here to	compliance with any court order or orders issued for their support.
Full name of father and the an	8. Full name of father Land Mancep Drown
Residence of father (if deceased so state)	Residence of father (if deceased so state) DUNUZ, Colorado
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Mitsude Beckman	Anna Foring Im herror
Full maiden name of mother	9. Full maiden name of mother propring of the and the
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
HENDRICKS	State of Indiana. HENDRICKS } ss: depose and state the information given in this application is true and correct.
nty of HENDRICKS	County of
Signed Jury / Checkel	Signed Lang Dellamy
New Address 20 5 Box 118 Donvillez.	New Address R. L. & S Dix 118 Danvel
n the st	Subscribed and sworn to before me this 20 day of Fub. , 19 5
Arribed and sworn to before methis and day of the HENDRICKS	Man and Stand Clark HENDRICKS Circuit Court
And Allos Clerk Clerk Circuit Court	1 puggene winner
	CONSENT OF PARENTS, PARENT OR GUARDIAN
SENT OF PARENTS. PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant nereby give consent for the parent upperessary
s, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	and the second se
e of Indiana, http://www.hendricks.com/astronometers/as	State of Indiana. HENDRICKS
hty of ss :	County of
Signed	Signed
Signed. Mother	
	Signed
cribed and sworn to before me thisday of, 19,	Clerk
Clerk	it has a mode parties, the
MPLETE IF MARRIAGE LIGHTER FOR STAR AND OF COL	RT. A marriage license having been refused to the above named parties, the and filed
HENDRICKS	RT. A marriage license having been refused to the above named particle Court by written order issued S day wawe and filed of a marriage license to the above named parties.
County authorizes and directs the issuance	of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
we y Remembered, there was filed in my office a marriage ince	authorizing the joining together as muchaning
day of the	DEBRA KAY BELLAMI
LARKI F. OVERBECK	Fac to wit:
, set following marriage or especial	hereby certify that on the MARION,
thousand nine hundred and 85	hereby certify that on the 20th day of MARION
te of Indiana, Groom	at INDIANAPOLIS County of INDIANA of maxian HENDRICKS County, State of INDIANA HENDRICKS County, State of HENDRICKS r that purpose by the Clerk of the Circuit Court of HENDRICKS
Tarres E Ororhock	COUNTED INFORMATION
e by me with the	has the Clerk of the Circuit Court
inty. and in marriage as authorized by a marriage license issued for	
y.	IS / SCOTT GING
ed this 20th day of February 19.85	Signed /5/ 500-
ed this 20th day of February, 19.85	Signed JUDGE 19 05
ed this 20th day of February, 1985	Official Designation JUDGE Official Designation JUDGE day of February 28th Clerk Signed HENDRICKS Circuit Court

SE File
Date of Application
Report Dated2-20-85
Jarry D. Loval
ise to marry by any false statement
nse to marry by any false statement, representation or pr
FEMALE AFFLICANT
Middle Last
Day Year
country)
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May Dansally Car
rried GOR and a released server langed agence
Divorce Annulment
Certificate 🗆 Judicial Decree
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en adjudged to be of unsound mind? No C
cation been removed? No D
sible disease? No D
cant closer than second cousin? No 🖸
of intoxicating liquor? No
of a narcotic drug? No Dent children.
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or orders issued for their support.
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states and Delegisles and
(n country) Indiana
n country
mma d. vapro
state) Druc
ign country Stadiana
ss: I depose and state the information in this application is true and co
Charlete Mayon
203 N. Terp., Dame
ne this 21 day of July , 10
Clerk HENDRICKS Circuit
ENT OR GUARDIAN
nt hereby give consent for this marriage. If only one p
the consent of the other parent unnecessary
} ss:
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ne this day of
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g been refused to the above named parties,
g been refused to the above named parties, and
ove named parties.
FICATE
FICATE HENDRICKS Circuit C
HENDRICKS rizing the joining together as husband and
and a second level, and (dimension or the
thday ofMarch
County of HENDI
Country Chate of
County, State of INDIANA County, State of HENDRICKS
ie Circuit Court of
s/ Dr. Joe D. Stump
astor
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/ s

Minnhhu Hua

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rm Prescribed By STATE C diana State Board of alth under Authority IC. 31-1-3-2 reside July 1, 1977 HENDRIC	MARRIAGE LICENSE
I.C. 31-1-5-2 fective July 1, 1977	CKSCounty File
111 P	-2-22-85
MALE Medical Examination Report Dated	FEMALE Date of Application
Name of Physician Romas Jurks	Medical Examination Report Dated 2-18-85
Name of a statement - Wi	Name of Physician Norman d. Fonle
LL QUESTIONS MUST BE ANSWERED, D. 31-1-3-6 prescribed "False statement-W} all be fined in any sum not exceeding five hundred dollars (\$500,00)".	hoever procures the issuance of a license to marry by any false statement, representation or pretense
me Repert Middle Browton	Name First ·
te of Birth Month Day Year	Date of Birth Month A. En last
ace of Birth (State or foreign country)	Place of Birth (State or foreign country) 2 1952
sidence Address Street or R. R. City County State	
5120 Autoland: Blud, Andpls, In.	Residence Address Street or R. R. City County State
evious Marital Status: Never Married OR	Previous Marital Status: Never Married & OR
Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
te of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
7 auguster Alrever & Secense	
□ Other (Specify)	Other (Specify) for the being seense
Are you now or nave you even adjudged removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No ^{CD} Yes D
Are you afflicted with a transmissible disease? No D Yes D	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes	2. Are you afflicted with a transmissible disease?
Are you now under the influence of intoxicating liquor? No 🖉 Yes	3. Are you related to the male applicant closer than second cousin? No D Yes D 4. Are you now under the influence of intoxicating liquor? No D Yes D
Are you now under the influence of a narcotic drug? No 🛛 Yes 🗆	5. Are you now under the influence of a set in the set
List the full names of any dependent children.	6. List the full names of any dependent children.
Craig U. Brenton	
Are you required by any court order or orders to support the above	
dependent children? No Ves D	 Are you required by any court order or orders to support the above dependent children? No D Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support
Fullname of father all and for for the former of the second	8. Full name of father J: Byron Congle
Residence of father (if deceased so state)	Residence of father (if deceased so state) Ducuased
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Selling
Fullmaiden name of mother_ Koberta Harrison	Jun my phase
durant	9. Full maiden name of mother function of the performance
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Anaples.
Birthplace of mother (State or foreign country) Addama	Birthplace of mother (State or foreign country) Andrana
te of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
WYN BA	County of
Signed for M. Jenny	Signed THarcia N. Male
New Address 5720 Lakeland Blvd upps	New Address 3720 Hakeland Tolloa Map
scribed and sween to before me this 22nd day of Debruary, 1985	Subscribed and sworn to before me this 22nd. day of Debnuary, 1983
Vary Jone Carrie Gerk HENDRICKS Circuit Court	Mary Jone Kundle Glerk HENDRICKS Circuit Court
Cierk Cierk	
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
s, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
and facts which render the consent of the other parent unnecessary.	Siglis, state field while
e of Indiana,	State of Indiana, UENIDDICKS
nty of	County of
Signed	Father
	Signed
SignedMother	Subscribed and sworn to before me this
cribed and sworn to before me this	Subscribed and sworn to before into and and clerk
MPLETE IE MADDIA GE COM	RT. A marriage license having been refused to the above named parties, the and filed
HENDRICKS	RT. A marriage license having commentation and filed and
	of a marriage license to the above named parties.
authorizes and directs the issuance	TE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage lice	E AND MILLION
ndiana bit Remembered, there was filed in my office a marriage lice	19 85, authorizing the joining together as husband and wife
hauna dated the day of auch	nse issued by the clerk of the
it further remembered, the following marriage certificate was filed in my	office, to-wit:
DR. DONALD D. DUDDERT	ana
and 85	County, State of
thousand nine hundred and 85 e of Indiana, Groom ROBERT W. BRENTON	of
D. 1	MARION HENDRICKS
brideMARCIA D. ENGLE	that nurpose by the Clerk of the Circuit Court of
e of Indiana, Groom ROBERT W. BRENTON Bride MARCIA D. ENGLE of	citat part
e by me united in marriage as authorized by a marriage license issued for nty.	
e by me united in marriage as authorized by a marriage license issued for nty. ed thislst	Signed /s/ D. R. DURRETT
e by me united in marriage as authorized by a marriage license issued for nty. ed thislst	Signed /s/ D. R. DURRETT

STATE O	F INDIANA No. 56
Form Prescribed By	MARRIAGE LICENSE File
Health under Authority	
effective July 1. 1977	Date of Application
	FEMALE
MALE Devet Dated 2/19/85	Medical Examination Report Dated2/19/85
MALE Medical Examination Report Dated 4/17/00	Name of Physician Karry D. Lovall
Name of Physician Jokn Tr. 11/00	programes the issuance of a license to marry by any false statement, representation
Name of Physician John Mark ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—What a shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	oever, in occur on the mattern of p
shall be fined in any sum not exceeding the APPLICANT	FEMALE APPLICANT
Name First (Middle la last)	Name Shelly Middle Mast
Michael Day Year	Date of Birth Month Day Year
Date of Birth 7 Month 26 1950	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Ind
Residence Address ,Street or R. R. City County State	Residence Address Street or R. R. City County Sta
3820 Wind Drift VU.	Nane pur Nane
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Dudicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
	□ Other (Specify)
Other (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind?
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 D
If answer is "yes", has the adjudication been removed.	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease	3. Are you related to the male applicant closer than second cousin? No
 Are you related to the female applicant closer than second cousin? Are you now under the influence of intoxicating liquor? 	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug? Yes	5. Are you now under the influence of a narcotic drug?
 Are you now under the influence of a matched of og? List the full names of any dependent children. 	6. List the full names of any dependent children.
5. List the full matters of any dependent states	
7. Are you required by any court order or orders to support the above No Yes	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.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you compliance with any court order or orders issued for their support.
8. Full name of father William C. Johnston	8. Full name of father for chart of allex Myers
11110 to both Ph	(INA PRIDIAN)
Residence of father (if deceased so state) <u>6470</u> <u>M. 87</u> <u>M.</u>	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother have have christenson	9. Full maiden name of mother Brenda Diane Elm
Residence of mother (if deceased so state) 6440 W. 894. St.	ing floor on O
	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
County of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS as: I depose and state the information in this application is true and co
	County of
Signed Marchar D. Johnster	Signed Shelly 20 myers
New Address 3820 WIND DRUFT DR. 2D	New Address 3820 Windburd &
Subscribed and sworn to before me this 22 day of Alleruguing85	Shuild and the shuild be
marie and Russell and HENDRICKS	Subscribed and sworn to before me this Add day of Televine
Circuit Court	Mary Jane Bussellaerk HENDRICKS Circuit
CONSENT OF PARENTS, PARENT OR GUARDIAN	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one p
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

JUNE COLOR

State of India

. Analytica and an

LIP IN PLAN		
County of HENDRICKS	> ss:	State of Indiana,
		County of HENDRICKS
Signed.	Father	Signed
Signed		SignedFather
Subscribed and sworn to before me this		Signed
the state of	19	Subscribed and sworn to before me this day of 19
COMPLETE IE MARRIE	Clerk	Mary Jare Bussell Clerk
HENDRICKS	CENSE ISSUED BY ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
in	County	Court by written order issued
	and unects the issuance	of a marriage license to the above named parties
Be It Remembered	RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
of Indiana dated it.	there was filed in my office a marriage lice	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the HENDRICKS Circuit Court
c, inclusing agreed the	day of Turupan	Circuit Outre
	Will TTIAAP Aparti F 1	
one themes 1	RRY R. HESSON	office, to-wit: hereby certify that on the lstday of March, at
one incusand nine hundred and		hereby certify that on the 1st day of March
were by me united in marriage	CLLY-JO-MYERS	HENDRICKS
County.	authorized by a marriage license issued f	County, State of INDIANA
Dated this 1st	100 100 100 100 100 100 100 100 100 100	that purpose by the Clerk of the Circuit Court of HENDRICKS
	ay of	85
		α :
Filed and recorded in accordance		Official Designed
accordance w	ith the laws of the State of Indiana this	Official Designation JUDGE, HENDRICKS SUPERIOR #2
	anuta this	
		Signed Mary Clerk
		HENDRICKS count Court
		TILI VDRICKO Curcuit or

	341
Prescribed by APPLICATION FOR	MARRIAGE LICENSE
Hendrice July 1. 1977	KS File
Ellector	County
MALE Medical Examination Report Dated 2-15-85	Date of Application Medical Examination Report Dated 2-15-85
Name of Physician Annual O. Moore	Name of Physician Storman () M
Name of Fusion	ever procures the issuance of a line
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Who ALL QUESTIONS MUST be acceeding five hundred dollars (\$500,00)", shall be fined in any sum not exceeding five Aundred dollars (\$500,00)",	bever procures the issuance of a license to marry by any false statement, representation or pretense
First Middle P Last	Name First
Name William Day Year	Date of Birth Month Middle Diver W. A.
Date of Birth Month 40 Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
D. D. City County State	And and
Residence Address Street or R. R. Brownelling Ind.	380 W. Ledas Mansurlle State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Previous Marital Status: Never addresses Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Dudicial Decree
Date of birth verified of	Q . X.
Other (Specify)	A Other (Specify) borbons of o
Mou les V	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No D Yes
2 Are you afflicted with a transmissible disease" No W Yes	2. Are you afflicted with a transmissible disease? No B Yes D
3. Are you related to the female applicant closer than second cousin? No ♥ Yes □ 4. Are you now under the influence of intoxicating liquor? No ♥ Yes □	3. Are you related to the male applicant closer than second cousin? No IP Yes □ 4. Are you now under the influence of intoxicating liquor? No IP Yes □
Are you now under the influence of a narcotic drug? No Yes No Yes	Are you now under the influence of intoxicating liquor? No Yes S. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children	6. List the full names of any dependent children.
<u>enitive</u>	Jacquelyps
Shawa	Junifer
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No U Yes U	dependent children? No To Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Fullname of father San Hold Bary Bakers	8. Full name of father Differd I rankling Keek fr
Residence of father (if deceased so state) Paton alla Sud.	Residence of father (if deceased so state) heatsatter led
Birthplace of father (State or foreign country	Birthplace of father (State or foreign country)
9. Full maiden name of mother Uniquico V. Slauban	9. Full maiden name of mother Alerence E. Shoth
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana. County of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS County of HENDRICKS HENDRICKS
Signed + UAAAAAAA	Digned hypered Signed 4607
New Address 380 10, Cedler fronsville	Subscribed and sworn to before me this 25 day of 19, 1985
Subscribed and sworn to before me this day of 19.00. Alay of HENDRICKS Circuit Court	Subscribed and sworn to determine the seal Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS } ss :	County ofFather
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me this day of, 19,	
Clerk	having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CON	JRT. A marriage license having been refused to the above named parties, the
County	the above named parties.
authorizes and directs the instance	HENDRICKS CERTIFICATE HENDRICKS Circuit Court
Be It Remembered there was fled in met office a marriage lin	e of a marriage license to the above marriage license issued by the clerk of the difference of the dif
of Indiana dated the day of March	and <u>PHYLLIS OVERMAN</u> y office, to-wit: <u>9 office, to-wit:</u>
Beit WILLIAM BAKETS	and PHYLLIS OVER
-) there is a second seco	horeby certify the
one thousand nine hundred and 85	y office, to-wit: hereby certify that on the 9th day of MARCHING BOONE at ZIONSVILLE , County of BOONE at MENDRICKS County, State of INDIANA of BOONE County, State of HENDRICKS or that purpose by the Clerk of the Circuit Court of HENDRICKS
state of Indiana, Groom WILLIAM BAKEIS	BOONE County, State of HENDRICKS
were by me unit 1	that murpose by the Clerk of the Circuit Court of
county.	
March	Signed /S/ AMER ELDER
Pa .	Official Designation ORDAINEL
"ued and recorded in accordance with the laws of the State of Indiana this.	3rd HENDRICKS Circuit Court
S. S	3rd day of the HENDRICKS Circuit Court Signed Mary Park Russel HENDRICKS Circuit Court
342 STATE OF INDIANA No. APPLICATION FOR MARRIAGE LICENSE Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 File 25 HENDRICKS 1983 County Date of Application FEMALE Medical Examination Report Dated MALE Medical Examination Report Dated. Name of Physician ALL QUESTIONS MUST BE ANSWERED. L.C. 31-1-3-6 prescribed "False statement-Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,000". Phanish in America Ameri MALE APPLICANT Name Last Middle no Day 30 First Name Date of Birth da 1 Date of Birth Place of Birth (State or foreign H Place of Birth (State or foreign countr Residence Address State City Residence Address Street or alla Previous Marital Status: Never Married OR 301 cm Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: D Birth Certificate D Judicial Decree. Date of birth verified by: D Birth Certificate D Judicial Decree Other (Specify). 1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes D No Yes Other (Specify). 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes D If answer is "yes", has the adjudication been removed 2. Are you afflicted with a transmissible disease? No Yes D No Yes 2. Are you afflicted with a transmissible disease? 3. Are you related to the male applicant closer than second cousin? No Yes No Pres D 3. Are you related to the female applicant closer than second cousin 4. Are you now under the influence of intoxicating liquor? No Yes No Yes Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Yes 4. No Ves Are you now under the influence of a narcotic drug? List the full names of any dependent children 5. List the full names of any dependent children 6 Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above Not Yes 🗆 No Yes dependent children? dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or ofders issued for their support compliance with any court order or orders issued for their support Full name of father_ 8. Full name of father____ Residence of father (if deceased so state)____ Residence of father (if deceased so state)_ Birthplace of father (State or foreign country) Birthplace of father (State or foreign country)_ Full maiden name of mother_ 9. Full maiden name of mother_ Residence of mother (if deceased so state). Residence of mother (if deceased so state)_ Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)_ I depose and state the information given in this application is true and accurate I depose and state the information given in this application is true and correct. State of Indiana, State of Indiana, HENDRICKS 88: HENDRICKS 88: County of. County of ... Sign New Address 307 New Address Drowns bur Unury19. 0 19. Subscribed and sworn to before me this Subscribed and sworn to before HENDRICKS HENDRICKS Circuit Court Circuit Court Clerk Mark CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:	State of Indiana, County of HENDRICKS
Signed	
Signed	Signed
Subscribed and sworn to before me this	19
Clerk	
County	URT. A marriage license having been refused to the above named parties, Court by written order issuedand
inauthorizes and directs the issuance	ce of a marriage license to the above named parties.
RETURN OF MARRIAGE LIGHT	
day of	icense issued by the clerk of the, 190. Sauthorizing the joining together as husband and
Be it further remembered the full	and SUSAN DIANN WORRELL
Be it further remembered, the following marriage certificate was filed in m I, LARRY R. HESSON	y office, to-wit:
State of Indiana Creation So	at DANVILLE County of HENDRICKS
and, Bride CUCHA ARLAN WAYNE HOGSHEAD	
were by me united	MENDRICKS County, State of INDIANA HENDRICKS County, State of INDIANA HENDRICKS
g a marriage license request	for that
Dated this	85
	Signed /s/ LARRY R. HESSON
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation JUDGE, HENDRICKS SUPERIOR COURT day of Joseph 19 Signed August Court Judge 19

prescribed By STATE OF	INDIANA
Form Fresce Board of Indiana State Board of Health under Authority	IARRIAGE LICENSE
of I.C. 31-1-3-2 Effective July 1, 1977	County
MALE Lin Report Dated 2/20/85	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination Report Dated2/20/85
Name of Physician Jorathan a. Risch	Name of Physician for the days
	ver procures the issuance of a lite
ALL QUESTIONS MUST BK ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	issuance of a license to marry by any false statement, representation or pretense
First O Middle D Last	Name / Find
Name Dono L. Coy	Middle Last
Date of Birth Month 2 Day Yar 1953	Date of Birth Month / Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) 23 1957
Residence Address Street or R. R. Gity County State	Residence Address Street of R. R.
10014 January G. Joan	10014 Ranteins Ch. Marthe State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by	Date of birth verified by: Birth Certificate Judicial Decree
V Other (Specify) A Muers Centre	Other (Specify) A week heense
1. Are you now or have you ever been adjudged to be of unsound mind? No vee	1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes
If answer is "yes", has the adjudication been removed? No Ves No Yes	If answer is "yes", has the adjudication been removed? No D Yes D
 Are you afflicted with a transmissible disease? No Yes Are you related to the female applicant closer than second cousin? 	2. Are you afflicted with a transmissible disease?
 Are you related to the temale applicant closer than second coustn: Are you now under the influence of intoxicating liquor? 	 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? Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
aspley Dawn	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No U Yes	dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	s. Full name of father Puppell Edward Lisker
8. Full name of father I / July Jong	i B. A.L.
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother day burn	9. Full maiden name of mother Carolyn flan Starting
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Muchigan
State of Indiana,	State of Indiana, HENDRICKS County of HENDRICKS B8: I depose and state the information given in this application is true and correct.
County of HENDRICKS	County of the main finds
Signed thank of	Signed invertig marie pushet
New Address 100/1 LANTORNS CT. W	New Address 1014 Hanlerns Court for
Subscribed and sworn to before me this 26 day of February 19.85	Subscribed and sworn to before me this de day of Televiany of
Mary Jone Russellark HENDRICKS Arcuit Court	Mary Jane Aussell Clerk HEINDRICKS Circuit Court
	<u> </u>
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana.
State of Indiana, County of HENDRICKS }ss:	State of Indiana, HENDRICKS
)	SignedFather
SignedFather	Mother
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to best and Clerk
Clerk	the share named parties, the
	RT. A marriage license having been refused to the above named particular
HENDRICKS	RT. A marriage license having been refused to the above manual and filed Court by written order issued. <u>3 clary</u> wars and filed of a marriage license to the above named parties.
in Cleanty Superior the issuance	of a marriage license to the above named parties.
authorizes and uncers are a	HENDRICKS CIRCUIT Court
Be It Remembered, there was filed in my office a marriage lice	ense issued by the clerk of the
Be It Remembered, there was filed in my office a marriage lice of Indiana dated the	19.85, authorizing the pither
LARRY R. HESSON	DANVILLE County of INDIANA
one thousand nine hundred and 85 State of Indiana, Groom DANA J. COX and, Bride	HENDRICKS County, State of INDIANA
one thousand nine hundred and 85 State of Indiana, Groom DANA J. COX and, Bride	HENDRICKS HENDRICKS
were by me units is in the second formation of the second formation in the sec	r that purpose by the Clerk of the Otto
County.	
Dated this 27th 19.8	Signed 151ERIOR COURT 11
	Official Designation
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation 27th day of February Clerk Signed HENDRICKS Circuit Court
the state of Indiana this	Signed Circuit Court

Form Prescribed By	ADDI ICATION FO	R MARRIAGE LICENSE
	APPLICATION	
Health under Authority of I.C. 31-1-3-2	HEIN	Date of Application
of I.C. 314102 1, 1977 Effective July 1, 1977		FEMALE 2-1G-St
	2-19-55	Medical Examination Report Dated19-85
MALE Medical Examination Report Dated	7 1 - 2	Name of Physician Momphon
Medical Examination Tho	mpson	Name of Physician
Name of Physician	ni 1.2 6 prescribed "False statemen	-Whoever.procures the issuance of a license to marry by any false statement, representation
ALL QUESTIONS MUST BE ANSWERED. I.C. shall be fined in any sum not exceeding five hund	red dollars (\$500,00)".	-Whoever.procures the issuance of a license to marry by any false statement, representation FEMALE APPLICANT
shall be fined in any sum not cases MALE APPLIC	CANT	Name First Middle P. DD
First M	ddle Shilling	Keller Ann Oly
Name Rickey D	av Year	Date of Birth Month Day Year
Date of Birth Month	8 60	Place of Birth (State or foreign obunt(y)
Place of Birth (State or foreign country)		Residence Address Street or R. R. C. City, Younty,
Residence Address Street or R. R.	City County State	225 2 Buchanan Filed Hend
10029 D. Staffer	L Pl Malp 12.	Previous Marital Status: Never Married OR
Never Married OR		Last Marriage Ended By: Death Divorce Annulment
Annuin Divorce Annuin	ent 🗆	Date of birth verified by: Birth Certificate Judicial Decree
Last Marriage Ended by: Date of birth verified by: Birth Certificate Judici	al Decree	di li
ail ab		D Other (Specify) M. MC-
A Other (Specify)	No Y	s 1. Are you now or have you ever been adjudged to be of unsound mind?
I. Are you now or have you ever been adjudged to be of ur	No V	
If answer is "yes", has the adjudication been removed?	No DY	s 2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?	No 2	3. Are you related to the male applicant closer than second cousin?
3. Are you related to the female applicant closer than seco	No 🗹 Y	
 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? 	Notry	
 Are you now under the influence of a harcone of age. List the full names of any dependent children. 		6. List the full names of any dependent children.
6. List the full names of any dependent children		and the second
7. Are you required by any court order or orders to support	rt the above	7. Are you required by any court order or orders to support the above dependent children?
dependent children?	110 - 1	
If answer is "yes", it is required that this Application be		compliance with any court order or orders issued for their support. //
compliance with any court order or orders issued for th	Shilling)	8. Full name of father Michael, R. Collier
8. Full name of father flore second	Jan alla	decent
Residence of father (if deceased so state)	eun.	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Jenno.	Birthplace of father (State or foreign country)
9. Full maiden name of mother Busella	All. Jele	9. Full maiden name of mother Sharpa Unn Ph
ab il	b. Q. d.	Pasidon as of mathem (if decaged excitate) wifed,
Residence of mother (if deceased so state)	1 our .	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	end.	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS	I depose and state the information in this application is true and co	TENDRICKS in this application is true
County of	0101	County of Kalpin & Collino
Signed Arche	y a Shallings	Signed Thella Alle
New Address 225 1/2	Buchaman PIII	New Address 225/2 Buchanan
Subscribed and sworn to before me this	der of Alt. 8.	27 . feb
Man R A	HENDRICKS	Subscribed and sworn to before me this day of HENDRICKS
· my fare model	ClerkCircuit	ourt Muy Jeke Mickallerk HEINDRICKS
CONSENT OF PARENTS, PARENT OR GUARDI		CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give cons	sent for this marriage. If only one p	rent We, the parents, of this applicant hereby give consent for this marriage. If on
signs, state facts which render the consent of the	other percent upon	

analistica H

State of Indiana, County of HENDRICKS ss:	State of Indiana, County of
Signed	Signed
Clerk	Clerk
authorizes and directs the issuance o	ourt by written order issued
Be It Remembered, there was filed in my office a more in	E AND MARRIAGE CERTIFICATE HENDRICKS
of Indiana dated the	19 25 authorizing the joining together as husband and wi
CHARLES WILLIAM JULIAN	
State of Indiana, Groom	at INDIANAPOLIS , County of MARION
and, Bride	at INDIANAPOLIS , County of MARION of
Dated this 27th	that purpose by the Clerk of the Circuit Court of
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ CHARLES WILLIAM COMPANY Official Designation MINISTER
	Signed March Cler HENDRICKS Circuit Court

Re-Morris	345	
Form Prescribed By STATE OF	INDIANA	
Form Prescribed By Indiana State Board of Health under Authority In C. 31-1-3-2	ARRIACE LICENSE No. 61	
Health under a file of 1.C. 31-1-3-2 HENDRICK Effective July 1, 1977	S File	
Elietur	County 2-28-85	
MALE Medical Examination Report Dated 2-25-85	FEMALE Date of Application	
Name of Physician Philip Datista	Medical Examination Report Dated 2-25-85	
Name of Physician	Name of Physician Philip Botisto	
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000",	ever, procures the issuance of a license to marry by any false statement, representation or protocol	
Shall of MALE APPLICANT First Middle Last	Name First	
Name Rick Day	Middle Int	
Date of Birth Month Day Tear Place of Birth (State or foreign country) 2 52 3	Date of Birth Month Day Kheen	
Audional and a	Flace of Birth (State or foreign country)	
Residence Address Street or R. R. City County State 511 Everly, and apt 4 Blung Ind.	Residence Address Street or R. R. SIL End ODL: On FY City County State	
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married D OR	
Iast Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D	
	Date of birth verified by: Birth Certificate Dudicial Decree	
Other (Specify)	D Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆 If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No Byres D If answer is "yes", has the adjudication been removed? No D yes D	
2. Are you afflicted with a transmissible disease? No 🖸 Yes 🗆	2. Are you afflicted with a transmissible disease? No Ves D No Ves D	
 Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of intoxicating liquor? No Yes 	3. Are you related to the male applicant closer than second cousin? No Vies D	
4. Are you now under the influence of indicating induct. No I Yes I 5. Are you now under the influence of a narcotic drug? No I Yes I	4. Are you now under the influence of intoxicating liquor? No D Yes D S. Are you now under the influence of a narcotic drug? No D Yes D	
6. List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No Yes No Yes	
And south gold and	trol mailed	
William stort	strot interp	
Qualin Buty		
7. Are you required by any court order or orders to support the above dependent children? No BY res D	7. Are you required by any court order or orders to support the above dependent children? No D Yes D	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	
compliance with any court order or orders issued for their support. 8. Full name of father	compliance with any court order or orders issued for their support. 8. Full name of father South Attended	
Residence of father (if deceased so state) Anewcastly Qud	Residence of father (if deceased so state) Judple, Jud	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
9. Full maiden name of mother Eva J. Mahan	9. Full maiden name of mother Annatt N. adams	
Residence of mother (if deceased so state) Same	Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS 88: I depose and state the information given in this application is true and correct.	
1- 6 3- T	County of July Solar Spice	
Signed Si	Signed L. A. Underly and 4 Brownshey Ind. 46/12 New Address 5. 1. 1. Enderly and 4 Brownshey Ind. 46/12	
Subscribed and sworn to before me this and day of 50	Subscribed and sworn to before me this 25 day of 903 19.55	
Man Come Russell Clerk HENDRICKS Circuit Court	Mary Jone Russell Clerk HENDRICKS Circuit Court	
Clerk		
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the second se	
State of Indiana,	State of Indiana, ursinplicks	
County of	County of Father	
Signed	Signed	
SignedMother		
Subscribed and sworn to before me this day of 19	Signed	
Clark	the how named parties, the	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above named particly and filed	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	urt by written order issued	
RETURN OF MARRIAGE LICENSI Be It Remembered, there was filed in my office a marriage licen	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court se issued by the clerk of the	
RETURN OF MARRIAGE LICENSI Be It Remembered, there was filed in my office a marriage licen of Indiana dated the RICK FOUTZ A	19.02, authorizing the joining together at	
Be it further man and the second	fice to-wit:	
Be it further remembered, the following marriage certificate was filed in my o I,	hereby certify that on the 30th day of MARION,	
one thousand nine hundred and 85 State of Indiana Groom RICK FOUTZ	at. INDPLS. MARXEN HENDRICKS County, State of IN	
, droom	Country LIENIDDICKS	
State of Indiana, Groom RICK FOUTZ and, BrideLOLA GREEN of	that murpose by the Clerk of the Circuit Court of	
County.		
Dated this	Signed /s/ WILLIAM L. FISHER Judge 19.85	
	Official Designation April Clerk	
rued and recorded in accordance with the laws of the State of Indiana this	16th day of ADIT Clerk Signed Clerk Circuit Court	
and a second and a second and a second	Signed	



PROVIDENT AND IN THE REAL

State of Indiana, County of HENDRICKS	} ss:	State of Indiana, HENDRICKS }ss:
Signed		County of
	Father	SignedFather
Signed	Mother	Signed
Subscribed and sworn to before me this	day of	Subscribed and sworn to before me this
	Clerk	Subscribed and sworn to before me this
		Clerk
		RT. A marriage license having been refused to the above named parties, the court by written order issuedand filed
	authorizes and directs the issuance	of a marriage license to the above named parties.
of Indiana dated the	day of March	SE AND MARRIAGE CERTIFICATE tense issued by the clerk of the HENDRICKS , 19.25, authorizing the joining together as husband and wife
Be it further remembered, the follow	nklin	and Brenda M. Mitchell
I,	and the second s	office, to-wit:
one thousand nine hundred and	85	office, to-wit: hereby certify that on the
Care of Inalana Groom	ADV C	WEST PARK CURTENTAN CUUDCU Contract MARION
and, Bride BRENDA MITC	HELL FRANKLIN	at WEST PARK CHRISTIAN CHURCH, County of MARION, of HENDRICKS County, State of INDIANA HENDRICKS County, State of INDIANA that murness he the Check of the Check of HENDRICKS
were by me united in marriage	of	HENDRICKS INDIANA
County.	authorized by a marriage license issued for	that murness be the Club and Club and HENDRICKS
Dated this	day of March, 19.85	and purpose by the Clerk of the Circuit Court of
		Signed /c/ Conden Ismoc Berghuls
and recorded in accordance	with the laws of the State of L	Official Designation Minister, West Park Christian Church 20
	of the State of Indiana this	
		HENDRICKS Circuit Court

	34
Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 STATE OI APPLICATION FOR	F INDIANA MARRIAGE LICENSE KS File
	County3-1-85
MALE Medical Examination Report Dated 2-28-85 Name of Physician Stephen Stouder	Date of Application FEMALE Medical Examination Report Dated D-28-35
Name of Physician Stephen Stouder	Now on
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license to marry by any false statement representation
First Middle	FEMALE ADDITIONT
Name Last Anew Brite Riddle Date of Birth Month Day Prar	Name First Middle Last
Place of Birth (State or foreign country)	Place of Birth (State or (oreign country) Place of Birth (State or (oreign country)
Residence Address Street or R. R. City County State RR5 Box 168 Danville Sud.	Residence Address Street or Bor
Previous Marital Status: Never Married OR	CNI BOX 2881 Pitteboro Que State
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Previous Marital Status: Never Married O OR Last Marriage Ended By: Death O Divorce O Annulment O
	Date of birth verified by:
Other (Specify) dr. Lice.	P Other (Specify) dr. Dico.
I. Are you now or make you ever occur and agent to be of analytic initial. No Tres I If answer is "yes", has the adjudication been removed? No Tres I	1. Are you now or have you ever been adjudged to be of unsound mind? No Q Yes D If answer is "yes", has the adjudication been removed? No D Yes D
2. Are you afflicted with a transmissible disease? No TYes D	2. Are you afflicted with a transmissible disease? No Ves
3. Are you related to the female applicant closer than second cousin? No ♥ Yes □ 4. Are you now under the influence of intoxicating liquor? No ♥ Yes □	3. Are you related to the male applicant closer than second cousin? No Yes D
5. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆	4. Are you now under the influence of intoxicating liquor? No □ Yes □ 5. Are you now under the influence of a narcotic drug? No □ Yes □
6. List the full names of any dependent children.	6. List the full names of any dependent children.
- Maddan d' magne	Brandon D. Weinforestt
	Unteres. K. "
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Ves Ves If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No 🕑 Yes 🗆
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jours J. Kiddle	8. Full name of father athels E. Brown
Residence of father (if deceased so state)	Residence of father (if deceased so state) Tittaloro, Ved.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother the set of the	9. Full maiden name of mother barber 2 1 . Apitusers
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
State of Indiana,	Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS County of Sas: I depose and state the information given in this application is true and correct.
County of HENDRICKS ss: in the application is true and correct.	State of Indiana, HENDRICKS County of HENDRICKS County of HENDRICKS
Signed X Den 19 Mulle	signed XC. Cherry Wennecht
New Address K. K. BOX 288 Y	New Address R BOX 2884
Subscribed and sworn to before me this day of March 19	Subscribed and sworn to before me this
Harry Jane Mussell Clerk HENDRICKS Circuit Court	1 Mary Jane Kussell Clerk The Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana.
County of	State of Indiana, HENDRICKS SS:
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the and filed
HENDRICKS	
authorizes and directs the issuance of	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
The JI Remembered there was fled in my office a marriage licen.	se issued og husband and wye
I mariana dated the day of drack	CAROLYN C. WEINBRECHT
Be it further remembers in the second of the second second in my a	fice, to-wit: 10 , APRIL
Be it further remembered, the following marriage certificate was filed in my of ARRY A. STAFFORD	hereby certify that on the <u>IM</u> day of <u>HENDRICHS</u> , at <u>PITTSBORO</u> , County of <u>HENDRICHS</u> , at <u>HENDRICKS</u>
Thatana, Groom LOREN BRADLEY LIDDLE	County, State of managers
vere by me united in marriage as authorized by a marriage license issued for t	hat purpose by the Clerk of the Circuit Court of
Dated this 19 day of APRIL , 19.85	Signed 1st Larry A. STAFFORD
aay of 111 MI	Official Designation
Filed and recorded in accordance with the laws of the State of Indiana this	13 day of Que Pussell Clerk
accordance with the laws of the State of Thatana State	Signed Mary Jane HENDRICKS Circuit Court

	Form Prescribed By APPLICATION FOR	MARRIAGE LICENSE File
	Hendrick under Authority	KS County Marchin
	of I.C. 31-1-3-2 Effective July 1, 1977	FEMALE
	MALE Broot Dated 2/21/85	Medical Examination Report Dated 2/2//85
	Medical Examination Report Dated	Name of Physician Joseph Thompson
i il alter	Name of Physician ALL QUESTIONS MUST BE ONSWERED. LC. 31-1-3-6 prescribed "False statement-Who ALL QUESTIONS MUST BE ONSWERED. LC. 31-1-3-6 prescribed "False statement-Who	ever procures the issuance of a license to marry by any false statement, representation or pr
in the mil		FEMALE APPLICANT
	MALE ATT MONTH	Name Java App Middle J. Last
	Name Prist. Jene Oermeth	Date of Birth Day Year
	Date of Birth Month Day 20 1957	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Residence Address Street or R. R. City County Stat
	Residence Address Street or R.R. City County State	20 Alenda Dr. Olith
	20 Alendra D	Previous Marital Status: Never Married OR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment Divorce Date of birth verified by: Birth Certificate Dudicial Decree
	Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by.
		Cother (Specify) New Cleense
	Other (Specify) Not Yes Not Yes Not Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No If answer is "yes", has the adjudication been removed? No
	If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication open removed. No
	2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No
	 Are you related to the female applicant closer than second cousin? Are you now under the influence of intoxicating liquor? 	4. Are you now under the influence of intoxicating liquor?
	4. Are you now under the influence of a narcotic drug? Now Yes□ 5. Are you now under the influence of a narcotic drug? Now Yes□	5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
	6. List the full names of any dependent children.	6. List the full names of any dependent container.
		7. Are you required by any court order or orders to support the above
	7. Are you required by any court order or orders to support the above No Ves D	dependent children? No
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that ye
	compliance with any court order or orders issued for their support.	s. Full name of father arthur L. Frally St
	8. Full name of father From Caro Contraction Alt 8 Pauling Option	· Cont
	Residence of father (if deceased so state)	Residence of father (if deceased so state)
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	9. Full maiden name of mother of a line of the going	9. Full maiden name of mother.
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information
	County of MENDRICKS ss: I depose and state the information given in this application is true and correct.	County of HENDRICKS
	signed Cayl & Lecosett	1 Signed Jamara L. Frally
	New Address 20 Glenda Dr. Plainfield	New Address 20 Glenda Dr. Oldin
	Subscribed and sworn to before me this day of March 19.85	Subscribed and sworn to before me this day of march
	Mary Jane Busselderks HENDRICKS Circuit Court	Man Jazo Rymellaerk HENDRICKS Circu
		- pag fane guessie
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana, County of HENDRICKS }ss:	State of Indiana,
	Signed	County of
	Father	Signed
	Signed	Signed
	Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
17 111	Clerk	
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	PT A manifest line hair have a deal to the shows named partic
	County	97
	inauthorizes and directs the issuance	of a marriage license to the above named parties.
	RETURN OF MADRA	
	of Indiana dated the	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit
	any of hereit	10 15 million the initian treather as husband an
	Low further remembered, the following marriage certificate	and TAMARA L. FRALEY
	RON-HALLOCK	· //····; ····/····
	one thousand nine hundred and	at PLAINFIELD County of HENDRICKS
	and, BrideTAMARA.LEE. FRALEY	of
	and, BrideTAMARA.LEEFRALEY	HENDRICKS
	were by me united in marriage as authorized by a marriage license issued for County. Dated this9th	that purpose by the Clerk of the Circuit Court of
	Dated this	
		Signed
	and recorded in accordance with the laws of the State of Indiana	Official Designation Minister

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distan

Prescribed By STATE OF II	NDIANA
and Authority ATTERCATION FOR M.	ARRIAGE LICENSE
BIL-1-3-2 Jive July 1, 1977 HENDRICKS	County 3-4-2
12 2 2/ 6	Date of Application
MALE Medical Examination Report Dated 7 2-26-85	FEMALE
	Medical Examination Report Dated 22-85
Name of Physician Advance	Name of Physician Beckley
QUESTIONS MUST BE ANSWERED. L.C. 31-1-3-6 prescribed "False statement—Whoeve be fined in any sum not exceeding five hundred dollars (\$500,00)".	er procures the issuance of a license to marry by any false statement, representation or protocore
MALE APPLICANT	
First Middle Pothemiles	Name First Middle
of Birth Month Day Year	Date of Birth Month Marin Ferguson
of Birth (State or foreign country)	/ Day / Near
Africa 1 City County City	Place of Birth (State or foreign country)
ence Address. Street or R. R. Blue, Hand State	Residence Address Street or R. R. City County . State
ious Marital Status: Never Married OR	Provide Marial States V Maria Maria
Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
Other (Specify) UC . No Ves	Ø Other (Specify) de - lec.
Are you now or have you ever some of	1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes D
f answer is yes, has the unjustice and	If answer is "yes", has the adjudication been removed? No Ves
Are you afficied with a company of the second s	2. Are you afflicted with a transmissible disease? No P yes 0
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of intoxicating liquor? Ng Yes D	3. Are you related to the male applicant closer than second cousin? Note you 4. Are you now under the influence of intoxicating liquor? Note yes
Are you now under the influence of moving index . Are you now under the influence of a narcotic drug? Ng Yes	Are you now under the influence of intoxicating liquor? No Yes
List the full names of any dependent children.	6. List the full names of any dependent children.
	Matthew Benjamin Frquar
Are you required by any court order or orders to support the above sependent children? No Yes V	7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any courtorder or orders issued for their support. 4	compliance with any court order or orders issued for their support
Full name of father Ward John Rothenberger	8. Full name of father William Well Miller
Residence of father (if deceased so state) B blug.	Residence of father (if deceased so state) D Durg.
1 h	Birthplace of father (State or foreign country that
Birthplace of father (State or foreign country) Free Man January My Kee	Jelena Shiplan
Full maiden name of mother but	9. Full maiden name of mother Aller Bibling
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country
te of Indiana,	State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.
Inty of HENDRICKS	County of the Later and
Signed fems !. Kochnburg	Signed along the strange of 46234
New Address 8653 Rook Rd. INNPLS IN.	New Address 0653 Hook Ka May
bscribed and sworn to before me this. A day of Much 46239	Subscribed and sworn to before me this day of 1 full, 19
DA A HENDRICKS	Many June Kusselark HENDRICKS Circuit Court
UNJ AND MISSING Clerk Clerk Circuit Court	
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
ns, state facts which render the consent of the other parent unnecessary	
ate of Indiana.	State of Indiana, HENDRICKS
unty of HENDRICKS ss:	County of Father
Father	Signed
Signed	Signed
SignedMother	day of day of
bscribed and sworn to before me this	Subscribed and sworn to con-
Clerk	the share named parties, the
	and file
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the data and file ourt by written order issued
HENDRICKS	of a marriage license to the above named parties.
autionizes and uncert	HENDRICKS CIRCUIT COUR
RETURN OF MARRIAGE LICENS	se issued by the clerk of the
Be It Remembered, there was filed in my office a marriage lice	, 19. 5, authorizing the joining together a
Inarana dated the day of	DONNA MARIE FERGUSON
FERRY R. NASH	hereby certify that on the
e it further remembered, the following marriage certificate was filed in my FERRY R. NASH ne thousand nine hundred and	at INDIANALOUTO County, State of
tate of L i	of HENDRICKS County, State of INDIANA
FERRY R. NASH me thousand nine hundred and	MAIRON
Pere by me united in manifesting license issued for	
ounty.	
Inted 41: 1985	Quert Giand Indiana
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation PASTOR
	11+h day 01
"iled and many his	HENDRICKS Circuit Course

		MARRIAGE LICENSE File
	Health under Authority HENDRICK of I.C. 31-1-3-2 Effective July 1. 1977	County Date of Application
	MALE Medical Examination Report Dated 2-28-85	FEMALE Medical Examination Report Dated 2-27-85
	Name of Physician 3. Journal	Name of Physician Alustan Amethe M. D.
and head	ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
Case of the local data	shall be fined in any sum and MALE APPLICANT	FEMALE APPLICANT Name First Middle Lari
	Name First Middle Plast	Date of Birth Month Day Year
	Date of Birth Month Day Year 7 2 1961	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
	Residence Address Street or R. R. City County State 950 D. McCard II, Jaledon Ohio 43615	9534 Meliosa lonno Ind fle sleaderky In
	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
	Last Magninge Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment Divorce Date of birth verified by: Birth Certificate Judicial Decree
	Date of birth verified by: Birth Certificate Judicial Decree	Aliner J Ling 1
	□ Other (Specify) <u>Arwers</u> <u>reeuse</u> No [©] Yes □	Other (Specify) Mathematical Mathematical Action 1. Are you now or have you ever been adjudged to be of unsound mind? No I Yes D
	1. Are you now or have you ever been adjudged to be of unsound mintor	If answer is "yes", has the adjudication been removed? No U Yes U
	If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease? No 🗹 Yes	2. Are you afflicted with a transmissible disease? No 🖉 Yes 🗆
	3. Are you related to the female applicant closer than second cousin?	 Are you related to the male applicant closer than second cousin? No Ø Yes □ Are you now under the influence of intoxicating liquor? No Ø Yes □
	4. Are you now under the influence of intoxicating liquor? No 2 Yes 5. Are you now under the influence of a narcotic drug? No 2 Yes	4. Are you now under the influence of influence of a narcotic drug? No D Yes D 5. Are you now under the influence of a narcotic drug? No D Yes D
	 Are you now under the influence of a narcoule drug. List the full names of any dependent children. 	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above dependent children? No Yes
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support. 8. Full name of father Conald Lule Larry	compliance with any court order or orders issued for their support. 8. Full name of father Palph atto Ressley
	Residence of father (if deceased so state) Millusbury, Ohsio	Residence of father (if deceased so state 2534 Melessa ann Arive Indelle
	Birthplace of father (State or foreign country) West Nirginia	Birthplace of father (State or foreign country) Indiana
	9. Full maiden name of mother Alassic Carol Galmons	9. Full maiden name of mother Gloria ann Harrick
	Residence of mother (if deceased so state) Michighury, Ohig	Residence of mother (if deceased so state 9534 Meliana Cumber Sudply
	Birthplace of mother (State or foreign country) West Wighin	Birthplace of mother (State or foreign country) Dellenses
	State of Indiana, HENDRICKS By I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
	X	County of
	Signed are Marph + 11 black ov	Signed July Margar Hil Taledo Ohio
	Subscribed and sworn to before me this 11/2 day of March 1985	New Address Stor 14 for a for
	manex Are Prince HENDRICKS	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
	Clerk Circuit Court	Gerk Gerk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana,	
	County of HENDRICKS \$8:	State of Indiana, County of
	Signed	Father
	Signed	Signed
	Subscribed and sworn to before me this	Signed
	Clerk	Clerk
H (1)		
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
	inauthorizes and directs the issuance of	urt by written order issued
	RE"LIDN OT MAN	
	of Indiana dated the	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court se issued by the clerk of the
	Fair Harch	10 85 is it is the stand and wife
	a and a second second and a second as a second seco	nd RELLI SUE RESSLER
	one thousand nine hundred and 85	hereby certify that on the 30 day of March
	State of Indiana, Groom 7ANE DATE	it
	KELLY SUE RECOURT	COSHOCTON County State of OHIO
	County the united in marriage as authorized by a marrie in	HENDRICKS County, State of INDIANA HENDRICKS HENDRICKS
	Dated this 30 day of March	had purpose by the Clerk of the Circuit Court of
	<i>19</i>	Signed (a C DENNIE D FULTON
	Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ DENNIS R. FULTON Official Designation CHRISTIAN MINISTER
	the laws of the State of the	
	indiana this	Signed Mary Clerk

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APPLICATION FOR M	MARRIAGE LICENSE
In a State Doald of the state Doald of the state of the s	S File
	County
MALE Medical Examination Report Dated 3-4-85	- FEMALE Date of Application
Medical Examination Report A Okolla	Medical Examination Report Dated
Name of Physician Francest D. arello	Name of Physician Partice 1 D
A STATE OF	ever procures the issuance of a line
LL QUESTIONS MUST BE ANSWERED, LC, 31-153-6 prescribed "False statement—Whoe all be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	issuance of a license to marry by any false statement, representation or pretense
Miller / D	FEMALE APPLICANT
me pyan david apperger	Name Prist Middle
te of Birth Month Day Year	Date of Birth Month Tage Majoro
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
	Part Memphie Ven
35 La lattica in Braunsburg Vendere ka	24 Shelling of H. R. R. City County State
evious Marital Status: Never Married D OR	Previous Marital Status: Never Married DOR
Ended By Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
st Marriage Ended by Birth Certificate Dudicial Decree	Date of birth verified by: B Birth Certificate D Judicial Decree
4	Judicial Decree
Other (Specify)	Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No 2 Yes 2	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	If answer is "yes", has the adjudication been removed? No Ves D
Are you antice the	2. Are you afflicted with a transmissible disease? No 🗗 Yes 🗆
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin? No B Yes
Are you now under the influence of industrating indust.	4. Are you now under the influence of intoxicating liquor? No Yes
Are you now under the influence of a marcolic drop.	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
	the full lands of any uppendent children.
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No D Yes D	dependent children? No 🛛 Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
Menuelle Alle	8. Full name of father Michael Mary Mary Mary and
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Memphie Schnede
Full maiden name of mother Signa Marce Melch	9. Full maiden name of mother Merellean taye Crowell
Residence of mother (if deceased so state Brownsburg In)	Residence of mother (if deceased so state) Dawilley In.
(diard)	man lautio
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
unty of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS County of
mmin	Analla tang maioro
Signed 12 your Hand algoelgel	Signed And Material State Stat
New Address	New Address
bscribed and sworn to before me this day of March, 1925.	Subscribed and sworn to before me this day of HENDRICKS
Willy Jane Kinstell Gerk HENDRICKS Circuit Court	Multiple Russell Clerk Clerk Circuit Cour
INSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
ns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
tenser the consent of the other parent uniccessary management as	g t
mother has Austalen	mother has custody
1 St Cherry 1 2 2 - 1 be of the left have for an and and and and and the second s	
ate of Indiana,	State of Indiana, HENDRICKS } ss:
unty of HENDRICKS ss :	County of Fathe
Signed	Signed Y Y Y Y Y Y Y Y
Sou Mai Abaria	Signed Morillian tay Singelow Mothe
Signed Signed MC2112 Harrison Mother	Signed & Warden and Subscribed and sworn to before me this 4 th day of March, 19.83 Subscribed and sworn to before me this 4 th day of Russell Cler
bscribed and sworn to before me this 40 day of Marken, 1985.	Subscribed and sworn to before me this
Didit fore Russell Clerk	1 Alter 11
	and marriage license having been refused to the above named parties, the
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	RT. A marriage license having been refused to the and file ourt by written order issuedand file of a marriage license to the above named parties.
County	for marriage license to the above named parties.
THE PARTY OF THE P	F AND MARRIAGE CERTIFIC TENDRICHT
12 1 A emember of theme was flad in mar other a marrielle wood	the command together the
mutuna dated the Ath day of March	MA TORS
Pat fault BRIAN DAVID ASPERGER	Fac to wit:
MARY LEE COMER te thousand nine hundred and Bate of Indiana, Groom BRYAN DAVID ASPERGER	hereby certify that on the, County of HENDRICKS
e thousand nine hundred and 85	at DANVILLE County, State of INDIANA
ate of Indiana C BRYAN DAVID ASPERCER	of
d, Bride	HENDRICKS
	that purpose by the Clerk of the Curan
re by me united in manifester MAJORS	
ounty.	1 Mary Lee Comer
nunty.	151 Mary Lee Comer
ere by me united in marriage as authorized by a marriage license issued for ounty. ated this	151 Mary Lee Comer

2	
STATE OF	FINDIANA No. 68
STATE OF	MARRIAGE LICENSE File
Form Prescribed By Indiana State Board of APPLICATION FOR	
Health under Authonity HENDRICI	KSCountyDate of Application
Cffeetive July 1, 1977	
	FEMALE Medical Examination Report Dated 2-28-85
MALE Medical Examination Report Dated 2-28-85	M D A
Medical Examination Report W. Baker MA	Name of Physician Sunn W. Daker
Name of Physician XIII IVIO VII Part	ever procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed Faise statement	ever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. 1.C. 31-1-3-0 preservices of the second	Direct Middle
MALLE AT Middle Last	Name Danna Sue Julay
Name Islomas W. Audaro	Date of Birth Month Day Year
Date of Birth Month Day 1959	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Lebanon Sri
Micago City County State	Residence Address Street or R. R. City County State
residence Address Street or R. E. aufor de velle, In	Previous Marital Status: Never Married DOR
Previous Marital Status: Never Married OR	Previous Marital Status: Never Marital OK Last Marriage Ended By: Death Divorce Annulment
Norming Ended By: Death Divorce Annuiment	Last Marriage Ended By: Death = Divorce = Antonient
Last Marriage Ended Dy: Birth Certificate Judicial Decree	
	12 Other (Specify) Nowers License
Other (Specify) Nrwers Ficense	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound mind.	If answer is "yes", has the adjudication been removed?. The provided in the solution of the No D Yes D
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No Yes D
3. Are you related to the female applicant closer than second cousin:	4. Are you now under the influence of intoxicating liquor? No Ves D
4. Are you now under the influence of intoxicating liquor? No 🖻 185	5. Are you now under the influence of a narcotic drug?
 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 	6. List the full names of any dependent children.
6. List the full names of any dependent condition	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?
dependent children?	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	compliance with any court order or orders issued for their support.
compliance with any court, order, or orders issued for their support.	8. Full name of father Anald L. Yeler
8. Full name of father Wall (1970)	Reason build in
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Mcago Sec.	Birthplace of father (State or foreign country) Trawforowwelle The
9. Full maiden name of mother Betty Jean Lodewlyn	9. Full maiden name of mother Martha L. Drown
	Brownskyla In.
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS
County of the state and correct	County of
Signed X. MMas W. Kublak	Signed Janna Styler
New Address 901 Bloom St#3, Crautfordsville, IN	New Address 901 Slovan Street #3 Craufon
Subscribed and sworn to before me this 4 day of Maral 195	H Marall Se
Subscribed and sworn to before me this day of HENDRICKS	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
Clerk HENDRICKS Circuit Court	Mary Jane Massell Clerk HENDRICKS Circuit Court
	- 0.0
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

Q

Humanua mesa da A

State of Indiana, County of HENDRICKS ss:	State of Indiana, County of HENDRICKS
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage license having been refused to the above named parties, the Court by written order issuedand filed
RETURN OF MARRIAGE LIGHT	
of Indiana dated the	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the HENDRICKS Circuit Court , 19.55, authorizing the joining together as husband and wife
Be it further remembered the full	and JOANNA SUE TYLER
Be it further remembered, the following marriage certificate was filed in my 1,	office, to-wit:
State of Indiana, Groom THOMAS W KURTAK	hereby certify that on the
and, BrideJOANNA SUE THE THE REAL	
were by me united in marriage as authorized by a marriage license issued for County. Dated this	of
Dated this	5
	Signed /s/ REV. DONALD TYLER
Filed and recorded in accordance with the laws of the State of Indiana this	Official DesignationBAPTIST_MINISTER
	Nigmod VVV
	HENDRICKS Circuit Cour

th under Authority APPLICATION FOR N	INDIANA MARRIAGE LICENSE
C. 31-1-3-2 etive July 1, 1977	SCounty File
	- Distance -
MALE Medical Examination Report Dated 3-4-85	FEMALE Date of Application
	Medical Examination Report Dated 3-4-85
Name of Physician	Name of Physics
L QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoe I be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever, procures the issuance of a license to more the
be fined in any sum not exceeding a male APPLICANT	a license to marry by any false statement, representation or pretense
Middle And Hast	Name FEMALE APPLICANT
" Richy Sel Faulett	Marine Pathinia Middle
e of Birth Month 15 1957	Date of Birth Month Day Daughman
e of Birth (State or foreign country)	Place of Birth (Steep pr foreign conners)
dence Address Street or R. R. City County State	Besidence All Hu albanes In
Land Hacunda Dr. Danvill And In	10 26 Address Street or R. R. City Musty 1. State
ious Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Naminger Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D
of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by:
1 As lice	
Other (Specify)	Other (Specify Dr. 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 No	1. Are you now or have you ever been adjudged to be of unsound mind? Note Yes D
If answer is "yes", has the adjudication open removed: No Ures Are you afflicted with a transmissible disease? No Ures U	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease. No eres a second cousin? No eres a second cousin? No eres a second cousin?	2. Are you afflicted with a transmissible disease? No.D yes D
Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin? No 2 yest
Are you now under the influence of a narcotic drug? No Yes D	4. Are you now under the influence of intoxicating liquor? Note you 5. Are you now under the influence of a narcotic drug? Note you
List the full names of any dependent children.	6. List the full names of any dependent children.
gred De Fancett,	and a second and the second se
O'IL MANIE FAUrett	
Jur i pra - burler	
V .	
Are you required by any court order or orders to support the above No D Yes	7. Are you required by any court order or orders to support the above
fanswer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any coast order or orders issued for their support.	compliance with any court order or orders issued for their support
Full name of father Bennie Z. Faugett	8. Full name of father William, B. Mulden
Depost Inisiana	Merraia
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother for a portunity of	9. Full maiden name of mother
Residence of mother (if deceased so state) Report, And.	Residence of mother (if deceased so state) HW UWany In
Birthplace of mother (State or foreign country	Birthplace of mother (State or foreign country)
e of Indiana,	State of Indiana,
HENDRICKS	County of HENDRICKS
X Huck 2 Haurto	signed Vatrice Daughmen
Signed 10 2/ (112 i) 10 A	New Address 10 26 Hacienta Ali.
New Address 1026 HACIENDA	5 March - 15
scribed and sworn to before me this	Subscribed and sworn to before me this day of HENDRICKS Circuit Course
My Ane Kussill Clerk HENDRICKS Circuit Court	Muy Mare Maddo Clerk Circuit Cou
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
s, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
e of Indiana, ntv of HENDRICKS }ss:	State of Indiana, HENDRICKS
nty of HENDRICKS	County of
Signed	Signed
Signed	
	Signed
cribed and sworn to before me this	Cle
Clerk	the above named parties, the
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above hands pand file
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	ourt by written order issued
authorizes and directs the issuance o	of a marriage license to the above named parties.
authorizes and diffects the issuance of	RAND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licen	ese issued by the clerk of the
Indiana dated the 1th day of March	E AND minimumse issued by the clerk of the
it fumth	fine to-wit:
The foreign of the foreign and have the foreign of	hereby certify that on the
thousand nine hundred and te of Indiana, Groom Rick Lee Faucett	at 1026 Hactenous County, State of IND
te of Indiana, Groom Bicky Lee Faucett b Bride <u>Strike</u> San Baughman of by me united in marriage as the ind has marriage license issued for	of Hendricks County, State of INA
b Bride Petricie Jean Baughman of	Hendricks HENDRICKS
e by me united in marriage an additional and an inter the second for	the clerk of the Circuit of
inty.	T fancett
adding of the	· ISI Withterman
ed this gth day of March, 19.8	Signed Minister
day of March, 19.	Official Designation March
ed this	Official Designation March

Form Prescribed By	STATE OF INDIANA	
Indiana State Board of APPLICA	TION FOR MARRIAGE LICENSE	File
Health under Authority of I.C. 31-1-3-2 Effective July 1. 1977	HENDRICKS County	3-5-35 Date of Application
Ellective way	FEMALE	or application
MALE Medical Examination Report Dated 2-19-85	Medical Examination Report	rt Dated5
MALE Medical Examination Report Dated 2-19-02	Name of Physician the	untoused. A cu
Name of Physician John W. Dinothy		
Name of Physician All All Austrian All All All Austrian All All<	alse statement – wheever provide the	LE APPLICANT
Shall be three in the MALE APPLICANT	Name D First	Middle
Name First Middle	Last Last	Robinson
Date of Birth Month Day	ear 3	Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country	
Residence Address Street or R. R. City County	State Residence Address Street or R.	O is State
RRI Box 230 North Salew I	A	by and and the
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married Last Marriage Ended By: Death Divore	
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Death Divor	
Date of birth verified by: D Birth Certificate Judicial Decree		
A Other (Specify) dr. lia	The Other (Specify)	he .
 Are you now or have you ever been adjudged to be of unsound mind? 	No 🖸 Yes 🗆 1. Are you now or have you ever been adjudg	red to be of unsound mind? No Ves C
If answer is "yes", has the adjudication been removed?	No Yes I If answer is "yes", has the adjudication bee	Ino D Tes L
2. Are you afflicted with a transmissible disease?	No Yes 2. Are you afflicted with a transmissible dise	Ho I Ies
3. Are you related to the female applicant closer than second cousin?	No ☐ Yes ☐ 3. Are you related to the male applicant close No ☐ Yes ☐ 4. Are you now under the influence of intoxic	
4. Are you now under the influence of intoxicating liquor?	No □ Yes □ 4. Are you now under the influence of intoxic No □ Yes □ 5. Are you now under the influence of a narrow	10-160
 Are you now under the influence of a narcotic drug? List the full names of any dependent children. 	6. List the full names of any dependent childr	140 - 1es L
1	Kin	
elight tought	- the	
Muchelle	- Ken	
James		
Are you required by any court order or orders to support the above dependent children?	No Yes C 7. Are you required by any court order or ord dependent children?	
If answer is "yes", it is required that this Application be accompanied by satisfactory p		No Ves D
compliance with any court order or orders issued for their support.	compliance with any court order or orders	
8. Full name of father Maria Q. Miller	8. Full name of father Haske	esteled. A gl
Residence of father (if deceased so state)	Residence of father (if deceased so state)	Canaldard
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country	Considere
9. Full maiden name of mother Lois S. Shownow		(aulal)
Residence of mother (if deceased so state)	9. Full maiden name of mother 1018	no paner
Ž I	Residence of mother (if deceased so state)	Canarbill
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country	Consibile in
County of HENDRICKS ss: I depose and state the in this application is tr	formation given ue and correct. Countrant HENDRICKS	as: I depose and state the information given in this application is true and correct.
1.5	County of THE ADARCES	
Signed X Steven W Meller	Signed & Ara	de Alvenson
New Address MCL L DOX 230 Not	New Address Ru	Box 230 porth Salem W.
Subscribed and sworn to before me this day of	June 20 Subscribed and sworn to before me this	5 day of March 1985
Many Jane Russell Clerk HENDRICKS	Circuit Court Mary Open Rugs	All Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN		
We, the parents, of this applicant hereby give consent for this marriage. If o	CONSENT OF PARENTS, PARENT OR	
signs, state facts which render the consent of the other parent unnecessary	particular of this applicant nereoy	give consent for this marriage. If only one parent
the constitution the other parent unnecessary	signs, state facts which render the conser	nt of the other parent unnecessary

- Humanaha

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State of Indiana, County of HENDRICKS	State of Indiana, County of
Signed	
Signed	SignedFather
Subscribed and sworn to before me this	Signed
	Subscribed and sworn to before me thisday of
Clerk	Clerk
authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE Be It Remembered , there was filed in my office a marriage licent of Indiana dated the day of day of day of STEVEN W. MILLER Be it further remembered, the following marriage certificate was filed in my of I, JOHN R. LEE one thousand nine hundred and 85 State of Indiana, Groom STEVEN W. MILLER and, Bride LINDA A. ROBINSON were by me united in marriage as authorized by a marriage licent	E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court , 19 , authorizing the joining together as husband and wife nd LINDA A. ROBINSON ffice, to-wit:
Dated this9th	5
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ JOHN R. LEE Official Designation MINISTER
	Signed Clerk

No7/
35-8
Date of Application
Dated 227-85
ab.
ry by any false statement, representation or pretense
ry by any false statement, representation or pretense
E APPLICANT
(Middle) Last
Day Farnsworth
D GO
N LO R.L. Kity in Contract
D Indels Marin State
OR
Annulment D
e 🛛 Judicial Decree
ic.
ed to be of unsound mind? No Yes
n removed? No Ver ase? No Ver Ver C
r than second cousin? Note Yes 0
ating liquor? No Yes
otic drug? No 🛛 Yes 🗆
Parnswath
ders to support the above No 🗆 Yes 🗆
pplication be accompanied by satisfactory proof that you are in
issued for their support
All ANR, M.
Hay Ind.
Non In
Mara Hall
kad.
Theras
ry Do Grant of the information given
ss: I depose and state the information given in this application is true and correct.
berley S. Jarnsworth
ADDE
5 March St
HENDRICKS
Sell Clerk Circuit Cour
R CUARDIAN
R GUARDIAN by give consent for this marriage. If only one paren
y give consent to the unnecessary
ent of the other parent unnecessary
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day of 19
Cler
i and parties th
refused to the above named parties, th and file
and file
TE HENDRICKS Circuit Cour
E HENDRICKS Circuit Cour
E HENDRICKS Circuit Court the joining together as husband and wif
RNSWORTH
County of
County, State of
County, State of INDIANA County, State of INDIANA HENDRICKS
Cutt Com
DODGON
, 19 85 Cler HENDRICKS Circuit Cour
HENDRICKS Circuit Cour

	356	
		No. 72
	STATE O	FINDIANA
	Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File
	Health under Authority HENDRIC	Data Et Tio
	Effective July 1, 1977	FEMALE Of Application
	MALE 2/26/85	Medical Examination Report Dated 2/26/85
	MALE Medical Examination Report Dated 0700/00	Name of Physician Carl H. Johnog
	Name of Physician Carl H. Johnson Wh	oever procures the issuance of a license to marry by any false statement, representation or part
Managine Balling Hall	ALL QUESTIONS MUST BE ANSWERED. LC. 31-1/3-6 prescribed "Faise statement" with shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	oever procures the issuance of a license to marry by any false statement, representation or pretense
AMARIAN IN LINE AND	shall be fined in any sum too MALE APPLICANT	Name First Middle
21월 11월 14일 -	Name Fight Middle Mist	Date of Birth Month Day Year Ouglas
	Date of Birth Month Day Year 1961	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Ind
	Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
8	RR2 Boy 13 Dr. Naruse	Previous Marital Status: Never Married OR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate Dudicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
		Other (Specify)
	Other (Specify) No Yes No Yes No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
	If onswer is "yes" has the adjudication been removed? No Yes	If answer is "yes", has the adjudication been removed? No U Yes U
	2. Are you afflicted with a transmissible disease? No Yes Yes Yes Yes Yes	2. Are you afflicted with a transmissible disease? No Yes
	 Are you related to the female applicant closer than second cousin? Are you now under the influence of intoxicating liquor? 	4. Are you now under the influence of intoxicating liquor?
	5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug? No Yes
	6. List the full names of any dependent children.	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above dependent children?	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support. 8. Full name of father for the former of the support.	compliance with any court order or orders issued for their support. 8. Full name of father Henry William Douglas
	Residence of father (if deceased so state) Danville	Residence of father (if deceased so state) Danville
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	9. Full maiden name of mother Patricica f. horman	9. Full maiden name of mother Mary Gatherine Uprop.
	Residence of mother (if deceased so state) Danville	Residence of mother (if deceased so state) + Danvilles
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Brok.
	State of Indiana, HENDRICKS	State of Indiana,
BERE BULL	County of Rendered And Rendered And Correct.	County of HENDRICKS in this application is true and correct.
	Signed Actual Oren	F Signed - UMI HAULALA
	New Address RR & BOK 1300	New Address MAL OX 13 DD UMUUU SA 40172
	Subscribed and sworn to before me this 64 day of 7 parch, 1985	Subscribed and sworn to before me this 6 day of March, 185
	Thank fursellerk HENDRICKS Circuit Court	Mary Jane Luesell Gork HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PAPENTS, PAPENTS OF CHARMAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
		the construction of the other parent unnecessary
AND REAL PROPERTY.		

1

State of Indiana, HENDRICKS

State of Indiana, County of HENDRICKS ss:	State of Indiana, County of
SignedFather	SignedFather
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	
inauthorizes and directs the issuance	RT. A marriage license having been refused to the above named parties, the ourt by written order issuedand filed of a marriage license to the above named parties.
Be it further remembered, the following marriage certificate was filed in my	E AND MARRIAGE CERTIFICATE nse issued by the clerk of the HENDRICKS Circuit Court , 19.85, authorizing the joining together as husband and wife and EVA MARIA DOUGLAS: office, to-wit:
one thousand nine hundred and	hereby certify that on the
and, Bride	of
were by me united in marriage as authorized by a marriage license issued for County. Dated this	County, State ofINDIAN
Filed and recorded in accordance with the laws of the State of Indiana this	Cincil (C/ MADY LEE COMED

	35'
m Prescribed By ana State Board of thunder Authority an 1322	INDIANA No. 73
Ith under Asta C. 31-1-3-2 HENDRICKS retive July 1, 1977	S File
elite and	County
MALE Medical Examination Report Dated 3-6-85	FEMALE Date of Application
Medical Examination Report	Medical Examination Report Dated
Name of Physician	Name of Physician A - Littleton
L QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoe all be fined in any sum not exceeding five hundred dollars (\$500,000", all be fined in any sum not exceeding five hundred dollars (\$500,000",	ver procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
me horman Le Weddle	Name First Middle Last
te of Birth Month Day Pay	Date of Birth Month Day Year
ice of Birth (State or foreign country)	Place of Birth (State or foreign country) 21 1952
idence Address Street or R. R. City County State	Residence Address Street or R. R. City (Gounty / State)
evious Marital Status: Never Married OR	Hard With maps Mill . In.
Ended By Death Divorce Annulment	Previous Marital Status: Never Married O OR Last Marriage Ended By: Death O Divorce Annulment O
te of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
Other (Specify) the found	Duther (Specify) Da. Licenso
Are you now or have you ever been adjudged to be of unsound mind? No G Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D
If answer is "yes", has the adjudication been removed? No Ves V	If answer is "yes", has the adjudication been removed? No D Yes D
Are you afflicted with a transmissible disease? No & Yes O	2. Are you afflicted with a transmissible disease? No □ Yes □ 3. Are you related to the male applicant closer than second cousin? No □ Yes □
Are you related to the teleform of intoxicating liquor? No Ves.	3. Are you related to the male applicant closer than second cousin? No Yes D 4. Are you now under the influence of intoxicating liquor? No Yes D
Are you now under the influence of a narcotic drug? No Yes D	5. Are you now under the influence of a narcotic drug? Not Yes
List the full names of any dependent children	6. List the full names of any dependent children.
Randy & Thomas Weddle	Taul Jacobs
Are you required by any court order or orders to support the above dependent children? No C Yes C	7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support. 8. Full name of father.
Full name of father A thread a contract	8. Full hame of father (if deceased so state) Unknown
Residence of father (if deceased so state)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	9. Full maiden name of mother Anita Watson
Full maiden name of mother full culture full and full for the former full culture full for the former for the former full culture for the former for the for	Brauserland , 1 Ar.
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
tate of Indiana. HENDRICKS as: I depose and state the information given in this application is true and correct.	County of HENDRICKS
Signed Theman L. Weddle	Signed Mithur / fillio
New Address 1/225 co. Washington St chiple	New Address 1/325 10. 10000 10 16, Stuffs Sto
subscribed and sworn to before me this day of Mar 19.25	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
Mory and Kusself Clerk HENDRICKS Circuit Court	Mary Ane Russelflerk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
igns, state facts which render the consent of the other parent unnecessary	signs, state inte
	State of Indiana, UENIDDICKS }ss:
State of Indiana, County of HENDRICKS	State of Indiana, HENDRICKS
County of	SignedMother
Signed	
Subscribed and sworn to before me this day of, 19	Signed
Clerk	URT. A marriage license having been refused to the above named parties, the and filed Court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	URT. A marriage license having been refused to the above mand filed Court by written order issuedand filed e of a marriage license to the above named parties.
County	the above names p
authorizes and uncert	HENDRICKS CIRCUIT Court
RETURN OF MARRIAGE LICEN	cense issued by the clerk of the design the joining together as husband and wife
of Indiana dated the 12 day of March	e of a marriage license to the definition of the sense issued by the clerk of the sense issued by t
CUEDWAN AND THE AND TH	and
I, John supersonal the following marriage certificate was filed in my	hereby certify that on the
one thousand nine hundred and 85	y office, to-wit: hereby certify that on the 30 day of MARCH INDIANAPOLIS County of INDIANA at HENDRICKS County, State of INDIANA of HENDRICKS County, State of HENDRICKS
State is a summer and and a support in MEDDLE	of County, State of DICKS
and, BrideBARBARA JACOBS	the Circuit Court of
and, Bride	hereby certify that on the, County of INDIANA indiana (INDIANAPOLIS, County, State of INDIANA of HENDRICKS County, State of INDIANA HENDRICKS County, State of HENDRICKS or that purpose by the Clerk of the Circuit Court of HENDRICKS 85 Signed /s/ JOHN HESSELDENZ 85 Signed /s/ JOHN HESSELDENZ
	85 /s/ JOHN
Det	Signed
Det	Signed
	85Signed /s/ JOHN HESSELDENZ Official Designation JUDGE 2nd day of April Signed Clerk Signed Circuit Court

	358	
G	STATE OF	INDIANA No. 74
	THE REAL FOR I	MARRIAGE LICENSE File
		2105
	Health under Automos Health III A	KS County Date of Application
	of LC. 31-1-3-2 Effective July 1, 1977	FEMALE
	3-1-85	Medical Examination Report Dated 3-1-85
	MALE instign Report Dated	Name of Physician angel D. allog
	Medical Examination Report of D. Delog	
at the	Name of Physician What A statement - Who ALL QUESTIONS MUST BE ANSWERED: LC, 31-1-3-6 prescribed "False statement - Who ALL QUESTIONS MUST be exceeding five hundred dollars (\$500.00)".	ever procures the issuance of a needse to marry by any faise statement, representation or pretense
- Anatomata na kantana kantata	ALL QUESTIONS MUST BE ANSWERED: LC 31-1-3-6 prescription shall be fined in any sum not exceeding five hundred dollars (\$500.000".	FEMALE APPLICANT
-Automotive and	MALE ATTEND	Name First Middle
	Name First Middle Stagenski	Date of Birth Month Day Elles
	Date of Birth Month 200 59	Place of Birth (State or foreign country)
97 - E - E - E - E - E - E - E - E - E -	Date of Birth (State or foreign country)	AV toed
	West The City County State	Residence Address Street or R. R. City County State
	Residence Address Street of a the state of t	2600
4 I. I. I.		Previous Marital Status: Never Married D OR
	Previous Marital Status: Never Married O OR Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment D
	Last Marriage Ended By: Death Date of birth verified by: Death Certificate Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
		d Other (Specify) day lies
	Q Other (Specify) dr. lic	 Are you now or have you ever been adjudged to be of unsound mind[*] No ₽ Yet D
	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 Ves V
4	If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease? No B Yes D
	2. Are you afflicted with a transmissible disease? No by yes D	3. Are you related to the male applicant closer than second cousin? No B Yes D
	3. Are you related to the female applicant closer than second cousin? No D Yes D 4. Are you now under the influence of intoxicating liquor? No D Yes D	4. Are you now under the influence of intexicating liquor? No Dryet D
	Are you now under the influence of a narcotic drug* No Pres	5. Are you now under the influence of a narcotic drug? No 2 Yes D
	6. List the full names of any dependent children.	6 Last the full names of any dependent children.
		Belly
		7 Are you required by any court order or orders to support the above
	7. Are you required by any court order or orders to support the above No Ves Ves	dependent children? No B Yes D
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
-	8. Fullname of father Stanley A. starfacks	8. Full name of lather James 18. Neatherson
	Residence of father (if deceased so state) Reeling WVR.	Residence of father (if deceased so state) ALL guilled by
	Birthplace of father (State or foreignequntry)	Birthplace of father (State or foreign country)
	9. Full maiden name of mother Atoricia M. Oloanell	9. Full maiden name of mother Naney M. Course
	6	AVA
97 - C.	Residence of mother (if deceased so state)	Residence of mother (if deceased so state) W.VA-
and the second s	Birthplace of mother (State or foreign country)	Birthplace of mother councer or toreign countrys
	State of Indiana, County of	State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
		A TO-
	Signed X	Street Compress
	New Address 10048 LAKE HE LANTERNS N Delle	New Address 700 98 Jake of Janerno V Unive
	Subscribed and sworn to before me this day of March 19	Subscribed and sworn to before me this day of
	Mary Jane Russell Clerk HENDRICKS Circuit Court	Assa Mary Sone Russell art HENDRICKS Circuit Court
	- 0 II	
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
2		"But, state tacts which render the conduct of the other parent sourcessory

State of Indiana, County of HENDRICKS	} sa:	State of Indiana, County of HENDRICKS	} == : : : : : : : : : : : : : : : : : :
Signed	Father	Signed	Father
Signed	Mother	Signed	Mother
Subscribed and sworn to before me this	day of	Subscribed and sworn to before me th	day of
		Subscribed and sworn to before me th	Clerk
COMPLETE LE MADE	Clerk	0.0000000000000000000000000000000000000	
	LICENSE ISSUED BY ORDER OF COUR		and mes
in	CountyCo authorizes and directs the issuance of	ourt by written order issued	
	directs the issuance of	of a marriage license to the above	named parties.
Be it further remembered, the f	RETURN OF MARRIAGE LICENS	nse issued by the clerk of the	ng the joining together as husband and wife
t,	JOHN HESSELDENG	fice, to-wit:	
one thousand nine hundred and State of Indiana	JOHN HESSELDENZ 85	hereby certify that on the	day of March MARION
State of Indiana, Groom	STAN J. STATENCET	at INDIANAPOLIS	County of
ind, Bride	PENNY ELLIS of	ofHENDRICKS	County, State of
County me united in marriage	as authorized by a main of	HENDRICKS	County, State of INDIANA
Dated this	as authorized by a marriage license issued for day of	that purpose by the Clerk of the C	Fircuit Court of HENDRICKS
		Signad (S)	JOHN HESSELDENZ
Filed and recorded in accordance		Official Designation JUDGE	
-coor aunci	e with the laws of the State of Indiana this	2nd	19 85.
	e with the laws of the State of Indiana this	Signed Mary Cours	HENDRICKS Circuit Court

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APPLICATION FOR 1	MARRIAGE LICENSE
IC 31-1-3-2 fective July 1, 1977	County File
	-3-6-85
MALE Medical Examination Report Dated 2-26-55	FEMALE Date of Application
Name of Physician Erico Q. Clark	Medical Examination Report Dated 2-27-85
Name of Physician	Name of Physician Erico Brindy of Dal
LL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Who all be fined in any sum not exceeding five hundred dollars (\$500,000", all be fined in any sum not exceeding five hundred dollars (\$500,000",	ever procures the issuance of a license to marry by any false statement
	Dans to a statement, representation or preten
ame First Middle Last	Name First
te of Birth Month Day Year	Date of Birth Month K Hall Last
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Jud.	Paile
sidence Address Street or R. R. City County State RRI BOX 58 (orth Salew State)	Residence Address Street or R. R. City County State
Marital Status, Never Married O OR	Previous Marital Status: Never Married D OR
it is an Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
at Marriage Ended Dy Birth Certificate Dudicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
& Other (Specify) dr. lies.	
Are you now or have you ever been adjudged to be of unsound mind? No Yes D	A Other (Specify) dr. lie),
Are you now or have you ever been adjudged to be of disound minut. No C Fes C If answer is "yes", has the adjudication been removed? No C Yes C	1. Are you now or have you ever been adjudged to be of unsound mind? No Dyes
If answer is "yes, has the aujudication determined in the set of t	If answer is "yes", has the adjudication been removed? No Ver
Are you related to the female applicant closer than second cousin? No Yes D	3. Are you related to the male applicant along it
Are you now under the influence of intoxicating liquor? No Yes D	A Are your your under the internet and the second
Are you now under the influence of a narcotic drug? No Yes D	5. Are you now under the influence of a narcotic drug? No Ter No Ter
List the full names of any dependent children.	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 Ves	 Are you required by any court order or orders to support the above dependent children? No
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you as
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Anne Stanley	8. Full name of father Sureaut D. Hall
Residence of father (if deceased so state) (low loss lid	Residence of father (if deceased so state) Shelly will bud
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Opel O. Stewart	9. Full maiden name of mother Ruth Q. Showas
5000	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ate of Indiana. HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS County of HENDRICKS Bs: I depose and state the information gi in this application is true and corr
0 1 - 1	
Signed & Jone M. Forgan	Signed Melany R. Hall
New Address REAL Bax 5-8 NOTTL Sale m Ind.	New Address <u>BELDOUSD HUCK MUSH</u>
bscribed and sworn to before me this day of Manes, 19	Subscribed and sworn to before me this day of Multice, 19
Jary Jone Kussell Clerk HENDRICKS Circuit Court	Mary Jane Russell Clerk HENDRICKS Circuit C
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NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one par
ns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
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County of HENDRICKS 1 ^{**} In this application is true and correct. Signed Local St. County of HENDRICKS Circuit Court Supervised and sworn to before me this day of HENDRICKS Circuit Court We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary signs, state facts which render the consent of the other parent unnecessary Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been ref HENDRICKS County Court by written order issued marriage license to the above named RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE of Indiana dated the 11th. day of 19 Be if further remembered, the following marriage certificate was filed in my office to wait: JERNER Subarched the subscription of	I depose and state the information given
New Address (Fore st 1) Brownsburg (M) Suberibed and sworn to before me this day of March 19 March 19 March 19 March 19 March 19 March 10 March 10 </td <td>BB: in this application is true and correct.</td>	BB: in this application is true and correct.
New Address / Fore St. Dr. BrownSburg // Subscribed and sworn to before me this May May </td <td>Janca Broderick</td>	Janca Broderick
Subscribed and sworn to before me this day of 121 Mary Gane Rescal Gerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary signs, state facts which render the consent of the other parent unnecessary State of Indiana. County of HENDRICKS ss: State of Indiana. Signed ss: Signed State of Indiana. Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license to the above named HENDRICKS County Court by written order issued in authorizes and directs the issuance of a marriage license to the above named BE 31 Kemembered, there was filed in my office a marriage license issued by the clerk of the 19 OANID N, DAY March 1.9 BE it further remembered, the following marr	onest Drive Block
Many Grant Readed ret HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary We, the parents, of this applicant hereby give consent of the other parent unnecessary State of Indiana. Signed Father Signed Signed Signed Signed Jag Jag Subscribed and sworn to before me this day of J9 Image: COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been reff Subscribed and sworn to before me this Method Decision authorizes and directs the issuance of a marriage license to the above named RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE of Indiana dated the 11th day of Method J965 State of Indiana dated the 11th day of March J965 authorizing the Pe if further membered, the following marriage certificate was filed in my office, to-writ: J965	381 allo Marth to vale of
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We, the parents, of this applicant hereby give consent for this marriage. If only one parent aigns, state facts which render the consent of the other parent unnecessary We, the parents, of this applicant hereby give signs, state facts which render the consent of the other parent unnecessary State of Indiana, County of HENDRICKS State of Indiana. Signed Father Signed Subscribed and sworn to before me this day of 19 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been reft Subscribed and sworn to before me this Method and sworn to before me this authorizes and directs the issuance of a marriage license to the above named RETURN OF MARRIAGE LICENSE to still dir my office a marriage license issued by the clerk of the Outry of DAVID N. DAY March 19-85 Be it further remembered, the following marriage certificate was filed in my office, to-wit: 19-85	Clerk Circuit Court
We, the parents, of this applicant hereby give consent for this marriage. If only one parent aigns, state facts which render the consent of the other parent unnecessary. We, the parents, of this applicant hereby give signs, state facts which render the consent of the other parent unnecessary. State of Indiana, County of	ARDIAN
signs, state facts which render the consent of the other parent unnecessary	
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County of HENDRICKS } ss: State of Indiana. County of HENDRICKS Signed Signed Father Signed	I the other parent unnecessary
County of HENDRICKS } ss: State of Indiana. Signed Father Signed Signed Subscribed and sworn to before me this day of 19	
County of HENDRICKS } ss: State of Indiana. Signed Father Signed Signed Subscribed and sworn to before me this day of 19	11 You (Constant 1999) In a second state of the se
County of HENDRICKS } ss: State of Indiana. Signed Father Signed Signed Subscribed and sworn to before me this day of 19	
Signed Signed Father Signed Signed Signed Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 County of HENDRICKS Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been reft Subscribed and sworn to before me this In authorizes and directs the issuance of a marriage license to the above named RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE In authorizes and directs the issuance of a marriage license to the above named RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE In day of March 1985, authorizing the DAVID N. DAY March Be it further remembered, the following marriage certificate was filed in my office, to-wit:	
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Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been ref HENDRICKS County in authorizes and directs the issuance of a marriage license to the above named RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Je 31 Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the 11th DAVID N. DAY March Be it further remembered, the following marriage certificate was filed in my office, to-wit:	Father
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COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been references in the second sec	day of Clerk
inCountyCourt by written order issued	
inCountyCourt by written order issued	fused to the above named parties, the
authorizes and directs the issuance of a marriage license to the above named RETURN 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 llth day of March 19.85., authorizing the DAVID N. DAY Be it further remembered, the following marriage certificate was filed in my office, to-wit:	and filed
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of Indiana dated the llth day ofMarch, 1985, authorizing the DAVID N. DAY	
DAVID N. DAY Be it further remembered, the following marriage certificate was filed in my office, to-wit: I,JERRY_R. NASH	HENDRICKS Circuit Court
I,JERRY_R, NASH	icining together as husband and wife
I,JERRY_R. NASH	
one thousand is the second sec	
one invusana nine hundred and	day of
State of Indiana, Groom DAVID N. DAY at BROWNSBURG	, County of HENDRICKS
and, Bride. L. BIANCA BRODERICK	County, State of INDIANA
County.	County, State of INDIANA HENDRICKS
	Court of
day of March 19 85	
Signed /s/ JERRY R.	• NASH
Filed and recorded in accordance with the laws of the State of Indiana this	
Signed A gave of Thatana this 19th day of Marc	ch, 1985

APPLICATION FOR APPLICATION FOR (. 31-1-3-2 etive July 1, 1977 HENDRIC	KSCounty
MALE Browt Dated 3-8-85	20-05
MALE Medical Examination Report Dated 3-8-85	
Name of Physician	Medical Examination Report Dated 3-8-85
OUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement-Wh	Name of Physician Aleley
L QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	If the issuance of a license to marry by any false statement, representation or preten
First / Middle / Last	Name FEMALE APPLICANT
Robert Shant Jullon	Vlager Middle
2 of birth 22 1936	Date of Birth Month Ray assign
e of Birth (State)or foreign country)	Place of Birth (State or foreign country)
tence Address Street or R. R. Danville State	Residence Address Street or R. R. City Contex State
ious Marital Status: Never Married OR	1 100 Dott Mourle And In
Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Dirth Certificate Dudicial Decree
& Other (Specify) A. UC	Dother (Specify) dr. lic
tre you now or have you ever been adjudged to be of unsound mind? No Vies D	1. Are you now or have you own here is to be
f answer is "yes", has the adjudication been removed? No 🗆 Yes 🗖	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease? No Ves Are you related to the female applicant closer than second cousin? No Yes	2. Are you afflicted with a transmissible disease?
The you now under the influence of intoxicating liquor? No Ves U	3. Are you related to the male applicant closer than second cousin? Not Yes
re you now under the influence of a narcotic drug? No Ves D	 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No D Yes
ist the full names of any dependent children.	6. List the full names of any dependent children.
	Deresa Lynn Cassity
re you required by any court order or orders to support the above ependent children? No Yes D	7. Are you required by any court order or orders to support the above
answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No 🗆 Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
ompliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support. /
ullname of father Auto Nant Sallon	8. Full name of father Reymond Carrest Shifla
esidence of father (if deceased so state)	Residence of father (if deceased so state)
irthplace of father (State or foreign country)	Birthplace of father (State or foreign country had.
ull maiden name of mother	9. Full maiden name of mother_ Wellyn Utta Bruce
esidence of mother (if deceased so state)	Residence of mother (if deceased so state)
irthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country
of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.	State of Indiana. HENDRICKS }ss: I depose and state the information gives in this application is true and correctly and correctl
ty of The Unice of the Street	County of
Signed X Lapture of Survey	Signed John Signed Army Stranger
New Address S Maple of garante	New Address
cribed and sworn to before me this day of the sworn to before me this day of the sworn to before me this day of the sworn to be the sworn to b	Subscribed and sworm to before me this day of HENDRICKS
HENDRICKS Circuit Court	1/ Wiggine Milling Clerk The Orice Circuit Con
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
man condet the consent of the other parent unnecessary	
of Indiana,	State of Indiana
of Indiana, ty ofHENDRICKS ss:	State of Indiana, HENDRICKS
Signed	Signed
	Signed
Signed	Subscribed and sworn to before me thisday of
ribed and sworn to before me this	Subscribed and show the
Clerk	a been refused to the above named parties, the
IPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUF	T. A marriage license having been refused to the and file
authorizes and directs the issuance of)] a maxing
Be It Remembered, there was filed in my office a marriage licer	E AND MARRIAGE Click of the
The fit to employed the class office a marriade licer	ise cooker of the teacher as husburne when any
ROBERT GRANT SUTTON	nd PEGGY ANN CASSITY pfice, to-wit:
the following mutfuge certificate was just	the Internet of a second
thousand nine hundred and 85	DANVILLE County of INDIANA
ROBERT CRAME	County, State , uchippicks
BridePEGGYANNCASSITY	that purpose by the Clerk of the Circuit Court of
ity.	DALE ALAN RUMBLE
d this 16th day of March 19.85	Signed
	Signed /s/ REV. DAME Official Designation_MINISTER

	362	
	STATE OF	INDIANA No. 78
	STATE OF	MARRIAGE LICENSE File
	Form Prescribed By Indiana State Board of Health under Authority HENDRICK	S 3-11-85
1	Indiana State Hendrity HENDRICK of I.C. 31-1-3-2 Effective July 1, 1977	Date of Application
		FEMALE Medical Examination Report Dated 3-4-85
	MALE And Barort Dated 3-5-85	Name of Physician Kl. Wells
	MALE Medical Examination Report Dated D-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5	Name of Physician AP. Concession
4 www.ied	Name of Physician <i>U</i> . <i>Ulells</i> ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whow ALL QUESTIONS must be any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry by any false statement, representation or pretense
Alamana in anna ina mu	ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-b prescription shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
a Mark Rena Carlos	shall be fined in any sum and MALE APPLICANT	Name Alphic Middle Dlag
	Name Physicaphon Actional	Date of Birth Month Day Year
	Date of Birth Month Day 041962	Place of Birth (State or foreign country)
a balance bar	Place of Birth (State or foreign country)	Residence Address Street or R. R. O City / County State
	Residence Address Street of R. R. City County State Residence Address Street of R. R. City Indeplo, In. 46220	- 535 Daratoge, proundbarg, m. 46112
4	1772 10. 000	Previous Marital Status: Never Married OR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Ludiaial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree,
	Last Marriage Ended By: Death Date of birth verified by: Birth Certificate Judicial Decree	
	6 Duns Janne /	Other (Specify) Klrwer's cheense
	have adjudged to be of unsound minu.	1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes D
	lindication been removed?	If answer is "yes", has the adjudication been removed? No D Yes D 2. Are you afflicted with a transmissible disease? No D Yes D
	2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No Vyst
	3. Are you related to the female applicant closer than second cousin.	4. Are you now under the influence of intexicating liquor? No B Yes D
	 4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? 	5. Are you now under the influence of a narcotic drug? Not Yes D
	 Are you now under the influence of product of the influence of product of the influence of the	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above	 Are you required by any court order or orders to support the above dependent children? No Yes D
	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	If answer is "yes", it is required that this Application be accompanied by satisfactory provided that the application be accompanied by satisfactory provided application be accompanied by accompan	compliance with any court office or orders issued for their support.
	8. Full name of father dary form Heffner	8. Full name of father Charles homas Reed
	Residence of father (if deceased so state) Prople. On.	Residence of father (if deceased so state) + Attabaro, Sn.
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign yountry) Sudiana '
	9. Full maiden name of mother Camona Charlene Duffen	9 Full maiden name of mother Barbara May Williams
	high in	Residence of mother (if deceased so state) Pittsbarb, In.
	Residence of mother (if deceased so state)	Delignal
and the second	Birthplace of mother (State or foreign country) State of Indiana, I denose and state the information given	Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given
	State of Indiana. County of HENDRICKS County of A state the information given in this application is true and correct.	County of HENDRICKS
	× signed (hi topker 1) bethe	Tsigned V Jebbie J. Reed
the Philippine	New Address 535 Geratoga, Bravishing, In 46112	Nor Allow 535 Saratoad Brownsburgh 4611.
	Subscribed and sworn to before ma this 11 day of March 1987	Subscribed and sworn to before me this 112 day of March 1982
	Mana Sana Provide HENDRICKS	mary Jane Russeller HENDRICKS Circuit Court
	Circuit Court	
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana,	
	County of	State of Indiana, County of HENDRICKS
	Signed	Father
	Signed	Signed
	Subscribed and sworn to before me this day of 19	Signed
		Subscribed and sworn to before me thisday of
	Clerk	
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	RT. A marriage license having been refused to the above named parties, the
	County	and nico
	inauthorizes and directs the issuance	of a marriage license to the above named parties.
	RETURN OF MARRIAGE STORE	
	The and filed in my office a marriage lie	ence second has the slark of the
	any of the help	190 authorizing the joining together as husbana und
	Be it further remembered, the following marriage certificate was filed in my I,	and DEBBIE J. REED
	NICITARD MACHER	
The same	one thousand nine hundred and 85 State of Indiana, Groom CHRISTOPHER J. HEFFNER	at BETHESDA BAPTIST CHURCH, County of HENDRICKS
	State of Indiana, Groom CHRISTOPHER J. HEFFNER and, Bride DEBBIE J. REED	of MARION County, State of INDIANA
	and, Bride	HENDRICKS County, State of INDIANA HENDRICKS
	for the stand fo	that mumore had a start of the start of the
	Dated this	85
		Signed /s/ RICHARD L. MCGHEE
	Filed and recorded in accordance with the laws of the State of Indiana this	Official Decision and and an
	the State of Indiana this	1100 0 00000000000000000000000000000000
		Signed Mary pue Russel HENDRICKS Circuit Court

S B C B E B C B E C B

h

R

C

Health under 31-1-3-2 of LC. 31-1-3-2 HENDRI	OF INDIANA MARRIAGE LICENSE
effective July 1, 1977	County File
MALE Breat Dated 2-22 800	3-11-85
Medical Examination Report Dated	FEMALE Medical Examination Report Dated_2-2-85
Name of Physician Author When	Name of Physician During Col
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-W	Name of Physician During Colem- hoever procures the issuance of a license to marry by any false statement, representation or pretens
shall be fined in any sum not exceeding tive numbered domars (\$500,00)".	It is area the issuance of a license to marry by any false statement, representation
First Middle	FEMALE
concept donal have	Middle
Date of Birth	Date of Birth Month Ann Hast
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Reiden in Judgle . I d
540 shared 1000	Street or R. R. City County State
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married O OR
Last Marriage Ended By Death Certificate Dudicial Decree	Last Marriage Ended By: Death D Diverse D to the D
Date of offen vertice of a	Date of birth verified by: Birth Certificate U Judicial Decree
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D	1. Are you now or have you ever been adjude to the
If answer is "yes", has the adjudication been removed? No U Yes U	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Ves O 3. Are you related to the female applicant closer than second cousin? No Ves O	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No D Yes D 4. Are you now under the influence of intoxicating liquor? No D Yes D	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug? No Tes D	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No C Yes No Yes
	and the start dependent children.
Are you required by any court order or orders to support the above	
dependent children? No 🗆 Yes 🗆	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father for the former of the former of father	8. Full name of father former R. Hale
Residence of father (if deceased so state)	Residence of father tif deceased so state) Klfd. Ned
Birthplace of father (State or foreign country) Branch Mak	Birthplace of father (State or foreign country) Sudiana
Full maiden name of mother tabycia t. Suppo	9. Full maiden name of mother Landon D. White Ken
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	D. d
tate of Indiana.	Birthplace of mother (State or foreign country)
ounty of HENDRICKS as: I depose and state the information given in this application is true and correct.	County of
sind the Dived Herres	De Andali .
Signed FHO TUCKER 5 PIAIN Field	Signed Sala Tucke St Plankela
New Address	New Address Not 1 (10000
ubscribed and sworn to before me this day of local, 1933	Subscribed and sworn to before me this day of HENDRICKS
May Jane Kusse CO Clerk HENDRICKS Circuit Court	Mary Jane Russell Clerk The VDRICKS Circuit Court
INSENT OF BARENTS, DUPENTS	
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
sns, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana,
HEN IDDICING	State of Indiana, HENDRICKS } ss:
unty of HENDRICKS ss :	HENDRICKS
unty of HENDRICKS } sa : SignedFather	County of
unty of HENDRICKS } ss : Signed Father Signed Mother	County of
unty of HENDRICKS } ss : Signed Father Signed Mother	County of
unty of HENDRICKS \$ ss : Signed Father Signed Mother oscribed and sworn to before me this	HENDRICKS Father Signed Father Signed Mother Subscribed and sworn to before me this
unty of HENDRICKS ss : Signed Father Signed Mother bscribed and sworn to before me this day of 19	HENDRICKS Father Signed Father Signed Mother Subscribed and sworn to before me this day of Clerk Clerk Lowing been refused to the above named parties, the
unty of HENDRICKS ss: Signed Father Signed Mother Described and sworn to before me this day of 19	HENDRICKS Father Signed Father Signed Mother Subscribed and sworn to before me this day of Clerk Clerk Lowing been refused to the above named parties, the
Inity of HENDRICKS ss: Signed Father Signed Mother Described and sworn to before me this day of 19	HENDRICKS Arrow County of Signed Signed Mother Subscribed and sworn to before me this day of Clerk Clerk CT. A marriage license having been refused to the above named parties, the and filed
unty of HENDRICKS ss: Signed Father Signed Mother sscribed and sworn to before me this day of 19	HENDRICKS A Signed Father Signed Mother Subscribed and sworn to before me this day of Clerk Clerk RT. A marriage license having been refused to the above named parties, the ourt by written order issued and filed of a marriage license to the above named parties. and filed
unty of HENDRICKS \$85: Signed Father Signed Mother bscribed and sworn to before me this day of 19	HENDRICKS Father Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Clerk Clerk RT. A marriage license having been refused to the above named parties, the aourt by written order issued and filed of a marriage license to the above named parties. and filed E AND MARRIAGE CERTIFICATE HENDRICKS
unty of HENDRICKS ss: Signed Father Signed Mother bscribed and sworn to before me this day of 19	County of HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Clerk Clerk RT. A marriage license having been refused to the above named parties, the ourt by written order issued and filed of a marriage license to the above named parties. and filed E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nse issued by the clerk of the ising the ining together as husband and wife
unty of HENDRICKS ss: Signed Father Signed Mother sscribed and sworn to before me this day of 19	HENDRICKS Father Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Clerk Clerk RT. A marriage license having been refused to the above named parties, the ourt by written order issued and filed of a marriage license to the above named parties. and filed E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nse issued by the clerk of the authorizing the joining together as husband and wife DEE ANN HALE DEE ANN HALE
unty of HENDRICKS \$**: Signed Father Signed Mother bscribed and sworn to before me this day of 19	County of HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Clerk Clerk RT. A marriage license having been refused to the above named parties, the and filed our by written order issued and filed of a marriage license to the above named parties. and filed E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nse issued by the clerk of the clerk of the 19 authorizing the joining together as husband and wife DEE ANN HALE March
unty of HENDRICKS \$**: Signed Father Signed Mother bscribed and sworn to before me this day of 19	HENDRICKS Father Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Clerk Clerk Clerk and filed of a marriage license to the above named parties. and filed of a marriage license to the above named parties. circuit Court BE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court authorizing the joining together as husband and wife DEE ANN HALE DEE ANN HALE office, to-wit: harch herebu certify that on the 16.th day of March HENDRICKS
unty of HENDRICKS **: Signed Father Signed Mother bscribed and sworn to before me this day of 19	County of HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Clerk Clerk RT. A marriage license having been refused to the above named parties, the and filed and filed of a marriage license to the above named parties. and filed E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nse issued by the clerk of the prover anthorizing the joining together as husband and wife DEE ANN HALE DEE ANN HALE day of March hereby certify that on the 16th day of HENDRICKS at MINFIELD County of HENDRICKS INDIANA
unty of HENDRICKS **: Signed Father Signed Mother bscribed and sworn to before me this day of 19	County of HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Clerk Clerk RT. A marriage license having been refused to the above named parties, the and filed and filed of a marriage license to the above named parties. and filed E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nse issued by the clerk of the prover anthorizing the joining together as husband and wife DEE ANN HALE DEE ANN HALE day of March hereby certify that on the 16th day of HENDRICKS at MINFIELD County of HENDRICKS INDIANA
Signed Father Signed Mother bscribed and sworn to before me this day of 19 bscribed and sworn to before me this day of 19 Clerk Clerk DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR Clerk DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR County County Muthorizes and directs the issuance of authorizes and directs the issuance of RETURN OF MARRIAGE LICENS RETURN OF MARRIAGE LICENS Indiana dated the day of March JOHN DAVID HARRIS au of au of it further remembered, the following marriage certificate was filed in my of march wARREN A. ROBBINS thousand nine hundred and 85 the of Indiana, Groom JOHN DAVID HARRIS au of	County of HENDRICKS Signed Father Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Clerk Clerk RT. A marriage license having been refused to the above named parties, the above named parties. and filed ourt by written order issued and filed of a marriage license to the above named parties. and filed of a marriage license to the above named parties. Circuit Court nse issued by the clerk of the HENDRICKS cathorizing the joining together as husband and wife DEF ANN HALE Ind DEF ANN HALE before, to-wit: Agy of hereby certify that on the 16.th day of HENDRICKS at HENDRICKS of County, State of of INDIANA
unty of HENDRICKS ss: Signed Father Signed Mother bscribed and sworn to before me this day of 19 bscribed and sworn to before me this day of 19 DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR Clerk DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR County MENDRICKS County County Be It Remembered, there was filed in my office a marriage licer Indiana dated the day of JOHN DAVID HARRIS autorizes certificate was filed in my office a marriage licer Indiana dated the st further remembered, the following marriage certificate was filed in my office t further remembered, the following marriage certificate was filed in my office St thousand nine hundred and 85 tte of Indiana, Groom JOHN DAVID HARRIS St te of Indiana, Groom JOHN DAVID HARRIS	County of Signed Father Signed Signed Mother Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Clerk Clerk Clerk RT. A marriage license having been refused to the above named parties, the ourt by written order issued and filed of a marriage license to the above named parties. and filed E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nse issued by the clerk of the authorizing the joining together as husband and wife DEE ANN HALE Ind DEE ANN HALE March HENDRICKS hereby certify that on the 16.th day of March hereby certify that on the 16.th day of INDIANA of Gunty of HENDRICKS INDIANA of Gunty, State of INDIANA HENDRICKS of County, State of INDIANA HENDRICKS of HENDRICKS County, State of INDIANA of HENDRICKS HENDRICKS HENDRICKS
unity of HENDRICKS ss: Signed Father Signed Mother Signed Mother Seribed and sworn to before me this day of 19 Seribed and sworn to before me this day of 19 OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR Clerk DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR Return of MARRIAGE LICENSE Mathematical County County County County County County Be Jt Remembered, there was filed in my office a marriage licent Indiana dated the ////////////////////////////////////	County of Signed Father Signed Signed Mother Subscribed and sworn to before me this day of 19. Subscribed and sworn to before me this day of 19. Clerk Clerk Clerk RT. A marriage license having been refused to the above named parties, the above named parties. and filed of a marriage license to the above named parties. and filed of a marriage license to the above named parties. Circuit Court E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nse issued by the clerk of the joining together as husband and wife DEF ANN HALE day of March hereby certify that on the 15th .day of INDIANA .of PLAINFIELD , County of INDIANA .of MARCKS County, State of INDIANA .of County, State of INDIANA HENDRICKS .of Clerk of the Circuit Court of HENDRICKS that purpose by the Clerk of the Circuit Court of
unty of HENDRICKS ss: Signed Father Signed Mother bscribed and sworn to before me this day of 19 bscribed and sworn to before me this day of 19 Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County County DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR RETURN OF MARRIAGE LICENS Be Jt Remembered, there was filed in my office a marriage licent Indiana dated the ////////////////////////////////////	County of HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of RT. A marriage license having been refused to the above named parties, the court by written order issued and filed of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nse issued by the clerk of the joining together as husband and wife DEF ANN HALE office, to-wit: hereby certify that on the 16th hereby certify that on the 16th day of March hereby certify that on the 16th county of HENDRICKS of PLAINFIELD , County of INDIANA of March HENDRICKS county, State of INDIANA of HENDRICKS County, State of INDIANA of HENDRICKS HENDRICKS HENDRICKS of HENDRICKS HENDRICKS HENDRICKS </td
unty of HENDRICKS ss: Signed Father Signed Mother bscribed and sworn to before me this day of 19 bscribed and sworn to before me this day of 19 Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County County DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR RETURN OF MARRIAGE LICENS Be Jt Remembered, there was filed in my office a marriage licent Indiana dated the ////////////////////////////////////	County of HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Clerk filed Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Clerk filed Subscribed and sworn to before me this day of County of filed Subscribed and sworn to before me this filed Subscribed and filed filed Subscribed and sworn to the above named parties. Circuit Court Indicate file file Indicate file

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Minister

STATE OF	INDIANA No. 80
Uncertified By	MARRIAGE LICENSE File
Indiana State Board of Health under Authority	(S County
fleatin under 1-3-2 of I.C. 31-1-3-2 Effective July 1, 1977	Date of Application
Effective sury 1. 10	FEMALE
25-85	Medical Examination Report Dated 3-5-85
MALE Medical Examination Report Dated 3-5-00	Name of Physician David, M. Hadle
Nome of Physician David M. Hadley	
Name of Physician Ward 14, Apacture ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Who	ever procures the issuance of a ficence to marry by any take statement, representation of
	FEMALE APPLICANT
MALE ATTRICT	Name First Middle
Name First Middle Wade	Date of Birth Month Day Year
Date of Birth Month Day Year	10 2 11
	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address , Street or R. R. City County
Residence Address Street or R. R. Plad. Ind.	263 N. Vine Flipt. Ind.
12 Elus J	Previous Marital Status: Never Married O OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
Reded By: Death Divorce Annument	Date of birth verified by: 🍄 Birth Certificate 🗖 Judicial Decree
Date of birth verified by: Birth Certificate Dudicial Decree	
	Other (Specify)
□ Other (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind?
" has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
No - 105 -	2. Are you afflicted with a transmissible disease?
No res	3. Are you related to the male applicant closer than second cousin?
No B res	4. Are you now under the influence of intoxicating liquor?
 Are you now under the influence of a narcotic drug? No Yes D 	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof t
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Edward, it- hader fr	8. Full name of father 1 and 1 and 1 and 1 and 1
Residence of father (if deceased so state) Kild. Indiana	Residence of father (if deceased so state) 124. Ind.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Stationa
Ros & Atut	-10. (11 M . 0+ 8
9. Full maiden name of mother baltal a contraction of the contraction	9. Full maiden name of mother Cather 17 - Workson
Residence of mother (if deceased so state) Y light. Subleaux	Residence of mother (if deceased so state) TLG. St.d.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Studiona
State of Indiana,	State of Indiana.
County of	County of HENDRICKS
Signed Stablican D. Warlo	Signed X Shere Taulkales
213 al Unice 14	-210 Day Wellst
New Address de	New Address A Store Vac Address
Subscribed and sworn to before me this day of 10000, 19	Subscribed and sworn to before me this day of 110.000
Mary Jone Kussell Clerk HENDRICKS Circuit Court	Mary Jone Russel derk HENDRICKS
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only
signs, state facts which render the consent of the other parent unnecessary	
of the other of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS ss:	State of Indiana, County of HENDRICKS
Signed	er Signed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CO	UURT. A marriage license having been refused to the above named parties, t
Be it further remembered, the following marriage certificate was filed in r	ENSE AND MARRIAGE CERTIFICATE license issued by the clerk of the
State of Indiana, Groom JEFF D. WADE and, Bride SHERRY L. FAULKENBERG	hereby certify that on the 16th day of MARCH at. PLFD, County of HENDRICKS of HENDRICKS County, State of IN HENDRICKS County, State of IN HENDRICKS
were by me united in marriage as authorized by a marriage license issued County. Dated this	HENDRICKS
	Signed /s/ STEVAN W. RANSON Official Designation MINISTER is
	Signed Mary Game Russell HENDRICKS Circuit C

	36
Form Prescribed By Indiana State Board of Health under Authority	ARRIAGE LICENSE
Health under 1977 of I.C. 31-1-3-2 Effective July 1, 1977	SCounty
a la trans	- Jalch 12, 1985
MALE Medical Examination Report Dated 3-11-85	FEMALE Date of Application Medical Examination Report Dated 3-11-85
Name of Physician Lann 10. Baker M.N.	Name of Physician March 1 1 Part
	ever procures the issuance of the
ALL QUESTIONS MUST BE ANSWERED. 1.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000",	the issuance of a license to marry by any false statement, representation or pretense
First Middle Last	FEMALE APPLICANT
Name Michael M. Mustard Inith Month Day Year	Data of Birth Mawn Middle John / Last
Date of Birth Month 1949 Place of Birth (State or foreign country)	Mala Day Variation
Comment of the Arriver of the Arrive	Place of Birth (State or toreign country) 16 1956
Residence Address Street or R. R. City - County State	Residence Address Street or R. R. City County State
Previous Marital Status. Never Married OR	Previous Marital Status: Never Married OR
Finded By Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended Cy Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
@ Other (Specify) And the ficense	Other (Specify) Abbationary Lic
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
If answer is "yes", has the adjudication been removed? No Ves	If answer is "yes", has the adjudication been removed? No U Yes U
2. Are you afflicted with a transmissible disease" No Ves D 3. Are you related to the female applicant closer than second cousin? No Ves D	 Are you afflicted with a transmissible disease? No Yes D Are you related to the male applicant closer than second cousin? No P Yes D
4. Are you now under the influence of intoxicating liquor? No Ves D	3. Are you related to the male applicant closer than second cousin? No Yes □ 4. Are you now under the influence of intoxicating liquor? No □ Yes □
5. Are you now under the influence of a narcotic drug? No Ves D	5. Are you now under the influence of a narcotic drug? No B Yes D
6. List the full names of any dependent children	6. List the full names of any dependent children.
	Anton 11 yrs
	amper 7 yrs
7. Are you required by any court order or orders to support the above dependent children? No Ves V	7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court orders issued for their support.	compliance with any court of der or orders issued for their support
Residence of father (if deceased so state) Alchased	Residence of father (if deceased so state) Puttsbora In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
9. Fullmaiden name of mother () tilla R. Malton	Phillip noman
(Alilamia)	9. Full maiden name of mother frequency Putteboro In
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) State of Indiana. I depose and state the information given	Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS County of County of 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 HENDRICKS	County of HENDRICKS
Signed + And And State	Signed & alter Henducks
New Address I Start In Suger Starten	New Address R. O. F. Bop March 85
Subscribed and sworn to before me this 12 day of March, 19.85	Subscribed and sworn to before me this day of Hendricks
Mary Jane Pussellorerk HENDRICKS Circuit Court	Mary Jane Aussell Clerk Clerk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	we, the parents, of this approach of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary.	signs, state racto
	Total of State of Sta
State of Indiana, County of HENDRICKS	State of Indiana, HENDRICKS
	Signed
Signed	Mother
Signed	Signed
Subscribed and sworn to before me thisday of, 19,	
Clerk	here refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUF	and filed
County Superior	is a license to the above named parties.
in luk's lie county Superior County Superior County authorizes and directs the issuance of	TA MARRIAGE CERTIFICATE HENDRICKS Circuit Court
RETURN OF MARRIAGE LICENS	E AND MARKINGE even the service together as husband and wife
of Indiana dated the MICHAEL D. MUSTARD	, 19.5, authorizing the joining together
MICHAEL D. MUSTARD	ind DAWN C. HILLOW
Be it further remembered, the following marriage certificate was filed in my of l,	at PITTSBORO County State of INDIANA
State of Indiana and MICHAEL D MUSTARD	of INDIANA
State of Indiana, Groom MICHAEL D. MUSTARD and, Bride DAWN C. HENDRICKS of were by me united in marries license issued for	HENDRICKS
were by me united in marriage as authorized by a marriage license issued for	that purpose by the Clerk of the Curt
County. Dated this	
Dated this 15th day of March 19.85	MINIS.Imit 19 02.
Filed and me	Signed. MINISTER , 19 85. Official Designation MINISTER , 19 85. 18th day of MARCH Clerk Signed. March Clerk Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this	18th day of HENDRICKS Circuit Court

Parts

	Form Prescribed By APPLICATION FOR	F INDIANA No. 82 MARRIAGE LICENSE File
	Health under Autority Health	County Date of Application
	MALE Medical Examination Report Dated 3-13-85	FEMALE Medical Examination Report Dated 3-13-85 Name of Physician Stegemaller
	Name of Physician Stegementers	noever, procures the issuance of a license to marry by any false statement, representation or pretense
ALA ALBORN HARON	THE OUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement" with the bundred dollars (\$500,00)".	under the presentation or pretense
ALS ALBORN PROCESS	ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 preserviced "reme shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	
	MALE AT Ded Middle Last	Name First Middle A Last
	Name First Struck aller	Date of Birth Month Day You Mart
	Date of Birth Month Day 65	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Indeana)
	City County State	Residence Address Street or R. R. City Jounty State
	Residence Address Street or R. R.	A A C AND MARCE MARCHEN
	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
	Finded By: Death Divorce Annument	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate D Judicial Decree
	Date of birth verified by: Birth Certificate Dudicial Decree	Date of birth verified by: D birth Ceruficate D Judicial Decree
	Date of onthe second of	Other (Specify)
	Other (Specify) Yes	
	1. Are you now or have you ever been adjudged to be of unsound mind.	1. Are you now or have you ever been adjudged to be of unsound mind? N₀ 𝔅 yes □ If answer is "yes", has the adjudication been removed? N₀ 𝔅 yes □
	If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease? No □ Yes □
	2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No D Yes D
	3. Are you related to the female applicant closer than second cousin.	4. Are you now under the influence of intoxicating liquor? No B Yes D
	4. Are you now under the influence of intoxicating liquor? No □ Yes □ 5. Are you now under the influence of a narcotic drug? No □ Yes □	5. Are you now under the influence of a narcotic drug? No Vyes D
	 Are you now under the influence of a matcole drugs. List the full names of any dependent children. 	6. List the full names of any dependent children.
	U. LASE ME FOR ANALY STATE	
	7. Are you required by any court order or orders to support the above	 Are you required by any court order or orders to support the above dependent children? No D Yes D
	dependent children? No 2 1 tes 2 If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or, orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father and And Samuel aloues	8. Full name of father March Edward Cermait
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	Residence of father (if deceased so state)	Residence of father (if deceased so state)
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	9. Full maiden name of mother Atolign Mancles Slewart	9. Full maiden name of mother allower face Morris
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Manville In
2日日日 日 日	Birthplace of mother (State or foreign country) Sudicing	Kanting Bu
785-11-11-1	State of Indiana,	Birthplace of mother (State or foreign country)
ALC DIVISION	County of	County of HENDRICKS
计算机 化合金	Signed Jazon & alsup	With Induna Current
		Signed The should be shou
	New Address	New Address.
	Subscribed and sworn to before me this day of full the him in 19. 5	Subscribed and sworn to before me this day of MALCAL, 19.25
	HENDRICKS Circuit Court	Makey price Russell Clerk HENDRICKS Circuit Court
	00	
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
		· · · · · · · · · · · · · · · · · · ·
	State of Indiana, County of HENDRICKS }ss:	State of Indiana,
	County of S8:	County of
	Signed	Father
	Signed	Signed
	Mother	Signed
	Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
	Clerk	Clerk
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage license having been refused to the above named parties, the
	inauthorizes and directs the issuance	of a marriage license to the above named parties.
	of Indiana dated the	E AND MARRIAGE CERTIFICATE nse issued by the clerk of the HENDRICKS Circuit Court
	ung of the the	superior to a husband and with
	Be it further remembered, the following	and KIMBERLY LYNN CUZZART
	Be it further remembered, the following marriage certificate was filed in my	office, to-wit:
	one thousand nine hundred and	hereby certify that on the 23rd day of March
	one thousand nine hundred and 85 State of Indiana, Groom JASON SAMUEL ALSUP	at DANVILLE County of HENDRICKS
	State of Indiana, Groom JASON SAMUEL ALSUP and, Bride	of MORGAN County State of INDIANA
	and, Bride	HENDRICKS County, State of INDIANA
	were by me united in marriage as authorized by a marriage license issued for County. Dated this26thday ofMarch	that mirrose by the Clark of the Circuit Court of HENDRICKS
	Dated this	purpose oy the Clerk of the Circuit Court of
	19.8	
		Cincil /S/ (LAIDE (UBB D.D.
	the state of the s	Official Designation MINISTER
	Filed and recorded in accordance with the laws of the State of Indiana this	
		Signed Many Jane Russell HENDRICKS Circuit Court
		Signed Alang Gaue Kussel HENDRICKS Circuit Court

			367
Form Prescribed By	STATE OF I	NDIANA	No. 83
ndiana otar Authority	APPLICATION FOR M	ARRIAGE LICENSE	A REAL PROPERTY OF A REAL PROPER
fealth under start f LC. 31-1-3-2 Effective July 1, 1977	HENDRICKS	County	File
MALE Medical Examination Report Dated	3-14-85	FEMALE	Date of Application
Name of Physician alway	de	Medical Examination Report Da Name of Physician Edu	the second se
	31-1-3-6 prescribed "False statement—Whoey		and and a second
ALL QUESTIONS MUST BE ANSWERED. LC. 3 shall be fined in any sum not exceeding five hundr MALE APPLIC	ed dollars (\$500.00)".	in the issuance of a license to marry l	oy any false statement, representation or pretense
MALE ATTER	ddle Last	Name A First	APPLICANT
Name Mutu A.	Ay 22 Year	Phillis	and Can party
Date or and	5 33		24 4st
Place of Birth (State or foreign country)	City County Staff	Place of Birth (State or foreign country)	
Residence Address Street or R. R.	Eld And M	Residence Address Street or R. R.	Alling Pounty State
Previous Marital Status: Never Married OR	A State of the second state in second	Previous Marital Status: Never Married O OR	y yora an
Ended By: Death Divorce Annulm	ent 🗆	Last Marriage Ended By: Death & Divorce	Annulment D
Last Marriage Ended by: Birth Certificate Judicia	al Decree	Date of birth verified by: D Birth Certificate	D Judicial Decree
Other (Specify)		Other (Specify)	
1. Are you now or have you ever been adjudged to be of un	sound mind? No Yes	1. Are you now or have you ever been adjudged	
If answer is "yes", has the adjudication been removed?	No Yes No Yes	If answer is "yes", has the adjudication been r	
 Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second 		 Are you afflicted with a transmissible disease Are you related to the male applicant closer t 	· · · · · · · · · · · · · · · · · · ·
4. Are you now under the influence of intoxicating liquor?	Not Yes	4. Are you now under the influence of intoxicati	
5. Are you now under the influence of a narcotic drug?	No Yes D	5. Are you now under the influence of a narcotic	
6. List the full names of any dependent children.		6. List the full names of any dependent children	1.
Undrew Noss		Michael Camp	di
	nt the shows	7. Are you required by any court order or order	rs to support the above
 Are you required by any court order or orders to suppor dependent children? 	Noter 1es	dependent children?	No Yes O
If answer is "yes", it is required that this Application be		If answer is "yes", it is required that this App compliance with any court order or orders is	lication be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for the	eir support.	8. Full name of father any court order or orders is	A COSS
8. Full name of father 400 000	wed	Residence of father (if deceased so state)	ndols.
Residence of father (if deceased so state)		Birthplace of father (State or foreign country)	Ry
Birthplace of father (State or foreign country)	King	9. Full maiden name of mother Alle	Daugherty
9. Full maiden name of mother	the litra Ker	Residence of mother (if deceased so state	ndpts.
Residence of mother (if deceased so state)	his hulf, ing	Birthplace of mother (State or foreign country	7m
Birthplace of mother (State or foreign country)	I depose and state the information given	State of Indiana, HENDRICKS	} as: I depose and state the information given in this application is true and correct.
County of HENDRICKS	in this application is true and correct.	County of	Ani A R. al.
Signed Red	in D Rass	Signed grad	yello frid angett
New Address 12.80 Casts	sile Dr. Brownshing	New Address	anstald Mallh 14
Subscribed and sworp to before me this	day of March, 1805	Subscribed and sworn to before me the	HENDRICKS Circuit Court
Mary Jane Keissell	HENDRICKS Circuit Court	Mary pre huse	UM derk
		CONSENT OF PARENTS, PARENT OR	GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARD		We the parents, of this applicant hereby	y give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give con		signs, state facts which render the conse	ent of the other parent unnecessary
signs, state facts which render the consent of the	other parent unnecessary		and a second
		State of Indiana, UENIDDICKS	}
State of Indiana, County of HENDRICKS		County of	Fether
,	Father	Signed	Mother
Signed		Signed	trade to an internet themes
		Subscribed and sworn to before me this	day of 18
Subscribed and sworn to before me this		and the second se	
	Clerk	n A marriage license having been	refused to the above named parties, the and filed
COMPLETE IF MARRIAGE LICENS	E ISSUED BY ORDER OF COU	RT. A marriage need	
HENDRICKS	ity	of a marriage license to the above ma	
	authorizes and directs the issue	THAPPIAGE CERTIFICAT	'E HENDRICKS Circuit Court
Be It Bomomborod there	RETURN OF MARRIAGE LICEN e was filed in my office a marriage lic	ense issued by the clerk of the	the joining together as husband and wife
Indiana dated the	2 day of	DUVILIS ADD	MADCH
of Indiana dated the	Cled in ma	office, to-wit:	day of INEIANAREEIS
Be it further remembered, the following I,JERRY_R. NASH one thousand nine hundred and	I marriage certificate was plea in my	hereby certify that on the 29th	, County of MARION INDIANA
Be it further remembered, the following I,JERRY_R, NASH one thousand nine hundred and State of Indiana, Groom RUBJ	85	at INDIANAPOLIS HENDRICKS	County, State of INDIANA
State of L 1	IN D POSS	of	County, State of UENDRICKS
and, Bride	ANN CAMPOLI	that murpose by the Clerk of the Cir	cuit Court of
were by me united in marriage as author	prized by a marriage license issued fo	or that part is	R. NASH
Dated this	f		
23.11aug 0)			
Filed and records 1	the State of Indiana this.	day of	HENDRICKS Circuit Court
Filed and recorded in accordance with t	the laws of the State of Indiana this.	Signed	HERE ROLL COREN CO

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Low and the set estimate the result of the set of	368			
		STATE C	OF INDIANA	No. 84
	Form Prescribed By	ICATION FOR	MARRIAGE LICENSE	File
	Health under Authority			3-15-85
	e t C 21 1-2-2		county	Date of Application
			FEMALE	A 1 A
	MALE Bapart Dated 3-6-8:	5	Medical Examination Report Dat	ed5
And a spectra to a second s	Medical Examination Report Dated		Name of Physician Jun	g Cohen
And D. 2012 NATE APPLICANT Impact Tables Impact Tables </td <td>Name of Physician Work of Concerne</td> <td>ii I all'al a statement - Wh</td> <td>oever procures the issuance of a license to marry h</td> <td>y any false statement, representation or</td>	Name of Physician Work of Concerne	ii I all'al a statement - Wh	oever procures the issuance of a license to marry h	y any false statement, representation or
And D. 2012 NATE APPLICANT Impact Tables Impact Tables </td <td>LC 21 1-3-6 preser</td> <td>'ibed "False statement—wn 00,00)".</td> <td>lieven privater inst</td> <td>erepresentation or preter</td>	LC 21 1-3-6 preser	'ibed "False statement—wn 00,00)".	lieven privater inst	erepresentation or preter
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brows from 2 miles	Plainfield, Sol.		Previous Marital Status: Never Married OR	and Provide Street Street Street
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Source of the second matrix and the sec	Last Marriage Ended By: Death Divorce Annulment		Date of birth verified by: Birth Certificate	Judicial Decree
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	other (Specify) Mrewers License		- Other (Specify)	Allende
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	2. Are you afflicted with a transmissible disease?			No B Yes
	3. Are you related to the female applicant closer than second cousin?			103
	4. Are you now under the influence of intoxicating liquor?			no – rest
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Sure Addres Addr	LENDRICKS I depose and state	the information given is true and correct.	HENDRICKS > ss:	
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harded and every to before me this by et Mutch 13 bits Mutch 13 bits Subscribed and every to before me this bits bit	Signed y Affan 9. Creat W	-	Signed Tallact	a may
Muty Auschler HENDRICKS Circuit Court ONSERT OF PARENTS, PARENT OR GUARDIAN Muty Auschler HENDRICKS Circuit Court at of Indiana. HENDRICKS Circuit Court Muty Auschler HENDRICKS Circuit Court at of Indiana. HENDRICKS as: State of Indiana. HENDRICKS as: Signed Signed Signed Signed Signed Signed Signed Signed Signed Muty DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the subort so doffer me this Asy of Muthy Muthy Muthy Muthy Muthy DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. Muthy Muthy Muthy Muthy Indiana date the Authorizes and there was filed in my office a marriage license issued by the circle of the above named parties. March March Signed Attorn in marriage authorize authy of Muthy Muthy Muthy <td>New Address / On KIDGEWOOD DI</td> <td>Z APT ZOZP</td> <td>New Address 890 RL</td> <td>agewood Dr aptilo.</td>	New Address / On KIDGEWOOD DI	Z APT ZOZP	New Address 890 RL	agewood Dr aptilo.
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DNEET OF PARENTS, PARENT OR GUARDIAN a, the parents, of this applicant hereby give consent for this marriage. If only one parent is atte facts which render the consent of the other parent unnecessary att of Indiana. HENDRICKS assume that the the other parent unnecessary att of Indiana. HENDRICKS assume that the the other parent unnecessary att of Indiana. HENDRICKS assume that the other parent unnecessary att of Indiana. HENDRICKS assume that the other parent unnecessary att of Indiana. HENDRICKS assume that a	10 Jary ane Russleerk HENDRI	CKS Circuit Court	marie Jano Pun	HENDRICKS Circuit Court
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unty of HENDRICKS \$ set: Signed Signed Father Signed Signed Father Signed Mother Signed Father Signed 10 Signed Signed Hendricks DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. and field BETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court by written order issued and field Indiana dated the Au of Julic Julic Julic State of indiana, the following marriage certificate was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court JEFFREY SMEATHERS and and wife PATRICIA Marriage certificate was filed in my office, to-wit: Richard, the following marriage certificate was filed in my office, to-wit: Richard, for om JEFFREY ALLAN SMEATHERS Authorizing the foining together as husband and wife A Bride Julic at PATRICIA. ELEEN. MAY Of HENDRICKS County, State of INDIANA with further remembered, the following marriage license issued for that purpose by the Clerk of the Circ		iosar y	signs, state facts which render the consent of the	ne other parent unnecessary
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anty of HENDRICKS \$ss: Signed Signed Father Signed Father Signed Father Signed Bather Signed Father Signed Gaunty of HENDRICKS Signed Father Signed Gaunty of HENDRICKS Signed Father Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. Mather Indiana field BUTURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court Indiana dated the Gau of JBC , JBC , authorizing the joining together as husband and wife RICHARD - SORE Altern - Marcial and sole Alterna of the sole of the so				
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Signed Fahrer Signed Fahrer becribed and seorn to before me this day of 19 Signed Moher becribed and seorn to before me this day of 19 Clerk Subscribed and seorn to before me this day of 19 DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the clerk	Signed		county of	
becribed and sworn to before me this day of			Signed	Father
Auge of the methin day of the state of Indiana, Groom Jep FREY ALLAN SMEATHERS of the state of Indiana, Groom Jep FREY ALLAN SMEATHERS of the state of Indiana, Groom Jep FREY ALLAN SMEATHERS of the state of Indiana, Groom Jep FREY ALLAN SMEATHERS of the state of Indiana, Groom Jep FREY ALLAN SMEATHERS of the state of Indiana, Groom Jep FREY ALLAN SMEATHERS of the state of Indiana, Groom Jep FREY ALLAN SMEATHERS of the State of Indiana this State of the state of Indiana this State of the state of Indiana Carety of the State of Indiana this Jep Rev RICHARD ZORE	beerihed and	Mother	Signed	Mother
Clerk County County Clerk Clerk County County County County Clerk County County Clerk County County Clerk County Written order issued and networks and directs the issuance of a marriage license to the above named parties. County Written order issued and field RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court JEFFREY SMEATHERS day of March 19.5. Circuit Clerk of the following marriage certificate was filed in my office and my office, to-wit: e thousand nine hundred and 85 hereby certify that on the 23rd/ay of March 19.5. County of HENDRICKS County March 19.5. Signed /S / REV. RICHARD ZORE 10.5. Signed /S / REV. RICHARD ZORE 10	day of	, 19		
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. HENDRICKS County Court by written order issued and filed Authorizes and directs the issuance of a marriage license to the above named parties. and filed BE 31 Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court JEFFREY_SMEATHERS day of				
				Ulerk
	HENDRICKS	ORDER OF COURT	. A marriage license having been refuse	ed to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court JEFFREY_SMEATHERS	County		rt by written order issued	and filed
Ite It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court Indiana dated the	authorizes and	directs the issuance of	a marriage license to the above named no	arties.
Indiana dated the Aug of Aug of any of				
JEFFREY_SMEATHERS , 19.2, authorizing the joining together as husband and wife and PATRICIA_MAY RICHARD_ZORE PATRICIA_MAY e thousand nine hundred and 85 ate of Indiana, Groom JEFFREY_ALLAN_SMEATHERS of HENDRICKS d, Bride PATRICIA_EILEEN_MAY of HENDRICKS d, Bride PATRICIA_EILEEN_MAY of HENDRICKS county, State of INDIANA warky. March ted this 20tHay of 20tHay of March 19.85 led and recorded in accordance with the laws of the State of Indiana this 26th Signed /s/ REV. RICHARD ZORE Official Designation ROMAN CATHOLIC PRIEST Signed <	Indiana dated the	fice a marriage licens	issued by the clock of the	NDRICKS Circuit Court
RICHARD ZORE Narch e thousand nine hundred and 85 ate of Indiana, Groom JEFFREY ALLAN SMEATHERS ate of Indiana this County, State of INDIANA INDIANA re by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of INDIANA unty. Indiana this 20tHay of March 19.85 ate of Indiana this 26th day of March 19.85 Ited and recorded in accordance with the laws of the State of Indiana this 26th day of March 19.85 Signed Official Designation Narch 19.85 Signed 19.85		- de de la de de la de	1216	Circuit Own
e thousand nine hundred and 85 hereby certify that on the 23rdlay of March ate of Indiana, Groom JEFFREY ALLAN SMEATHERS at PLAINFIELD , County of HENDRICKS d, Bride PATRICIA EILEEN MAY of HENDRICKS County, State of INDIANA re by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of INDIANA march march unty. Signed /s/ REV. RICHARD ZORE March led and recorded in accordance with the laws of the State of Indiana this 26th day of March Signed Led and recorded in accordance with the laws of the State of Indiana this 26th day of March Signed	the following marmage and 'c			
e thousand nine hundred and 85 hereby certify that on the 23rdiay of March ate of Indiana, Groom JEFFREY ALLAN SMEATHERS at PLAINFIELD , County of HENDRICKS d, Bride PATRICIA EILEEN MAY of HENDRICKS County, State of INDIANA re by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of INDIANA march march unty. Signed /s/ REV. RICHARD ZORE March led and recorded in accordance with the laws of the State of Indiana this 26th day of <	in the following marmage and 'c			
d, Bride				
PATRICIA EILEEN MAY of County, State of INDIANA unty. ted this 20tHay of March 19.85 led and recorded in accordance with the laws of the State of Indiana this 26th day of March 19.85. Signed 19.85 Signed 19.	ate of Indiana, Groom JEFEDEV		PLAINFIELD	County of HENDRICKS
HENDRICKS County, State of Indiana this 26th day of March 19.85	d, Bride	EATHERS	HENDRICKS	INDIANA
led and recorded in accordance with the laws of the State of Indiana this	ere by me united in marries PATRICIA EILEEN		HENDRICKS	ity, State of
led and recorded in accordance with the laws of the State of Indiana this	nunty.	ge license issued for th	at purpose by the Classic Court	HENDRICKS
led and recorded in accordance with the laws of the State of Indiana this	ated this	, , , , , , , , , , , , , , , , , , ,	purpose by the Clerk of the Circuit Con	irt of
led and recorded in accordance with the laws of the State of Indiana this		March, 19.85		
VIRENIE VIRENIE			Signed /S/ REV RICH	IARD ZORE
VIRENIE VIRENIE	in accordance with the laws of the Stat	te of Indiana II.	mcial Designation ROMAN CATHOL	IC PRIEST
VIRENIE VIRENIE		, indiana this		, 19
		5	added and the state of the stat	VV
HENDRICKS Circuit Court				

APPLICATION FOR N	ARRIAGE LICENSE
IC 31-1-3-2 ective July 1. 1977	S County County
	3-18-85
MALE Medical Examination Report Dated 3-13-85	FEMALE Date of Application
Name of Physician R. D. Kottley	Medical Examination Report Dated 3-13-85
Name of Finysterior ANSWERED, LC, 31-1-3-6 prescribed "False statement, When	Name of Physician R. W. Tyrtley
L QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoe all be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ver procures the issuance of a license to marry by any false statement, representation as a statement of a license to marry by any false statement.
MALE APPLICANT First Middle Last	FEMALE ADDITION
me Eusett Unthony Strahon	Middle T
te of Birth	Date of Birth Month Day Daker
ce of Birth (State or toreign country) And Honpital Generative	Place of Birth (State or foreign country)
idence Address Street or R. R. County State	Residence Address - Street or R. R. City
vious Marital Status: Never Married @ OR	- wandy Manyille and State
Maringe Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
e of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
By Other (Specify) do lice.	
Are you now or have you ever been adjudged to be of unsound mind? No D Yes D	1. Are you now or have up and the second sec
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No Dyes If answer is "yes", has the adjudication been removed? No D yes
Are you afflicted with a transmissible disease? No DY Yes D	2. Are you afflicted with a transmissible disease? No B Vac I
Are you related to the female applicant closer than second cousin? No Ves Are you now under the influence of intoxicating liquor? No Ves Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin? No D Yes I
Are you now under the influence of a narcotic drug? No Tes D	 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	6. List the full names of any dependent children.
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Ves I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No 🛛 Yes 🕻
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are i compliance with any court/order or orders issued for their support.
Full name of father Taul Engine tischer	8. Full name of father Hullert Bafter
Residence of father (if deceased so state) Aug Indiana	Residence of father (if deceased so state) Damuelle An
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Ky
Full maiden name of mother Many & Losey	9. Full maiden name of mother Mary Je Underwood
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country)	And
te of Indiana,	Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS County of HENDRICKS Ss: I depose and state the information give in this application is true and correct
hty of HENDRICKS } as: in this application is true and correct.	County of As: in this application is true and correc
signed Everett a. Fischer	signed Symberly H-Dakes
New Address PO Box 9 CLAYTON IN 46118	New Address P.O. Dox 4 Clayton, the
scribed and sworn to before me this day of March, 19.85	Subscribed and sworn to before me this day of HENDRICKS
Mary Jan Kussellerk HENDRICKS Circuit Court	Mary que Tylade Clerk HENDRICKS Circuit Cour
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant nereby give content of a signs, state facts which render the consent of the other parent unnecessary
s, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the time the
e of Indiana, nty of HENDRICKS }ss:	State of Indiana, HENDRICKS
nty of A set to the set of	County of
SignedFather	Signed
Signed	Signed
cribed and sworn to before me this day of, 19,	Subscribed and sworn to before me this
Clerk	
	T. A marriage license having been refused to the above named parties, in
HENDRICKS County County County	T. A marriage license having been refused to the error and file urt by written order issued
THE REPORT OF THE PARTY OF THE	AND MARRIAGE CERTIFICATION DEVOLUTION
day of day of	ANN BAKER
ANTUONY FICUED	a de suite
P. MICHAEL. THORNBURG	nereby certify that on the
thousand nine hundred and EVERETT ANTHONY FISCHER	HENDRICKS County, State of INDIANA
P. MICHAEL THORNBURG h thousand nine hundred and 85 a te of Indiana, Groom EVERETT ANTHONY FISCHER o Bride KIMBERLY ANN BAKER of e by me united in marriage as authorized by a marriage license issued for t	HENDRICKS County, State of HENDRICKS
e by me united in marriage as authorized by a marriage license issued for t nty.	the clerk of the Circuit Court of
01/ma and 1 to 1	hat purpose of the second se
nty.	
ed this 30th day of March 19 ⁸⁵	Signed /s/ MICHINA
ed this	Signed /s/ MICHINA

	370	
	STATE OF	FINDIANA No. 84
	Beggribed By	MARRIAGE LICENSE File
	Form Prescriber Board of Indiana State Board of Health under Authority HENDRIC	KS G-18-0-
	effective July 1, 1977	KS County Date of Application
		FEMALE 3-9-8-
	MALE Medical Examination Report Dated 3-9-85	Medical Examination Report Dated 3-9-85
	Medical Examination Report 2	Name of Physician M. O. Scenahorn
		bever procures the issuance of a license to marry by any false statement, representation or pretense
alighting the state of the stat		FEMALE APPLICANT
	shall be fined in any set MALE APPLICANT	Name First Class of Middle I Last
	Name Joy dan Lasebath	Date of Birth Month Day Year
	Date of Birth Month Day 1960	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Residence Address Street or R. B City County State
	Residence Address Breet or R. R. City younty State	34 Jennifer Same Drowasburg, Hendrecks In
	Previous Marital Status: Never Married @ OR	Previous Marital Status: Never Married OR
	Annument	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: B Birth Certificate D Judicial Decree
	Date of birth verified by: Birth Certificate Dudicial Decree	Date of birth verified by Diral Criminal Plants Prints
	Other (Specify)	Other (Specify)
	No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □
	If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No U Yes U 2. Are you afflicted with a transmissible disease? No U Yes U
	2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No yes D
	 3. Are you related to the female applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor? 	4. Are you now under the influence of intoxicating liquor? No yes D
	5. Are you now under the influence of a narcotic drug? No ☑ Yes □	 5. Are you now under the influence of a narcotic drug? No ♥ Yes □ 6. List the full names of any dependent children.
	6. List the full names of any dependent children.	6. List the full names of any dependent children.
		7. Are you required by any court order or orders to support the above
	7. Are you required by any court order or orders to support the above dependent children?	dependent children? No 🛛 Yes
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any courf order or orders issued for their support. 8. Full name of father Stephen Martin Surke for.
	8. Full name of father Allow October Office of the office	Residence of father (if deceased so state) Dralling burg, In
	Residence of father (if deceased so state) Muse by Constant	Birthplace of father (State or foreign country) Penngeplingia
	Birthplace of father (State or foreign country) macand	Thelm of Mabre A. Hay)
	9. Fullmaiden name of mother full car a contraction of the and	9. Full maiden name of mother and a start full of the
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	County of HENDRICKS	County of HENDRICKS
	signed Jordon M. Koseboom	signed Schorch & Luka
	New Address	New Address
	Subscribed and sworn to before me this 18th day of March 1985	Subscribed and sworn to before me this 18th day of Matthe 1985
	Muly pre Russell Clerk HENDRICKS Circuit Court	Mary ane Russell Gerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

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State of Indiana, HENDRICKS County of Signed Signed Father Subscribed and sworn to before me this day of Clerk Clerk	State of Indiana, County of HENDRICKS } ss: Signed Father Signed Mother Subscribed and sworn to before me this day of Clerk Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the above named parties, the court by written order issued
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice day of	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the HENDRICKS Circuit Courses , 19 , authorizing the joining together as husband and will and DEBORAH DE ANNE GURKA office, to-wit: hereby certify that on the 30 day of March
State of Indiana, Groom	
Filed and recorded in accordance with the laws of the State of Indiana this	Signed M. SUE MCDOUGAL

Prescribed By STATE OF APPLICATION FOR N th under Authority 31-1-3-2	ARRIAGE LICENSE
tive July 1, 1977	S File
	County
MALE Medical Examination Report Dated 3-13-85	FEMALE Date of Application
Medical Examination Report Ductor	Medical Examination Report Dated
Name of Physician	Name of Diana
QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoe be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver.procures the issuance of a ligament
QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoe be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	a needs to marry by any false statement, representation or pretens
First Middle Last	FEMALE APPLICANT
Month Day Wear	Middle Middle
of Birth	Date of Birth Month Day
of Birth (State or foreign country) Judiana	Place of Birth (State or foreign country)
ence Address Street or R. R. City County State	Residence Address Street or R. R. City County
5926 Upers Delle apt 446 Jedge.	NNI Box 169 Danvella State
ous Marital Status: Never Married D. OR Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Marriage Ended by. Death Directificate Dudicial Decree	Last Marriage Ended By: Death D Divorce Annulment
of Direntermode 5 173	Date of birth verified by: A Birth Certificate D Judicial Decree
Other (Specify)	Other (Specify)
re you now or have you ever been adjudged to be of unsound mind? No Ves D	1. Are you now or have you ever been adjudged to be of unsound mind? No Derve
answer is "yes", has the adjudication been removed? No Ves No Yes No No Yes No Yes No No Yes No No Yes No Yes No Yes No Yes No Yes No No Yes No Yes No Yes No Yes No No No Yes No No No Yes No No No No Yes No No No Yes No	If answer is "yes", has the adjudication been removed?
re you afflicted with a transmissible disease? No 🛛 Yes 🗆 re you related to the female applicant closer than second cousin? No 🖓 Yes 🗆	2. Are you afflicted with a transmissible disease?
re you related to the female applicant closer than second cousin? No Yes re you now under the influence of intoxicating liquor? No Yes	3. Are you related to the male applicant closer than second cousin? No Drye
re you now under the influence of a narcotic drug? No Ves V	 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug?
ist the full names of any dependent children.	Are you now under the influence of a narcotic drug? No Pres List the full names of any dependent children.
re you required by any court order or orders to support the above	
pendent children? No Ves V	 Are you required by any court order or orders to support the above dependent children?
answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
impliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
ull name of father Maurice D. Wells	8. Full name of father Michael MMyyeye
esidence of father (if deceased so state)	Residence of father (if deceased so state)
inthplace of father (State or foreign country	Birthplace of father (State or foreign country
ull maiden name of mother Barbaras N. Marchall	9. Full maiden name of mother Margie & Morriso
esidence of mother (if deceased so state)	allow and
	Residence of mother (if deceased so state)
of Indiana,	Birthplace of mother (State or foreign country)
ty of HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS as: I depose and state the information give in this application is true and correct
" Davie My wells	1 michelle m mars
Signed Sured States	Signed 5976 ACANHEL Jolls Apt. 44
New Address 5425 APACHE WELLS APT 446	New Address 3426 Apter May Dels, INO 44
ribed and sworn to before me this 13 day of 140.000, 19.85	Subscribed and sworn to before me this day of HENDRICKS
Augene Russell Clerk HENDRICKS Circuit Court	1 Mary Jone Mussellark meromene Circuit Con
	THE REPORT OF CUAPPIAN
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	and the second second second second second
of Indiana, ty of HENDRICKS } ss :	State of Indiana, HENDRICKS
	County of micha M. prycia Forth
Signed	Signed Mapain A Myers Mort
SignedMother	Signed A Multiple gay of March 18
ribed and sworn to before me this	Subscribed and sworn to before me this day of the sword of the state of the state of the sword of the state of the sword o
	11/ang Jour June
IPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR'	having been refused to the above named parties, th
PLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been received and file
PLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR'	urt by written order issued to the above named parties.
anth animan and directs the issuance of	I a married
	AND MARRIAGE CERTIFICATION HENDRICHT
Be It Remembered, there was filed in my office a marriage licent	se issued by the clerk of the
Be It Remembered, there was filed in my office a marriage licent adiana dated the day of day of day of and a dated the day of day of day of and a dated the day of day ofday of day ofday of day of	MICHELLE MYERS
DAVID B. WELLS further remembered, the following marriage certificate was filed in my of	nd
Downer remembered, the following marriage certificate was filed in my of	areby certify that on the 23rd day of Marcin MARION
DAVID B. WELLS t further remembered, the following marriage certificate was filed in my of DONALD E. RICHARDS	BRIDGEPORT FRIENDS CHURCH, County of INDIANA
DONALD E. RICHARDS housand nine hundred and 85 e of Indiana, Groom DAVID B. WELLS bride	MARION County, State of INDIANA
BAVID D. WILLID	HENDRICKS
by me with h	hat murpose by the Clerk of the Circuit Court of
ity. In marriage as authorized by a marriage license issued for	DTCUAPDS
	/s/ DONALD L.
22nd Jack March 1005	State
d this 22nd day of March, 19.85	Signed /s/ DOMINISTER Official Designation MINISTER 26th day of March Cler UENDRICKS Crewit Conv

ł

A CONTRACT OF A	372		
		INDIANA	No. 88
	STATE OF	ADDIAGE LICENSE	File
	Form Prescribed By Indiana State Board of Indiana State Authority HENDRICK	MARRIAGE LICENSE	3-18 0-
	Health under	County	Date of Application
	of I.C. 31-10-2 Effective July 1, 1977	FEMALE	21155
	MALE 3-18-85	Medical Examination Report D	ated Stros
	Medical Examination Report for a second	Name of Physician	yarus
1. In the state	Name of Physician HUMA ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who ALL QUESTIONS must be exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry	by any false statement, representation or pretense
And the second and the second	ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescription "	FEMALI	APPLICANT
A STREAM AND A STREAM AND A STREAM	shall be fined in any sum own	Name First	Middle Ref Last
	Name Pirst Physe Statt	Date of Birth Month	Bay 30 B Year
	Date of Birth Month 94 1954	Place of Birth (State or foreign country)	
	Place of Birth (State or foreign country) MANON, VINN	Residence Address Street er R. R.	Pur City Downty State
	Residence Address Street of R. K Ald. And the	213 Rungh Nr.	The And the
	Previous Marital Status: Never Married QR	Previous Marital Status: Never Married 0 O Last Marriage Ended By: Death 0 Diverce	Annulment D
	Ended By Death Divorce Annument	Date of birth verified by: D Birth Certificate	
1	Last Marriage Ended by: Detail	Low the M	he /
	Dother (Specify) M. UC	1. Are you now or have you ever been adjudged	to be of unsound mind? No Yes D
	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 D Yes D
	If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease	the provide the pr
	3. Are you related to the female applicant closer than second cousin?	 Are you related to the male applicant closer Are you now under the influence of intexicat 	
	4. Are you now under the influence of intoxicating liquor?	5. Are you now under the influence of a narcoti	
	5. Are you now under the influence of a narcotic drug?6. List the full names of any dependent children.	6. List the full names of any dependent children	
and the set	b. List the full manes of any		
	7. Are you required by any court order or orders to support the above No 🗆 Yes 🗖	 Are you required by any court order or order dependent children? 	rs to support the above $N_0 \square Y_{es} \square$
	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this App	lication be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support	FURALI	suged for their support.
	8. Full name of father Willis - Succe Perula	8. Full name of father another	Desid:
	Residence of father (if deceased so state) VI and Many Vience	Residence of father (if deceased so state)	Ind
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country).	Porsine Makest
	9. Full maiden name of mother	9 Full maiden name of mother	as Angelis Af
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state).	Ind
and the second	Birthplace of mother (State or foreign country) Data Data State of Indiana, I depose and state the information given	Birthplace of mother (State or foreign country State of Indiana,	I depose and state the information given
	County of	County of HENDRICKS	5 and in this application is true and correct.
	Signed Cotes Tratt	Signed	lie S. Holuson
	New Address 313 KARYD OF PLALD IN	New Address 31	3 Kayp Ale. Plfd
	Subscribed and sworn to before pro this day of Much	Subscribed and sworn to before me this	18 day of puck 19th
	Mary June Russell Clerk HENDRICKS Circuit Court	Mary June Ree	HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN		CUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR	give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the conse	
		and a state facto which result the count	and a second

	Signed			County of		
			Father	Signed	nt den en e	
Sala il la la	org neu		Mother	Signed	an a	
Subscribed and swo	irn to before me this	day of		Subscribed and sworn to before r	ne this day of	
			Clerk			
				and a second sec		
COMPLETE I	F MARRIAGE LI NDRICKS	ICENSE ISSUED BY OR	DER OF COURT	. A marriage license havin	g been refused to the abov	e named part
in		County	Cou	rt by written order issued		
		authorizes and dire	ects the issuance of	a marriage license to the ab	ove named parties.	
		RETURN OF MAR	and a second sec	the second se	the second s	
36	e It Remembered	, there was filed in my off-	RIAGE LICENSE	AND MARRIAGE CERTI	FICATE HENDRICKS	Circu
		25 day of	a marriage licens	e issued by the clerk of the.		as husband a
Be it further r	emembered the fil	ROBERT JOHN SCOT	Г	d	ANNE DOBINSON	
1	internocrea, ine jou	ROBERT JOHN SCOT	was filed in my of	a IERI SUZ	ANNE RODINSON	
					20 1	March
Stat Galand n	ine hundred and			t INDIANAPOLIS		MARION
State of Indian	na, Groom	ROBERT JOHN SCOT	Г	tINDIANAPOLIS	, County of	INDIAN
and, Bride		TERI SUZANNE ROB	INSON	f. HENDRICKS		INDIAN
	ited in marriage as		of	HENDRICKS HENDRICKS	County, State of	and the second second
were by me uni	Juge us	authorized by a marriage l	icense issued for th	at murphese by the Clock of	he Cincuit Court of	HENDRICKS
were by me uni County.				a purpose by the Clerk of t	ne circuit court of	
were by me uni County. Dated this	30	day of March	19 85			
Dated this	30	and of	, 19	Signed /s/	DAVID BERTHOLD	
Dated this	30	and of	, 19	Signed /s/	DAVID BERTHOLD	
Dated this	30	and of	, 19		DAVID BERTHOLD	19 8

Prescribed By State Board of APPLICATION FOR	INDIANA
h under Authority	MARRIAGE LICENSE
11-13-2 31-1-3-2 jive July 1, 1977	County File
2 HARRIS	3-20-85
MALE Medical Examination Report Dated 3-16-85	FEMALE Date of Application
Name of Physician Aarris	Medical Examination Report Dated 3-16-85
Name of Physician Swere D. LC. 31-1-3-6 prescribed "False statement, Wa	Name of Physician D. Harris
QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Who be fined in any sum not exceeding five hundred dollars (\$500,00)", MALE APPLICANT	ever procures the issuance of a license to marry by any false statement, representation or pretense
Report Dean Wildle Last	Name First
of Birth Month Day Year	Date of Birth Month Month
of Birth (State or foreign/country)	Place of Birth (State or foreign country)
ence Address Street or R. R. City County State	
126 happlan the april sape	Address Street or R. R. City County State
sus Marital Status: Never Married DOR	Previous Marital Status: Never Married B OR
Finded By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by:
B Other (Specify) An Arcense	Other (Specify) _ Dy - Langer
re you now or have you ever been adjudged to be of unsound mind? No P Yes D	1. Are you now or have you area here of the second
answer is "yes", has the adjudication been removed? No Ves O	1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D If answer is "yes", has the adjudication been removed? No D Yes D
re you afflicted with a transmissible disease? No D Yes D	2. Are you afflicted with a transmissible disease? No D Yes D No D Yes D
re you related to the female applicant closer than second cousin? No Yes No Yes No Yes No Yes A	3. Are you related to the male applicant closer than second cousin? No Tes D
re you now under the influence of intoxicating liquor? No Yes re you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of intoxicating liquor? No Yes D
st the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? No B Yes D 6. List the full names of any dependent children.
	and any dependent enharen.
re you required by any court order or orders to support the above pendent children? No 🗆 Yes 🗆	7. Are you required by any court order or orders to support the above dependent children? No O Yes O
answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
mpliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
ill name of father Mean units	8. Full name of father function of the second
esidence of father (if deceased so state)	Residence of father (if deceased so state) A Anville the
rthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Ill maiden name of mother Rosemany Mara	9. Full maiden name of mother_/orma Webster
esidence of mother (if deceased so state)	Residence of mother (if deceased so state) Jame
rthplace of mother (State or foreign country) Wise	Birthplace of mother (State or foreign country)
of Indiana. HENDRICKS	State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.
ty of HENDRICKS BS: in this application is true and correct.	County of
Signed Mahert Dan Mall-	Signed Janice E. Ogborn
New Address 5926 Trafalger Jone Apt B Judglo	New Address 5926 Drafalger Lane apt B In
ribed and sworn to before me this 20 day of Mar 1925	Subscribed and sworn to before me this 20 day of 1900 1900
Jary one Kassel Clerk HENDRICKS Circuit Court	Mary que Rusself Clerk HENDRICKS Circuit Court
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana.
of Indiana, ty of	State of Indiana, HENDRICKS
)	Father
Signed	Mother
Signed	Signed
ribed and sworn to before me this	Subscribed and sworn to before and clerk
Clerk	the named parties, the
PLETE IE MADDIA GE LIGENER OF COL	RT. A marriage license having been refused to the above named parties, the and filed
HEADER IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage license having been refused to the user and filed ourt by written order issued
authorizes and directs the issuance	of a marriage license to the above named parties.
	E AND MARKIAGE CHITAL TILIVENION
Be It Remembered there was filed in my office a marriage lice	nse issued by the clerk of the
ndiana dated the 25 day of March	and JANICE ELAINE OGBORN
aug 01	A THE OGHLEN
ROBERT DEAN WITKING	hereby certify that on the 30th day of HENDRICKS
t further remembered, the following marriage certificate was filed in my	County of
t further remembered, the following marriage certificate was filed in my DALE ALAN RUMBLE	DANVILLE
t further remembered, the following marriage certificate was filed in my DALE ALAN RUMBLE	DANVILLE
t further remembered, the following marriage certificate was filed in my DALE ALAN RUMBLE thousand nine hundred and 85 e of Indiana Carton DODDER	at County, State of INDIANA, of MARION County, State of INDIANA,
t further remembered, the following marriage certificate was filed in my DALE ALAN RUMBLE thousand nine hundred and 85 e of Indiana Carton DODDER	at
t further remembered, the following marriage certificate was filed in my 	at
t further remembered, the following marriage certificate was filed in my DALE ALAN RUMBLE thousand nine hundred and 85 e of Indiana Carton DODDER	at
t further remembered, the following marriage certificate was filed in my 	at



STATE (DF INDIANA No. 90
the set ind By	MARRIAGE LICENSE File
Form Prescrictor of APPLICATION FOR	CVS B DIE
Health under Autority HENDKI	
Effective July 1. 1977	Date of Application
50	FEMALE Medical Examination Report Dated 3-13-85
MALE Medical Examination Report Dated 3-13-85	
Medical Examination Report	Name of Physician Mamell
Name of Physician Stanell	hoever procures the issuance of a license to marry by any false statement, representation
	hoever procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED. I.C. 314540 processors of the second state of the second seco	FEMALE APPLICANT
Middle	Name First Middle D. Last
Name First Branch	Date of Birth Month Day View
Date of Birth Month Day 34	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Place of Birth place of Maria touring
(QAAN) City County State	Residence Address Street or R. R. City County State
Residence Address Street or R. R. P. 22d. Ind.	bill bylet ware work for
a contraction of the second se	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR Last Marriage Ended By: Death O Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death is Divorce in Annual Divorce Diver Divorce Divorce Divorce Divorce Divorce Divor	Date of birth verified by: D Birth Certificate D Judicial Decree
	and and in
Other (Specify) Dr. His.	d Other (Specify) br. 710
No Pres -	1. Are you now or have you ever been adjudged to be of unsound mind? No G Yes D
If a same is "tree" has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No Ves D
Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease? No Ves D
A re you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin? No Yes D
4. Are you now under the influence of intoxicating liquor? No 🗖 Yes 🗆	4. Are you now under the influence of intoxicating liquor? No Tes D
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug? No B Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Just Carlocal	equely youth and
Delando I	
- Arether L.	
Are you required by any court order or orders to support the above dependent children? No 🗹 Yes 🗆	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Samer a. Branam	8. Full name of father Call Rush
	he sately with
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Jula Robbus	9. Full maiden name of mother Ethel Keller
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
County of	State of Indiana, HENDRICKS
	County of
Signed Signed Chronom	Signed Share ales
New Address 11782 Owon av, Afge	New Address 1782 anon an Plainfuld
ubscribed and sworn to before me this 21 day of March 19	32 (Look) SE
Mary Jone Russell - HENDRICKS	Subscribed and sworn to before me this day of 14 10 200 19.5
Clerk Clerk Circuit Court	1 Jany Jone Russellerk HENDRICKS Circuit Court
ONSENT OF PARENTS PARENT OF CULTURE	
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
Ve, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
gns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

374

Public Annual Markol

State of Indiana, HENDRICKS }ss:

County of HENDRICKS } ss:	State of Indiana, Country of HENDRICKS } so:
Signed	
Signed Mother	Signed
Subscribed and sworn to before me this	SignedMother
	Subscribed and sworn to before me this
Clerk	Clerk
	T. A marriage license having been refused to the above named parties, the part by written order issuedand filed
inauthorizes and directs the issuance o	of a marriage license to the shore and a stick
RETHEN OF MADDA	
of Indiana dated the day of day of	E AND MARRIAGE CERTIFICATE ase issued by the clerk of the HENDRICKS Circuit Court , 19,55, authorizing the joining together as husband and wife
I,	fice, to-wit:
one thousand nine hundred and 85	hereby certify that on the 30 day of MARCH
one thousand nine hundred and 85 State of Indiana, Groom JOSEPH EDWIN BRANAM	at PLAINFIELD County of HENDRICKS
State of Indiana, Groom JOSEPH EDWIN BRANAM OF SHARON EILEEN ELLIS of	of
and, Bride	HENDRICKS Could State of INDIANA
were by me united in marriage as authorized by a marriage license issued for t County. Dated this	that memore by the Club And County, State of HENDRICKS
Dated this	85
	Signed /S/ J. GAYL EDEN
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation CHRISTIAN MINISTER
	Signed the part proved
	HENDRICKS Circuit Court

	37
Form Prescribed By STATE C	F INDIANA
Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE No. 91
Health under of LC. 31-1:3-2 Effective July 1, 1977	CKSCounty File
7 - 61-	5
MALE Medical Examination Report Dated 35-85	FEMALE Medical Examination Report Dated 3-5-85
Name of Physician ARen	Name of DL
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Wi shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000",	noever procures the issuance of a license to marry by any false statement, representation or pretense
shall be fined in any sum and MALE APPLICANT	a section of marry by any false statement, representation or pretense
Name First Line Widdle Wood Last	Name First, Middle
Date of Birth Month 90 Day 1960	Date of Birth Martin Lee Pingleton
Place of Birth (State or (Breign country)	Place of Birth (State or foreign country) / // // ////////////////////////////
Residence Address Street or R. R. O'City. County State	Residence Address Street or R. R. & City Column
Previous Marital Status: Never Married OR	- and Allellall prencaster tutna is the
Annulment	Previous Marital Status: Never Married O OR Last Marriage Ended By: Death O Divorce Annulment O
Last Marriage Birth Certificate Dudicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □ If answer is "yes", has the adjudication been removed? No ♥ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
2. Are you afflicted with a transmissible disease? No yes D	If answer is "yes", has the adjudication been removed? No D Yes D
3. Are you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin? Not Yet D
4. Are you now under the influence of intoxicating liquor? No □ Yes □ 5. Are you now under the influence of a narcotic drug? No □ Yes □	4. Are you now under the influence of intoxicating liquor? No Yes D
 Are you now under the internet of any dependent children. List the full names of any dependent children. 	 5. Are you now under the influence of a narcotic drug? Note Yes D 6. List the full names of any dependent children.
	Lenny Glenn Pingleton
7. Are you required by any court order or orders to support the above dependent children? No Ves D	 Are you required by any court order or orders to support the above dependent children? No Yes Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. 8. Fullname of father Howard angline Woodrun	8. Full name of father Walter all Pounter
Residence of father (if deceased so state)	Residence of father (if deceased so state) Shelp Castle
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country Ind.
9. Full maiden name of mother Walter Walter	9. Full maiden name of mother Alla Del Albson
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country the
State of Indiana, County of HENDRICKS } as: I depose and state the information given in this application is true and correct.	State of Indiana. HENDRICKS as: I depose and state the information given in this application is true and correct.
Annes Linn 10 loochum	signed Kathy Lee, Pengleton
New Address Box #61 Claston Ind 46/18	New Address Address Address And 4611
Subscribed and sworn to before me this 2/ day of March 1995.	Subscribed and sworn to before me this day of 11 Mun, 190
Mary fire Levell Clerk HENDRICKS Circuit Court	Mary June Kussell Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
•	
State of Indiana, County of HENDRICKS	State of Indiana, HENDRICKS
	County of
SignedFather	Mother
Signed	Signed
	IRT. A marriage license having been refused to the above named parties, the and filed
HENDRICKS	URT. A marriage license having been refused to the doordan and filed Court by written order issuedand filed of a marriage license to the above named parties.
inauthorizes and directs the issuance	of a marriage license to the above named particle
of Indiana dated the	se of a marriage inclusion SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the joining together as husband and wife 1905, authorizing the joining together as husband and wife and tothe Lee Pingleton April hereby certify that on the day of April hereby certify that on the hereby county of Hendricks
James Land and an	and Kathy Lee Ming
I,	and Kathy Lee I Ing. office, to-wit: hereby certify that on the <u>day of</u> April hereby certify that on the <u>day of</u> Hendricks at <u>Danville</u> of <u>Hendricks</u> <u>County</u> , State of <u>ID</u> <u>County</u> , State of <u>ID</u>
one thousand nine hundred and 85	at Danville County, State of ID
State of Indiana, Groom Jame Lypp Woodrum	of Hendricks County, State of HENDRICKS
and, Bride	hereby certify that on the county of
County. Dated in marriage as authorized by a marriage license issued for	5 1-1 Roy Bruce A. Brown
day of April , 19	r that purpose by the cleft of Signed 1st Rev. Bruce A. Brown Official Designation Pastor Official Designation April 19.85 day of April Clerk HENDRICKS Circuit Court
Filed	Official Designation Hpril Clerk
Filed and recorded in accordance with the laws of the State of Indiana this.	Official Designation Hprill Clerk day of here Reserve Clerk Signed HENDRICKS Circuit Court
	Signour

		FINDIANA No. 92
	STATE O	MADDIACE LICENSE
	Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File
	Health under Authority HENDRIC	
	Effective July 1, 1977	Date of Application
		FEMALE Medical Examination Report Dated
	MALE Medical Examination Report Dated 3-20-85	
	A A A A A A A A A A A A A A A A A A A	Hume of the
ARAM INTERNA	False statement – who	oever procures the issuance of a license to marry by any false statement, representation or pretense
ANNU PANANAN ALILI	shall be fined in any sum not extended	FEMALE APPLICANT
	MALE APPLICANT	Name First Middle Last
	Name First Prinaile Entrud	Date of Birth Month Day Year
	Date of Birth Month Day Year	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Indiana
	Midiana City County State	Residence Address Street or R. R. City County State 3950 N. 1000E. Brownstway Ned
	Residence Address Street or Rg. C. Shaple.	- And -
	Previous Marital Status: Never Married 0R	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
	Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended by: Death - Divorce - Annument - Date of birth verified by: Birth Certificate - Judicial Decree
	Date of birth verified by: Birth Certificate Judicial Decree	
	Other (Specify) Dr. Lico	Other (Specify), D. Dodd
	No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
	Monte and the adjudication been removed?	If answer is "yes", has the adjudication been removed?
	2 Are you afflicted with a transmissible disease? No Yes	2. Are you afflicted with a transmissible disease? No 🕑 Yes 🗆
	3. Are you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin? No Ves
	4. Are you now under the influence of intoxicating liquor? No Ves No Yes No Yes	 4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No □ Yes □
	5. Are you now under the influence of a narcolic unug.	6. List the full names of any dependent children.
	6. List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above dependent children?	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father John Williams Erym M.	8. Full name of father Coloris C. Mason
	Residence of father (if deceased so state)	Residence of father (if deceased so state)
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Qualiana
	9. Full maiden name of mother house furthiser	Red & Slate
	la.	9. Full maiden name of mother Alaba Carella
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) & Malana
	County of HENDRICKS	State of Indiana, County of HENDRICKS ss: I depose and state the information given in this application is true and correct.
	Rula 45	County of County
Market States	Signed Juchar Com	Signed Margari Curry
	New Address 1714 Georgeboen Red	New Address 1719 flage lace har
	Subscribed and sworn to before me this 2 day of Manal , 198	Subscribed and sworn to before me this 24 day of 1905
	Mary Jane Kussell Clerk HENDRICKS Circuit Court	Mary Jane Russell Gerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN OF FRANK STREET
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

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V

State of Indiana

County of HENDRICKS } ss:	State of Indiana, County of HENDRICKS
Signed	Signed
in llanka Office authorizes and directs the issuance of	T. A marriage license having been refused to the above named parties, the urt by written order issued
Be it further remembered, the following marriage in an and the marriage licenses of Indiana dated the marriage licenses and the marriage licenses an	E AND MARRIAGE CERTIFICATE se issued by the clerk of the
1,LARRY_R. HESSON one thousand nine hundred and 85 State of Indiana, Groom RICHARD_P. ERVIN and, Bride MARGARET CRUMP were by me united in marriage as authorized by a marriage license issued for t Dated this 21st	hereby certify that on the 21st day of March at DANVILLE , County of HENDRICKS of HENDRICKS County, State of INDIANA HENDRICKS County, State of INDIANA
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /S/ LARRY R. HESSON

	3	
Form Prescribed By STATE OF	INDIANA	
Indiana State Board of APPLICATION FOR	MARRIAGE LICENOD No. 93	
Health under 2 of LC. 31-1-3-2 Effective July 1. 1977	S File_	
Eiks	County	
MALE Matter Benort Dated 3/16/85	FEMALE Date of Application	
MALE Medical Examination Report Dated 3/16/85	Medical Examination Report Dated	
Name of Physician Decam M. Dross	Name of the stand	
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,000", MALE APPLICANT	ever procures the issuance of a li	
ALL QUESTIONS MUST BE ANSWERED, D. C. al-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000",	insulance of a license to marry by any false statement, representation or pretense	
First Middle last	FEMALE APPLICANT	
Name Month Day Year	Midgle	
Date of Birth	Date of Birth Mghth Day Moake	
Place of Birth (State or foreign country) Haspington	Place of Birth (State or foreign country) 6 Year 1960	
Residence Address Street or R. R. City County State	Residence Address Street on P. D. Ander M. a.	
122 Theles made Braunsburg Hendrecka	122 Helliampher. Brownshing The State -	
Previous Marital Status. Never Married OR OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death O Divorce - Annument - Date of birth verified by: D Birth Certificate D Judicial Decree	Last Marriage Ended By: Death D Divorce D Annulaced D	
Date of birth verified by a birth contract of the second sec	Date of birth verified by: Birth Certificate Judicial Decree	
Other (Specify) Alter the Successed	Other (Specify)_ Drevers Longard	
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D	1. Are you now or have you ever been adjudged to be all you have have	
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	If answer is "yes" has the adjudication by	
2. Are you afflicted with a transmissible disease" No 🗸 Yes 🗆	2. Are you afflicted with a transmissible discuss?	
3. Are you related to the female applicant closer than second cousin? No 🗸 Yes 🗆	3. Are you related to the male applicant closer than second cousin? No Ves D	
4. Are you now under the influence of intoxicating liquor? No 🗗 Yes 🗆	4. Are you now under the influence of intoxicating liquor? No Yes D	
 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 	5. Are you now under the influence of a narcotic drug? No BY Yes D	
6. List the full names of any dependent condition.	6. List the full names of any dependent children.	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above	
dependent children? No Ves I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No 🛛 Yes 🖓	
manswer is yes, it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	
8. Full name of father 2 March Files Farcester	compliance with any court order or orders issued for their support. Select Select Select Select	
Residence of father lifeceased so states Indianapplies	Deconasting - Des	
Julian 1	Residence of father (if deceased so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
9. Full maiden name of mother fire r rea gampett	9. Full maiden name of mother Caralyn Fallone Blenk	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Black webuch	
Birthplace of mother (State or foreign country) Thack action	Birthplace of mother (State or foreign country)	
State of Indiana.	State of Indiana, I in the state of Indiana, I depose and state the information given	
County of HENDRICKS ss: in this application is true and correct.	County of $\frac{\text{HENDRICKS}}{100000000000000000000000000000000000$	
Signed UM A. Laun	signed herry D. Woore	
New Address	New Address	
Subscribed and swarn to before me this 21 wit day of March 1985	Subscribed and sworn to before me this 212t day of March, 19.85	
Miles burn for this day of the Hendricks	Subscribed and swith a deter Pus dellement HENDRICKS Circuit Court	
The first of the Clerk Cherk Circuit Court	1 Mary Aug Augentine Clerk	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN	
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary.	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the constitution	
State of Indiana,	State of Indiana, LIENIDRICKS	
County of HENDRICKS 88 :	County of	
Signed. Father	Signed	
	Signed	
Signed	day of 19	
Subscribed and sworn to before me this day of, 19,	Subscribed and sworn to before the unsate control of the control o	
Clerk		
	T. A marriage license having been refused to the above named parties, the	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County County	urt by written order issued	
inauthorizes and directs the issuance of	f a marriage license to the above named parties.	
authorizes and directs the issuance of	HENDRICKS CIRCUIT COURT	
Be It Remembered, there was filed in my office a marriage licer	se issued by the clerk of the	
20 L III Is promotor of the child in marrille the	1 Internet to the second to th	
of Indiana dated the day of	nd SHERYL D. MOORE	
Be it family ALLEN LAKEW	m to mat:	
1,IARRY R. HERCON	hereby certify that on the county of	
ILARRY R. HESSON. one thousand nine hundred and 85 State of Indiana, Groom TIM ALLEN LAREW and, Bride SHEDYL D	HENDRICKS County, State of	
State of Indiana, Groom TIM ALLEN LAREW and, Bride	doub of the Circuit Court	
and, Bride	that purpose by the Clerk of the	
Dated this	that purpose by the Clerk of the /s/ LARRY R. HESSON Signed	
Dated this 21st day of March , 19.85	SignedHENDRICKS_SUPERIOR_COURT #2	
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MARCH Clerk	
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MARCH Clerk 25th day of Clerk Signed HENDRICKS Circuit Court	
accontance with the laws of the State of Indiana contained	25th day of hus ool HENDRICKS Circuit Court	
THE P	378	
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	Form Prescribed By Indiana State Board of Health under Authority HENDRICK	ARRIAGE LICENSE File 3-21-85
	of I.C. 31-1-3-2 Effective July 1, 1977 MALE Medical Examination Report Dated 3-18-85	FEMALE Medical Examination Report Dated 3-18-95 Name of Physician Philip Batilto
nna na manan ina ka	Name of Physician ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT Eight Middle	ever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT Name First Middle Last
	Name Prist Date of Birth Month Place of Birth (State or foreign country) Residence Address Street or R. R. City County State	Date of Birth Month Day Year IO IO IQ IQ Place of Birth (State or foreign country) IO IQ Residence Address Street or R. R. City County State IO IO IO
	HIQ OLGON DAL Dung Data Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
	 Q. Other (Specify) On The Application of the adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes No Yes I 2. Are you afflicted with a transmissible disease? No Yes I 	 Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes", has the adjudication been removed? No Yes I Are you afflicted with a transmissible disease? No Yes I Are you related to the male applicant closer than second cousin? No Yes I
	 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? Are you now under the influence of a narcotic drug? List the full names of any dependent children. 	 Are you related to the main appendix tailing liquor? Are you now under the influence of intoxicating liquor? No Yes D Are you now under the influence of a narcotic drug? No Yes D List the full names of any dependent children. And Halass
	7. Are you required by any court order or orders to support the above	 Are you required by any court order or orders to support the above dependent children? No I Yes I
	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 2. Line Court of the court	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father Sillians Eligical Sillitt. Residence of father (if deceased so state)
	Residence of father (if deceased so state)	Birthplace of father (State or foreign country) 9. Full maiden name of mother (If deceased so state) Residence of mother (If deceased so state)
	Birthplace of mother (State or foreign country) State of Indiana. County of	Birthplace of mother (State or foreign country) State of Indiana. County of HENDRICKS as: I depose and state the information given in this application is true and correct.
	Signed John Contract DR. INDIALAPOLIS, INDIA	Signed Address 7426 Bentley Inly 6 In New Address 7426 Bentley Inly 6 In Subscribed and sworn to before me this 21 day of March 1985 March Deve Ressol Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	of the other parent differences ary	signs, state facts which render the consent of the other parent unnecessary

BCBE BGEUVE the state

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State of Indiana,

State of Indiana, County of HENDRICKS }ss:	State of Indiana, County of HENDRICKS
Signed	Signed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	RT. A marriage license having been refused to the above named parties, the pourt by written order issued and filed of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI Be It Remembered, there was filed in my office a marriage licen of Indiana dated the 25th day of March ROBERT KEAN Be it further remembered, the following marriage certificate was filed in my o I, WILLIAM REED one thousand nine hundred and 85 State of Indiana, Groom ROBERT KEAN	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nse issued by the clerk of the HENDRICKS Circuit Court h , 19.85, authorizing the joining together as husband and wife and JEWELL PRUYN office, to-wit:
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ REV, WILLIAM REED JR.

	37
Indiana State Board of APPLICATION FOR	FINDIANA MARRIAGE LICENSE
Health Under of I.C. 31-1-3-2 Effective July 1, 1977	KS
Ence.	County
MALE Medical Examination Report Dated <u>3-32-85</u>	FEMALE Date of Application
Name of Physician Denald Stegemaller	Medical Examination Report Dated 3-22-80
Name of Physician	Non an Call State Do
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	bever procures the issuance of a license to marry by any follow
	Diane en e
Name First Middle Balderyn	Name First
Date of Birth Month Day Year 1962.	Date of Birth Month March Hard
Place of Birth (State or foreign country)	Place of Birth (State or foreign country), 15 1965
Residence Address Street or R. R. City County State	Residence All
Bout and manarticky SU.	32 Peggy Lane Brownshing State
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married D OR
Last Marriage Ended By Death Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death D Divorce Annulment D
the set for and	Date of birth verified by: D Birth Certificate D Judicial Decree
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is yes, that the dependence of the set of the	If answer is "yes", has the adjudication been removed? No Yes 2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No 7/Yes 7	3. Are you related to the male of the set
4. Are you now under the influence of intoxicating liquor? No Yes D	4. Are you now under the influence of intoxicating liquor? No U Yes D
 Are you now under the influence of a narcotic drug? No ☑ Yes □ List the full names of any dependent children. 	5. Are you now under the influence of a narcotic drug? No Ves D
"In pate D'Arie Baldury	6. List the full names of any dependent children.
Jacob Contractor Contractor	the second s
7. Are you required by any court order or orders to support the above	
dependent children? No 🗆 Yes 🗖	7. Are you required by any court order or orders to support the above dependent children? No D Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. 8. Full name of father Lobert (Baldurer)	compliance with any court order or orders issued for their support
Residence of father lifeceased so states DOCS Not Rhow	8. Full name of father for the bright Manuel
Anna 1n. Achieve	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother fills and the full and the filles of the f	9. Full maiden name of mother The March All The Marchelly
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
County of	State of Indiana. HENDRICKS County of HENDRICKS Ss: I depose and state the information given in this application is true and correct.
and at a polderen	sono tatricia A Trancis
Signed francisco Supersonal Super	New Address
Subscribed and sworn to before me this 32 nd av of March 19.85	Subscribed and sworn to before me this 32nd day of Makelle, 1985.
marga bas frequences HENDRICKS	MAYEL ONE Russell Clerk HENDRICKS Circuit Court
Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, up policy } ss:
County of HENDRICKS	County of
Signed	Signed
	Signed
Signed Mother Subscribed and sworn to before me this day of, 19,	day of
	Subscribed and short a
Clerk	having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	AT. A marriage license having been refused to the and filed ourt by written order issued
inCountyCo	burt by written order issued above named parties.
in	of a marriage incense to the
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CONTRACT PLANET
Be It Remembered, there was filed in my office a marriage licen of Indiana dated the 27 M day of March	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nese issued by the clerk of the
day of	FRANCIS
l,	fice, to-wit: 29th day of MARCH HENDRICKS
one thousand	AMO INDIANA
I,FRANK W. RODGERS one thousand nine hundred and 85 State of Indiana, GroomTIMOTHY E. BALDWIN and, BridePATRICIA CAY FRANCIS	of
I WUTHY P. BALLWIN	
were by me with the second sec	hu the Clerk of the Circuit Court of
county. I a marriage as authorized by a marriage license issued for	TODOEPS
Dated this 29th day of MARCH , 19 8	
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Harin April
and recorded in accordance with the laws of the State of Indiana this	Official Designation. Hill data April , 19 Clerk day of April Clerk Signed. Many Guy HENDRICKS Circuit Court
- Company Chamberry	Signed

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	STATE O	F INDIANA	No96
	therearised By	MARRIAGE LICENSE	File
	Health under Authority HENDRIC	CKSCounty	3-22-85
	of I.C. 31-1-3-2 Effective July 1. 1977		Date of Application
	alialar	FEMALE Medical Examination Report D	ated3/19/85
	MALE Medical Examination Report Dated	Name of Physician Rox	ald Stevenally)
	Name of Physician Donald Stegenslow	the issuance of a license to marry	by any false statement, representation or
in a second band		oever.procures the locality	ADDI ICAN
ARADA PA Subject to a series	ALL QUESTIONS MUST BE ANSWERED. L.C. 31-1-3-6 preservoid and state of the second state	Name First	Middle
	Name First & Middle Poland	Jaref	Day Year
	Month Day 71 Year 1056	Date of Birth Month Place of Birth (State or foreign country)	13 1956
	Place of Birth (State or foreign country)		Crawsfordsville
	Residence Address Street or R. R. City County State	Residence Address Street or BR	ntp County State
	309 Church St Kinon	Previous Marital Status: Never Married	DR
	Previous Marital Status: Never Married OF	Last Marriage Ended By: Death Divorce	Annulment
	Previous Marital Status. Received Marital Status. Received Manulment Last Marriage Ended By: Death Divorce/ Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Dirth Certificate	Judicial Decree
	Date of birth verified by: D Differ comment	Other (Specify)	vers ficense,
	Other (Specify) No Yes No Yes	1. Are you now or have you ever been adjudged	
	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes	If answer is "yes", has the adjudication been	
	2. Are you afflicted with a transmissible disease?	 Are you afflicted with a transmissible disea Are you related to the male applicant closer 	
	3. Are you related to the female applicant closer than second cousin.		
	 4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? 		
	6. List the full names of any dependent children.	6. List the full names of any dependent childre	en.
			are to support the shove
	7. Are you required by any court order or orders to support the above dependent children?	 Are you required by any court order or ord dependent children? 	No Yes
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in		plication be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders 8. Full name of father Warner	may Davidson
	8. Full name of father D father and the and	Residence of father (if deceased so state)	10 W. Wall St advon
	Residence of father (if deceased so state)	Birthplace of father (State or foreign country)	Ind
	Birthplace of father (State or foreign country)	9. Full maiden name of mother	gene Chastain
	9. Full maiden name of mother Decury) ee provide and the	Residence of mother (if deceased so state)	I lame.
開始時代	Residence of mother (if deceased so state)		Jadley
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) State of Indiana,	I depose and state the information given
	County of HENDRICKS Ss: In depose and state the information given	County of	ss: in this application is true and correct.
	+ Signed Jold Klald	- Signed Jane	t & Davidson
	New Address 541 Raines ST	New Address 541	Raines 32
	Subscribed and sworn to before me this R2 day of March, 19.85	Subscribed and sworn to before me this	72 day of March 1985
	Mary Jane Aussellerk HENDRICKS Circuit Court	Mary Jase Kuss	Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN		IARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GU We, the parents, of this applicant hereby gi	
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent	
		Signer our racto which render the consent	

County of HENDRICKS ss :	State of Indiana, County of HENDRICKS
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	Signed
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County	T. A marriage license having been refused to the above named parties, the art by written order issuedand filed f a marriage license to the above named parties.
of Indiana dated the day of day of DONALD_LEE_POLAND Be it further remembered, the following marriage certificate was filed in my of JAMES_ETAYLOR	E AND MARRIAGE CERTIFICATE se issued by the clerk of the
	that purpose by the Clerk of the Circuit County, State of HENDRICKS
	35 Signed /s/ JAMES E. TAYLOR
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER
,	Signed Aay of APRIL Clerk

	Form Prescribed By STATE OI Indiana State Board of APPLICATION FOR	FINDIANA
	Indiana State Doard of APPLICATION FOR	MARRIAGE LICENSE
	Effective July 1. 1917	County File
		Date of April 11
	1 Examination Report Dated	FEMALE Date of Application
	None of Physician Many Bush	Name and the second Dated 3-11-85
The Area and Area	Name of This	Name of Physician Manag Bush
The Area and Area	ALL QUESTIONS MUST DL Acceeding five hundred dollars (\$500,00)",	bever procures the issuance of a license to marry by any false statement
The Till and	shall be true MALE APPLICANT	
And And And And And And And And And	Name First	Name First
Provide and the according of the control of th	Muchael Ulle Alle	Date of Pint Teresa Middle
The second of t	in the second stands	Day Day
Bit with the set of the	Allanna	Place of Birth (State or foreign country)
A constrained from the stand of the stand and the sta	Residence Address	
James et al. 19: 0.001 Junior 10:	19 Loven of Ce	
The data many day of part include d land Borne C on the pholo- include d land Borne C on the pholo- include d land and Borne C on the pholo- include d land and Borne C on the pholo- include d land and Borne S of pholo include d land and Borne S of pholo i	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
The data water of the second and the second	Last Marriage Ended By: Death Divorce Annuiment	Last Marriage Ended By: Death D Divorce D Annulment D
B 9	Date of birth verified by:	Date of birth verified by: Birth Certificate D Judicial Decree
by Dynamic Target on the standard and the standard standard and the standard st	Cherros (Specify)	
Specified Specified <t< td=""><td></td><td></td></t<>		
a proceeding of all strumentic locations No G / No D 2 4 proceeding of all strumentic locations No G / No D b proceeding of all strumentic locations No G / No D 2 4 proceeding of all strumentic locations No G / No D b proceeding of all strumentic locations No G / No D 4 do proceeding of all strumentic locations No G / No D b and proceeding of all strumentic locations No G / No D 4 do proceeding of all strumentic locations No G / No D b and proceeding of all strumentic locations No G / No D A proceeding of all strumentic locations No G / No D b and no down proceeding of all strumentic locations No G / No D No G / No D No G / No D b and no down proceeding of all strumentic locations No G / No D No G / No D No G / No D b and no down proceeding of all strumentic locations No G / No D No G / No D No G / No D b and no down proceeding of all strumentic locations No G / No D No G / No D No G / No D b and no down proceeding of all strumentic locations No G / No D No G / No D No G / No D b and no down proceeding of all strumentic locations No G / No D No G / No D No G / No D b and no down proceeding of all st	If answer is "yes", has the adjudication been removed? No D Yes D	If answer is "yes" has the still the
a construction of a manufacture in the second council is a set of the second council is	11 title	2. Are you afflicted with a transmissible it
		3 Are your selected and a selected a
Automation Set 24 are 1 approximation the set point of the setup. Set 24 are 1 approximation the setup. All the setup. 1 approximation the setup. approximation the setup. All the setup. 1 approximation the setup. approximation the setup. All the setup. 1 approximation the setup.	6. List the full names of any dependent children.	
Series required by up controlled a sequent the adverming on the adverming on the adverming of the adver	Austin hake	
dependent influence frame influence in any offer page agrees. and any organized built in Application be accompanded by additional to accompande by additional influence infle		
dependent influence frame influence in any offer page agrees. and any organized built in Application be accompanded by additional to accompande by additional influence infle		
dependent influence frame influence in any offer page agrees. and any organized built in Application be accompanded by additional to accompande by additional influence infle		
Base of 2.1 Properties of a strain we have		
approximation of the set and to part agent. a contrast of the set and the set agent. A set all se		
a bit interest filter is the set of bit in the set of bit is the		
Brighter fiber fib	8. Fullname of father Ronald allen Auke	10 Hastle , che ath The shall
Brighter fiber fib	Pavidance of tathar lit degessed so state? 1 Dod 201 Campley Sur	2/23 Fisher Rd Werresville
a Minden ward notice "Marced material of the first material of the information after water indicates "factor of the construct". Summer Construct of the information after water indicates "factor of the information after water indicates after after water indicates after after water indicates after after water indicates after after after water indicates after	Residence of father (fi deceased so state)	Residence of father (if deceased so state)
Instance of multiperiod moders of states of manage means of the state manage means of the state of managements of the state and means of the state of managements of the state management of th	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
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CONSENT OF PARENTS, PARENT OR GUARDIAN We the parents, of this application berefy give consent for this marriage. If only one parent wine, sine facts which render the consent of the other parent undecessary State of Indiana, HENDRICKS Association State of Indiana, Stat	Mary prie Kussell Clerk HENDRICKS Circuit Court	Maret and Russell Clerk HENDRICKS Circuit Court
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State of Indiana. HENDRICKS } as: Signed Father Signed Father Signed Mother Signed May of Control 19 Complexity County County County County County Subscribed and sworn to before me this day of Mathematics County Subscribed and sworn to before me this day of Mathematics County Subscribed and sworn to before me this day of Mathematics County County Subscribed and sworn to before me this day of Mathematics County County Subscribed and sworn to before me this Gather Mathorining the pather member difficin my office a		signs state facts which render the consent of the other parent unnecessary
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Signed Father Signed Father Signed Mother Mother Signed Kather Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HNDRICKS County count count Complexity County County by written order issued and field in authorizes and directs the issuance of a marriage license to the above named parties. and field Be Si Remembered, the following marriage certificate was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court Michael Allen 20 th day of Michael and and work Michael Allen DUKE and TERESA LYNN WOODS County of HENDRICKS County of HENDRICKS State of Indiana, Groom MICHAEL ALLEN DUKE of JOHNSON County of HENDRICKS State of Indiana, Groom MICHAEL ALLEN, DUKE of JOHNSON County, State of INDIANA Mad, Bride TERESA LYNN WOODS of JOHNSON County, State of INDIANA Mad, Bride	County of HENDRICKS } ss :	County of
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COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County	Subscribed and sworn to before me this	Subscribed and sworn to before me thisClerk
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County County of the county County <th< td=""><td>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL</td><td>RT. A marriage license having seen and filed</td></th<>	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having seen and filed
RETURN OF MABRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court Be if Attemembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of Mich 19.4 authorizing the joining together as husband and wife Def Indiana dated the 2 day of Mich 19.4 authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: 19.4 day of April STEVAN W. RANSON hereby certify that on the 20th day of HENDRICKS STEVAN W. RANSON hereby certify that on the 20th day of HENDRICKS STEVAN W. RANSON hereby certify that on the 20th day of HENDRICKS State of Indiana, Groom MICHAEL ALLEN DUKE of JOHNSON County, State of INDIANA Bride TERESA LYNN WOODS of HENDRICKS County, State of INDIANA Bride Bride April , 19.85 S	HENDRICKS CountyC	ourt by written order issued
RETURN OF MABRIAGE LICENSE AND MARRIAGE CIERN of the the state of line in the state of line	authorizes and directs the issuance	of a marriage license to the above hand a
Joint State of Indiana dated the 2 day of Mich El Allen DUKE 10. If authorizing the joining togener Be it further remembered, the following marriage certificate was filed in my office, to-wit: and TERESA LYNN WOODS Be it further remembered, the following marriage certificate was filed in my office, to-wit: 20th day of April Image: STEVAN W. RANSON hereby certify that on the 20th day of HENDRICKS Image: Stevan W. RANSON hereby certify that on the 20th day of HENDRICKS State of Indiana, Groom MICHAEL ALLEN DUKE of JOHNSON County, State of INDIANA and, Bride TERESA LYNN WOODS of HENDRICKS County, State of INDIANA and, Bride TERESA LYNN WOODS of HENDRICKS HENDRICKS County. State of Indiana, Groom MICHAEL ALLEN DUKE of INDIANA and, Bride TERESA LYNN WOODS of HENDRICKS County, State of INDIANA and, Bride TERESA LYNN WOODS of the number of the Circuit Court of HENDRICKS County. County. State of Indiana this.		TE AND MARKIAGE CLASS THE TOTAL
And the day of	Be It Remember of there was fled in my office a marriage lice	nse issued by the clerk of the
Be if further remembered, the following marriage certificate was filed in my office, to-wit: 1	of Indiana dated the 2 / Much	, 19. 2. 2, authorizing the journey of
Be if further remembered, the following marriage certificate was filed in my office, to-wit: A. STEVAN W. RANSON	MICHEL ALLEN DIKE	and TERESA LYNN WOODS
State of Indiana, Groom MICHAEL ALLEN DUKE of <u>HENDRICKS</u> County, State of <u>INDIANA</u> and, Bride <u>TERESA LYNN WOODS</u> of <u>HENDRICKS</u> County, State of <u>HENDRICKS</u> were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u> County. Dated this <u>2007</u> bf <u>April</u> , 19 85 <u>Signed</u> <u>15</u> / STEVAN W. RANSON Filed and recorded in accordance with the laws of the State of Indiana this <u>24th</u> day of <u>April</u> <u>HENDRICKS</u> <u>Circuit Court</u>	Be it further remembered the fill in my	office, to-wit: 20th day of Apili
State of Indiana, Groom MICHAEL ALLEN DUKE of <u>HENDRICKS</u> County, State of <u>INDIANA</u> and, Bride <u>TERESA LYNN WOODS</u> of <u>HENDRICKS</u> County, State of <u>HENDRICKS</u> were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u> County. Dated this <u>2007</u> bf <u>April</u> , 19 85 <u>Signed</u> <u>15</u> / STEVAN W. RANSON Filed and recorded in accordance with the laws of the State of Indiana this <u>24th</u> day of <u>April</u> <u>HENDRICKS</u> <u>Circuit Court</u>	,	hereby certify that on the second sec
and, Bride	one thousand nine hundred and 85	.at
Were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Correct County. Dated this	MICHAEL ALLEN DIKE	HENDRICKS LENDRICS
Sounty. Dated this 20 t bf April 19 85 Signed /3/ STEVAN W. RANSON Signed Signed /3/ STEVAN W. RANSON Signed Signed April 19 85 Official Designation MINISTER Official Designation MINISTER 24th day of April 19 85 Let Market Marke	Ind, BrideTERESA LYNN WOODS	HERDALE of the Circuit Court of
Sounty. Dated this	vere by me united in marriage as with size I have a license issued for	that murnose by the Clerk of the Current
Filed and recorded in accordance with the laws of the State of Indiana this.	ounty a marriage as authorized by a marriage technol	DANSON
Filed and recorded in accordance with the laws of the State of Indiana this.	adyt by April , 19.8	Signed
Filed and recorded in accordance with the laws of the State of Indiana this		Official Designation MINISIPAL
Signed In accordance with the laws of the State of Indiana transmission of the State	Pri -	24th day of Proposed
	" ued and recorded in this	

	382	
	STATE OF	INDIANA No. 98
	Form Prescribed By Indiana State Board of APPLICATION FOR M	TARRIAGE LICENSE File
	410 91 1.3.2	SCountyDate of Application
	Effective July 1, 1977	FEMALE 3-15-85
	MALE instign Report Dated 4-16-85	Medical Examination Report Dated
	MALE Medical Examination Report Dated 4-16-85	Name of Physician hammell
	Nome of Physician Pater Joster	Traine of a license to marry by any false statement, representation of
A tit the second second second	Name of Physician Poter Toster ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoe	ver, procures the issuance of a needia comany of any long and any of the sector of pretense
- Athenial the warmy wards	i it has found in any sum most such	FEMALE APPLICANT
	MALE APPLICANT Last	Name Mancus Beth Mohaned
	Name First Ro MCConnected	Date of Birth Month Day Year
	Date of Birth Month Day Year	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Residence Address Street or R. By City County State
	Residence Address Street or R. R. City County State	3736 Mr Pts. Nd. Shapps. Henden
	And youth lenter	Previous Marital Status: Never Married OR
	Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
	Les Merriege Ended By: Death Divorce Annulment	Date of birth verified by:
	Date of birth verified by: Birth Certificate Judicial Decree	Dother (Specify M. lichna
	A Other (Specify) DOG Od	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
1 (mm	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	I. Are you now or have you ever been adjudged to be of changed in the state of the
	If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease? No Vys
	2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin?
	3. Are you related to the female applicant closer than second cousin. No Ves	4. Are you now under the influence of intoxicating liquor? Notice I
	4. Are you now under the influence of anacotic drug? No □ Yes □ 5. Are you now under the influence of a narcotic drug? No □ Yes □	5. Are you now under the influence of a narcotic drug? No Yes D
	 List the full names of any dependent children. 	6. List the full names of any dependent children.
	Charles Marie M Cound	
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
	dependent children?	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	compliance with any court order or orders issued for their support.
	compliance with any court order or orders issued for their support.	8 Full name of father Robert Wilson Wagponer
The second s	8. Full name of latiner	Residence of father (if deceased so state) Anderson M.
	Residence of father (If deceased so state)	nd
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	9. Full maiden name of mother Doug The Man March 200	9. Full maiden name of mother the approximately a first of the approximate
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
	Birthplace of mother (State or foreign country) Thanklin Ky-	Birthplace of mother (State or foreign country)
	State of Indiana, HENDRICKS	State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
	County of Angle County of	County of
	Signed Lentett	Signed Julicy 9710/2010
	New Address.	New Address 32 36 Star Pts. 10. #2 Shupes. Sh
	Subscribed and sworn to before me this day of ADUL, 1985	Subscribed and sworn to before me this day of March 19.
	Mary Jone Kussell Clerk HENDRICKS Circuit Court	Mary The Russon Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
and the second s	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

County of HENDRICKS	ss:	State of Indiana, County of HENDRICKS	} ss:
	Father	Signed	Father
Signed	Mother	Signed	Mother
Subscribed and sworn to before me this			
		Subscribed and sworn to before me this.	day of
	Clerk		Cierk
	ICENSE ISSUED BY ORDER OF COUR CountyCo authorizes and directs the issuance of	urt by whitten ander issued	and filed
	RETURN OF MARPIACE LICENCE		
we or Kemembere	to the fired the fire of marmaga lines		
	day of	and by the clerk of the	it is the there as hysband and wife
KENNETH RAY Be it further remembered the f	McCORMICK	NANCY DEFIN MON	AMED
I. MILHAMMAD TAR	MCCORMICK llowing marriage certificate was filed in my of	office, to-wit:	AMED
	LY. VURAISH		st day of APRIL
State of Indiana Con	85 KENNETH RAY McCORMICK	atPLAINFIELD	County of HENDRICKS
and Bride NANCY DEF	KENNETH RAY MCCORMICK	of HENDRICKS	County State of IN
were by men in the BETH M	IOHAMED	HENDBICKS	County, State of
County.	s authorized by a marriage license issued for	that must have a second	HENDRICKS
Dated this 21	l c c c c c c c c c c c c c c c c c c c	that purpose by the Clerk of the Cir	rcuit Court of
	.day of		
		Signed. /s/ MUHA	MMAD TARIQ QURAISHI
Filed and recorded in accordance	with the laws of the	Official Designation MINISTER	
	with the laws of the State of Indiana this	14th	, 1985
		Signed Mary Dane	KI A A A X X
			HENDRICKS Circuit Court

rm Prescribed of diana State Board of salth under Authority IC. 31-13-2 HENDRIC	MARRIAGE LICENSE No. 99
I.C. 31-1-3-2 fective July 1, 1977	KS County
MALE 2 ILL SC	- 3-36-82
MALE Medical Examination Report Dated	FEMALE Date of Application Medical Examination B
Nome of Physician Erico Clark	Medical Examination Report Dated 3-14-85
OUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement-W	Name of Physician Enco Clark
LL QUESTIONS MUST BE ANSWERED, I.C. 31-13-6 prescribed "False statement-Wi all be fined in any sum not exceeding five hundred dollars (\$500,00)", all be fined in any sum not exceeding five hundred dollars (\$500,00)",	hoever procures the issuance of a license to marry by any false statement, representation or pretense
First Middle Last	FEMALE ADDITION
me Michael alla culto	Name First & Middle
ate of Birth Month Day Year	Date of Birth Month Wars Starge and
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
eidence Address Street or R. R. City . County State	Residence Address Indiana
545 West Man punpiele and.	- RR & Box 216 Danin 90 10 State
evious Marital Status: Never Married OR st Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
st Marriage Ended By: Death Certificate Ujudicial Decree	Last Marriage Ended By: Death D Divorce D Annula C
te of birth verified by: - Birth Contract	Date of birth verified by: Birth Certificate D Judicial Decree
Other (Specify)	D Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be
If answer is "yes", has the adjudication been removed? No U Yes U	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease? No Ves Are you related to the female applicant closer than second cousin? No Ves Are very related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease? No D Yes D
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of intoxicating liquor? No Yes	3. Are you related to the male applicant closer than second cousin? No Q Yes Q
Are you now under the influence of a narcotic drug? No Ves	 4. Are you now under the influence of intoxicating liquor? No Yes D 5. Are you now under the influence of a narcotic drug? No D Yes D
List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No Ves
Are you required by any court order or orders to support the above	
Are you required by any court order or orders to support the above dependent children? No Ves	7. Are you required by any court order or orders to support the above dependent children? No Ves V
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Merald Delman	8. Full name of father Januar Hormon Storenson
Residence of father (if deceased so state) balls block, block	Residence of father (if deceased so state) barrels, Ind.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Sudiano
Full maiden name of mother Betty Jane anderson	9. Full maiden name of mother Joans Hadley
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
ate of Indiana,	State of Indiana, I denose and state the information given
HENDRICKS ss: in this application is true and correct.	County of
Signed Mich Su	Signed Cherry Stevenson
New Address 545 W. Main St. Danville, IN UCA	New Address 545 W. Main Conville IN
bscribed and sworn to before me this 26 day of March 19.5	Subscribed and sworn to before me this 26 day of March 1955
HENDRICKS	Man Jone Russell Clerk HENDRICKS Circuit Court
Clerk HENDRICKS Circuit Court	- Charles
DNSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
sns, state facts which render the consent of the other parent unnecessary	
ate of Indiana, unty of HENDRICKS }ss:	State of Indiana, HENDRICKS
nunty of ALENDRICKS	County of
Signed	SignedMother
SignedMother	Signed
bscribed and sworn to before me this	Signed
	II JRT. A marriage license having been refused to the above named parties, the and filed
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	URT. A marriage license having been refused to the upper and filed Court by written order issued
HENDRICKS	Court by written order insuces to the above named parties.
authorizes and directs the issuance	of a marriage license to the the
	AND MARKIAGE CHARTER THE TOTAL
Be It Remembered, there was filed in my office a marriage lic	and <u>Cherry</u> <u>Lynn</u> <u>The</u> <u>Doril</u>
multina dated the	1 Jun Olevenou
David & Baath	and <u>Che Cyl Lynn Stevenson</u> and <u>Che Cyl Lynn Stevenson</u> office, to-wit: <u>day of April</u> hereby certify that on the <u>County of Hendricks</u> at PIEd <u>County</u> , State of <u>L</u> D
le thousand in the second s	1 PItol
tate of Indiana Groom Dischard Allow Eccempt	of Hendrichs County, State of 1D
d, Bride Cherry Lang Stevenson of	Hendricks Hendricks
ere by me united in marriage as authorized by a marriage license issued for	r that purpose by the Clerk of the out of the
anti- a marriage as anthorized by a marriage accuse toolater for	1 Raths
uled this	
iled and recorded in accordance with the laws of the State of Indiana this	

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	STATE OF	INDIANA IARRIAGE LICENSE
	Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	
	MALE Medical Examination Report Dated 3-5-85	FEMALE Medical Examination Report Dated 3-5-85 Name of Physician Joseph Honpson
distant in the second second	ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—who hell be fined in any sum not exceeding five hundred dollars (\$500,000".	ver procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
	Name First Middle White	Name First Middle Last Deudo Day Year
	Date of Birth Month Day Year Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
	Residence Address Street or R. R. City County State R. 2, Box 53 Dauvelle, Ind.	Residence Address Street or R. R. City County State R. 2, Box 53 Danielle Jud.
	Previous Marital Status: Never Married 🖻 OR Last Marriage Ended By: Death 🗆 Divorce 🗆 Annulment 🗆 Date of birth verified by: 🗆 Birth Certificate 💭 Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree
	Other (Specify) Dr. die	Q Other (Specify)
	1. Are you now or have you ever been adjudged to be of unsound mind. No □ Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □ 0. Are you afflicted with a transmissible disease? No □ Yes □	If answer is "yes", has the adjudication been removed? No U Yes U 2. Are you afflicted with a transmissible disease? No Ves U
	3. Are you related to the female applicant closer than second cousin? No □ Yes □ 4. Are you now under the influence of intoxicating liquor? No □ Yes □	3. Are you related to the male applicant closer than second cousin? No I res D 4. Are you now under the influence of intoxicating liquor? No I Yes D 5. Are you now under the influence of a narcotic drug? No I Yes D
	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 	 List the full names of any dependent children.
	 Are you required by any court order or orders to support the above dependent children? No Yes D 	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.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father find and field the field
C. F.	8. Full name of father (if deceased so state)	Residence of father (if deceased so state) Judgels . Ind . Birtholace of father (State or foreign country) Judgels . Ind .
	9. Full maiden name of mother Jugas Land Stables	9. Full maiden name of mother Shirley able the Harper
	Residence of mother (if deceased so state) Same Birthplace of mother (State or foreign country) Sebanas PA	Residence of mother (if deceased so state) Birthplace of mother (State or foreign country)
	State of Indiana, HENDRICKS County of	State of Indiana. County of HENDRICKS as: I depose and state the information given in this application is true and correct.
	New Address R #2 Box 53 Danville In46122	New Address P. R 2 # Box 53 Darwillen 46122
	Subscribed and sworn to before me this 2 day of March 1993. Mary Jame Russell Clerk HENDRICKS Circuit Court	Subscribed and sworn to before me this day of MUSCON 19 Mary Jame Russell Gerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
AN ANY ANY AVERAGE REPORT OF A	to at the construction of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

V

State of Indiana, HENDRICKS }ss:	State of Indiana,
County of	County of HENDRICKS
Signed	Signed
Signed	Value
Subscribed and sworn to before me this	Signed.
	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS County	RT. A marriage license having been refused to the above named parties, the Court by written order issuedand filed
RETURN OF MARRIAGE LICENS	
Be It Remembered, there was filed in my office a marriage lice	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 3rd day of April	ense issued by the clerk of the HENDRICKS Circuit Court , 19. 25., authorizing the joining together as husband and wife
BRIAN K. WHITE	and REFINDA C DANG
Be it further remembered, the following marriage certificate was filed in my	and BRENDA S. ADAMS office, to-wit:
DONALD E. RIGGS	
and Bride BRIAN K. WHITE	ofHENDRICKS
were by me united in of	MARION County, State of IN
County.	HENUKING HENUKING
Dated this	5
	Signed /s/ DONALD E. RIGGS
Filed and recorded in accordance with the	
Filed and recorded in accordance with the laws of the State of Indiana this	10 day of April 19 85.
	Signed Clerk
	HENDRICKS Cimmit Court
	Circuit

orm Prescribed By STATE OF	INDIANA
diana State Authority AITLICATION FOR M	LARRIAGE LICENSE
HENDRICKS	File_3-23-85
	Date of Arriver
MALE Medical Examination Report Dated 3-18-85	* LMALE
Name of Physician R. Roskam	Medical Examination Report Dated 3-18-85
Name of Thystere	Name of Physician R. Roskans
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Whoe hall be fined in any sum not exceeding five hundred dollars (\$500,000", hall be fined in any sum not exceeding five hundred dollars (\$500,000").	er procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
iame prise Barnotto	Rhoude Middle Last
Date of Birth	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
lesidence Address Street or R. R. City County State	Residence Address Street or R. R. City County State,
Sq 10 G Previous Marital Status. Never Married OR	and appear tanerely bud
Harringe Ended By: Death Divorce & Annulment	Previous Marital Status: Never Married O OR Last Marriage Ended By: Death O Divorce O Annulment O
Last Marriage Distribution of Birth Certificate Dudicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
Dether (Specify) Dr. Aio	e p.
Are you now or have you ever been adjudged to be of unsound mind? No Series D	Q Other (Specify) bob. Two
If answer is "yes", has the adjudication been removed? No Ves Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No B Yes D If answer is "yes", has the adjudication been removed? No D Yes D
2. Are you afflicted with a transmissible disease? No Ves D	2. Are you afflicted with a transmissible disease? No G Yes D
3. Are you related to the female applicant closer than second cousin? No Yes D	3. Are you related to the male applicant closer than second cousin? No Pres D
4. Are you now under the influence of intoxicating liquor? No Ves D 5. Are you now under the influence of a narcotic drug? No Ves D	4. Are you now under the influence of intoxicating liquor? No Yes No Yes No Yes
 Are you now under the influence of any dependent children. List the full names of any dependent children. 	Are you now under the influence of a narcotic drug? No 4-Yes 1 No 4-Yes 1
Condune Holly	eniquarte esabit
Kaine Marle	Derry Wanne
Kule Edward	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No U Yes U	dependent children? No 🗠 Yes 🗆 If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Fullname of father Marle Barnette	8. Fullname of father Donald & Sell
Residence of father (if deceased so state) Deceased	Residence of father (if deceased so state) Liono Jud.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Fullmaiden name of mother Perle Unamiles	9. Full maiden name of mother Sharow Pickard
Cherry P	Residence of mother (if deceased so state)
Residence of mother (if deceased so state)	Birthplace of mother (State or foreign country) Qud -
Birthplace of mother (State or foreign country) State of Indiana. I depose and state the information given	State of Indiana. HENDRICKS }ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS	County of
Signed the A Barnelle of A	signed Thorda Sulla
New Address 396 & main Sr Janvell. por	New Address 396 E Man St Man de
Subscribed and sworn to before me this 27 day of Maral 1985.	Subscribed and sworn to before me this 2 day of 11(11)(20), 19.
Mary Jone Russell Clark HENDRICKS Circuit Court	Mary Jane Kussell Clerk HENDKICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give constant and signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the same r
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS } ss:	County ofFather
SignedFather	SignedMother
Signed	Signed
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	RT A marriage license having been refused to the above named particle, and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	RT. A marriage license having been refused to the upper and filed Court by written order issuedand filed of a marriage license to the above named parties.
in	of a marriage license to the above named pure
authorizes and directs the	HENDRICKS CIRCUIT COURT
Be It Remembered, there was filed in my office a marriage lice	ense issued by the clerk of the methorizing the joining together as husband and wife
day of white	DUONDA D. IODDE
Be it further remembered, the following marriage certificate was filed in my	and day of _April
Be it further remembered, the following marriage certificate was filed in my I,MARY_JANE_RUSSELL one thousand nine hundred and 85 State of Indiana, Groom JOHN BARNETTE and, Bride	at DANVILLE County, State of
State of L 1	of County, State of USUDPICKS
one thousand nine hundred and <u>85</u> State of Indiana, Groom JOHN BARNETTE and, Bride	HENDRICKS
were by me united in marriage as authorized by a marriage license issued for County.	r that purpose by the Clerk of the Constant of the Clerk
Untod 11: 10 C	
Filed and recorded in accordance with the laws of the State of Indiana this	35 /s/ MARY JANE RUSSELL Signed CLERK
Filed and	Official Designation CLERK , 19 03 1st day of APRIL Clerk Signed APRIL Clerk HENDRICKS Circuit Cour
Les da and This.	

	STATE O	F INDIANA	No. 102
Form Prescribed By	STATE O	MARRIAGE LICENSE	File
Form Preschood of Indiana State Board of Health under Authority			3-27-82
of I.C. 31-1-3-2 Effective July 1, 1977	HENDRIC	KSCounty	Date of Application
and the second	, CH	FEMALE	3-21-85
MALE Sapart Dated	-21-85	Medical Examination Report I	a the second
MALE Medical Examination Report Dated	rell	Name of Physician	ammet
Name of Physician Determined	when the statement - Whe	bever procures the issuance of a license to marry	y by any false statement, representation o
Name of Physician NUMPAN ALL QUESTIONS MUST BE ANSWERED. I.C. 31 shall be fined in any sum not exceeding five hundred	dollars (\$500,00)".	TEMALI	E APPLICANT
shall be fined in any sum in Commence MALE APPLICA	NT	Name / First	Middle / L
Nome A First A Middl	le Jupping	Thances	Unn omp
Date of Birth Month Day	The Sear	Date of Dirth	23 Igyl
T U	1441	Place of Birth (State or forkign country)	
Place of Birth (State or fereign country)	ty, County State	Residence Address Street or R.R.	Dity Hounty
Residence Address Street or R. R. Ci	Ild And m	1021 EURobon ph	. Typin Stina 2
10 21 POPULATION Married OR	2	Previous Marital Status: Never Married O	R
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment		Last Marriage Ended By: Death Divorce	Annulment U
Last Marriage Ended By. Detail	lecree	Date of birth verified by: Date of birth Certificate	Judicial Decree
No Pir.		- Other (Specify) A. U	C
Other (Specify)	nd mind? Not Yes	1. Are you now or have you ever been adjudged	to be of unsound mind? No
1. Are you now or have you ever been adjudged to be of unsoun	No Ves	If answer is "yes", has the adjudication been r	
If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease?	No Ves	2. Are you afflicted with a transmissible disease	
 Are you afficient with a transmission point closer than second co Are you related to the female applicant closer than second co 	No Ves	3. Are you related to the male applicant closer th	
4. Are you now under the influence of intoxicating liquor?	No Yes	4. Are you now under the influence of intoxicatin	
5. Are you now under the influence of a narcotic drug?	No Yes	 Are you now under the influence of a narcotic List the full names of any dependent children. 	drug? No
6. List the full names of any dependent children.		6. List the full names of any dependent condition	
		mark	
		THUNK	and the second second second
			and the strends of the state
 Are you required by any court order or orders to support the a dependent children? 	bove	Are you required by any court order or orders to dependent children?	o support the above No
If answer is "yes", it is required that this Application be accomp	anied by satisfactory proof that you are in	If answer is "yes", it is required that this Applica	tion be accompanied by satisfactory proof that y
compliance with any court order or orders issued for their supp		compliance with any court order or orders issue	for their support
8. Full name of father Roscol Michael	r _	8. Full name of father Will of	we stur
Residence of father (if deceased so state)	man	Residence of father (if deceased so state)	aps.
Birthplace of father (State or foreign country) Milia.	na	Birthplace of father (State or foreign country	haps.
9. Full maiden name of mother Clingboth	Jaine Miller	9. Full maiden name of mother Allen	Marie Bueche
ndate		(the	erensed.
Residence of mother (if deceased so state)	i dia	Residence of mother (if deceased so state)	Indals
Birthplace of mother (State or foreign country)	006	Birthplace of mother (State or foreign country	maps.
	ose and state the information given is application is true and correct.	State of Indiana, County of HENDRICKS	ss: I depose and state the information in this application is true and
VEL.	ST.b.	V Fra	A Juple
Signed allard	In aist	Signed	mas no forgetu
New Address 10/11/14/14/	March 7	New Address	Kirkwoot N. J
Subscribed and sworn to before me this	of 1900 185.	Subscribed and sworn to before me this	day of I funct
fung June Vussill Clerk	HENDRICKS Circuit Court	Many Hine Hus	Aller HENDRICKS Circu
() (/			
CONSENT OF PARENTS, PARENT OR GUARDIAN	· • • • •	CONSENT OF PARENTS, PARENT OR GU	ARDIAN
We, the parents, of this applicant hereby give consent fo	r this marriage. If only one parent	We, the parents, of this applicant hereby give	e consent for this marriage. If only one
signs, state facts which render the consent of the other			

ý

State of Indiana

- Home Alla

County of HENDRICKS	State of Indiana, County of HENDRICKS
Signed	SignedFather
Subscribed and sworn to before me this	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Co in authorizes and directs the issuance of	T. A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSI Be It Remembered, there was filed in my office a marriage licen of Indiana dated the	E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court , 19.82, authorizing the joining together as husband and wife nd FRANCES ANN TOMPKINS ffice, to-wit:
State of Indiana, Groom EDWARD E. TUCKER and, Bride FRANCES ANN TOMPKINS	ffice, to-wit: hereby certify that on the
were by me united in marriage as authorized by a marriage license issued for a Dated this	that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u>
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ MYRON BARNARD Official Designation JUDGE 10 day of April , 1985 Signed Clerk HENDRICKS Circuit Court

rm Prescribed By iana State Board of in refer Authority APPLICATION FOR 1	INDIANA
m Prescribed by Iana State Board of alth under Authority I.C. 31-1-3-2 Freetive July 1, 1977 APPLICATION FOR 1 HENDRICK	MARRIAGE LICENSE File
eetive July is	County March 91 55
MALE Medical Examination Report Dated 3-9/-85	FEMALE Date of Application
Name of Physician Nevel M. Hadley Md-	Medical Examination Report Dated 3 - 21-85
Name OF FRYSTERE ANSWERED, LC, 31-1-3-6 prescribed "False data	Now any Alla of a statement of the state
Name of Tay LL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who all be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license to marry by any false statement room
MALE APPLICANT	FEMALE
me Kould N. Renuttly	Katt e Middle
te of Birth Filmman 7 19/1/2	Date of Birth Month Day Fisher
ice of Birth (State or foreign country) The Pathan M.	Place of Birth (Stage of foreign country) 19th Year 1965
idence address Street or R. H. 10713 Po 202 Come.	Residence Address Street or R. R. C. City Start.
vious Marital Status: Never Married POR	Pland St. Bx 202 State
trices Ended By Death Divorce Annulment	Previous Marital Status: Never Married Q OR Last Marriage Ended By: Death D Divorce Annulment D
te of birth verified by: Birth Certificate Dudicial Decree	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 Q res D	1. Are you now or have you ever been added to be to be
If answer is "yes", has the adjudication been removed? No Ves	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease? No Ves O Are you related to the female applicant closer than second cousin? No Ves O	2. Are you afflicted with a transmissible disease?
Are you now under the influence of intoxicating liquor? No Ves U	Are you related to the male applicant closer than second cousin? No Yes D
Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of intoxicating liquor? No I tes I 5. Are you now under the influence of a narcotic drug? No I tes I
List the full names of any dependent children.	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 🗆	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
Fullname of father All Marting	8. Full name of father Francic C. Fraker A.
Residence of father (if deceased so state)	Residence of father (if deceased so state) Numphy Andlana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Fullmaiden name of mother fulla To fightering	9. Full maiden name of mother
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
te of Indiana. HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.
sound D. Kenut there	signed Keitherine R. Fisher
New Address 07 B Report At ROX 202	New Address 107B Pearl St Box 203 Ame, In
escribed and sworn to before me this 27 day of March 19.85	Subscribed and sworn to before me this 27 day of March , 19
Mary Jane Rusself Clerk HENDRICKS Circuit Court	ham an kusself Clerk HENDRICKS Circuit Court
	-10-
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
ns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
te of Indiana, unty of HENDRICKS } 58 :	State of Indiana, HENDRICKS
inty of 58:	County of Father
SignedFather	Signed
SignedMother	Signed
secribed and sworn to before me thisday of, 19,	Subscribed and sworn to before inc unter Clerk
Clerk	the above named parties, the
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above have particular and filed
HENDRICKS County 2 Se County	and filed
	E AND MARRIAGE CERTAIN FILINGING
Be It Remembered, there was filed in my office a marriage licer	E AND the clerk of the
day of MARCH	KATHERINE R. FISHER
it further remembered the full	fice, to-wit: 30th day of MARCH
e thousand nine hundred and the of Indiang Green RONALD D. KENWORTHY	MEXICO CHURCH OF THE BRETHERity of INDIANA
mousand nine hundred and 85	at HENDRICKS County, State of INDIANA
te of Lat	
	the clerk of the Circuit Court
d, BrideKATHERINE_R. FISHERof	that purpose by the Clerk of the Circuit Court of
d, BrideKATHERINE_R. FISHERof	that purpose by the Clerk of the Circuit Court /5/ DOANLD E. RITCHEY
d, BrideKATHERINE_R. FISHERof	that purpose by the Clerk of the Circuit Court that purpose by the Clerk of the Circuit Court Signed /5/ DOANLD E. RITCHEY Signed ORDAINE MINISTER Official Designation ORDAINE MINISTER APRIL

			104
	STATE OF	INDIANA	No107
Form Prescribed By	ADDI ICATION FOR M	MARRIAGE LICENSE	File
Indiana State Board of Health under Authority	HENDRICK	County	3-29-85
of I.C. 31-1-3-2 Effective July 1, 1977		000000	Date of Application
and the second		FEMALE	Dated 3-20-85
MALE Report Dated	3-20-85	Medical Examination Report I	
MALE Medical Examination Report Dated	. Van Meter	Name of Physician C. Por	
Name of Physician C. Towell ALL QUESTIONS MUST BE ANSWERED. LC	Whoe	ever, procures the issuance of a license to marr	y by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED. LC shall be fined in any sum not exceeding five hund	1 31-1-5-6 preservocu (1 335- 1 red dollars (\$500,00)".	FEMAL	E APPLICANT
shall be fined in any sum and MALE APPLI	CANI	Name ' First	Middle Last
Name	iddle Burrs	Elipabeth	Une Husley
Date of Birth Month	Day Year 58	Date of Dirth 5	11 Year 56
Place of Birth (State or foreign country)		Place of Birth (State or foreign country)	The stand on the stand of
and .	City County State	Residence Address Street or R. R.	City County State
Residence Address Street or R. R. 980 W. 10th Act 32	Oak Judply. Jud. Hendricks in	1000 10 000	un sinaple. Hendrick.
Previous Marital Status: Never Married OR	Consucto to	Previous Marital Status: Never Married	
Last Marriage Ended By: Death Divorce Annulr	nent 🗆 👘 👘	Last Marriage Ended By: Death Divorce Date of birth verified by: Birth Certificate	
Date of birth verified by: Birth Certificate Judie	ial Decree		
Dr. Lin .		Q Other (Specify)	e
Other (Specify)	nsound mind? No Ves	1. Are you now or have you ever been adjudged	
 Are you now or have you ever been adjudged to be of un If answer is "yes", has the adjudication been removed? 	No Ves	If answer is "yes", has the adjudication been	
 Are you afflicted with a transmissible disease? 	No 🖾 Yes 🗆	2. Are you afflicted with a transmissible diseas	
 Are you related to the female applicant closer than second 	nd cousin? No Yes	3. Are you related to the male applicant closer	
4. Are you now under the influence of intoxicating liquor?		 Are you now under the influence of intoxical Are you now under the influence of a narcot 	
5. Are you now under the influence of a narcotic drug?	No G Yes G	 Are you now under the influence of a narcot List the full names of any dependent childre 	
6. List the full names of any dependent children.			
	et the above	7. Are you required by any court order or orde	rs to support the above
 Are you required by any court order or orders to support dependent children? 	nt the above No 🗆 Yes 🗖	dependent children?	No Ves
If answer is "yes", it is required that this Application be	accompanied by satisfactory proof that you are in		olication be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for th	eir support.	compliance with any court order or orders is	ssued for their support.
8. Fullname of father Herschel Ma	and sumo	8. Full name of father ADAllas	Jour money
Residence of father (if deceased so state)	le. ghol:	Residence of father (if deceased so state)	maple exted.
Birthplace of father (State or foreign country)	diana)	Birthplace of father (State or foreign country).	Ind.
9. Full maiden name of mother John wood	yould so Mar .	9. Full maiden name of mother Billi	Canada J teraparal i
Residence of mother (if deceased so state)	Same 0	Residence of mother (if deceased so state)	Same
	and in a		<i>C D</i>
Birthplace of mother (State or foreign country) State of Indiana,	I denose and state the information since	Birthplace of mother (State or foreign country State of Indiana,	
County of HENDRICKS	I depose and state the information given in this application is true and correct.	County of HENDRICKS	} ss: I depose and state the information given in this application is true and correct.
Simely SKEX	X	5 1 8	induita The
Signed 98.80 b	DIST 27-04-	Signed A. C.	60 1. 2 10 th - 32 0.
New Address. 7.8.80 (0.1	M D ST	New Address	200.1011-5200
Subscribed and sworn to before me this.	day of 1900 1903	Subscribed and sworn to before me this.	day of Thatch 19. Y
Manfore mesell	. Clerk	Mary Jane Russel	Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDI.	AN	CONSENT OF PARENTS, PARENT OR	GUARDIAN
We, the parents, of this applicant hereby give cons	ent for this marriage. If only one parent	We, the parents, of this applicant hereby	give consent for this marriage. If only one parent
signs, state facts which render the consent of the	other parent unnecessary	signs, state facts which render the conser	

C

County of HENDRICKS ss:	State of Indiana, County of HENDRICKS }ss:
	County of
Signed	SignedFather
	Signed
Subscribed and sworn to before me this	
	Subscribed and sworn to before me this
Clerk	Clerk
inauthorizes and directs the issuance	RT. A marriage license having been refused to the above named parties, the Court by written order issuedand filed of a marriage license to the above named parties.
Be It Remembered, there was filed in my office a second	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the
STEVEN BURRIS	, 19 $\overset{\circ}{\sim}$, authorizing the joining together as husband and wife
a superinter remembered, the following marriage continues	and ELIZABETH ANN HINSLEY
MATTHEW R. KNAPP	opice, to-wit:
one thousand nine hundred and 85	office, to-wit: hereby certify that on the <u>13th</u> day of <u>APRIL</u> at <u>BENTON HOUSE</u> , County of <u>MARION</u> ,
State of Indiana, GroomSTEVEN. BURRIS	
and, Bride ELIZABETH ANN HINSLEY	of MARXON HENDRICKS County, State of IN
were by me united in marriage as authorized by	HENDRICKS County, State of IN
Dated this	r that purpose by the Clerk of the Circuit Court of
	Signed /S/ MATTHEW R. KNAFF
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Pastor 16th day of April 19 85 Signed Many Jame Recell Clerk HENDRICKS Circuit Court
	Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

m Prescribed of iana State Board of AUPPLICATION FOR	MADDE
alth under	MARRIAGE LICENSE No. 105
C. 31-1-3-2 Petive July 1, 1977	CKSCounty
2	
MALE instign Report Dated 3-27-85	FEMALE Date of Application
MALE Medical Examination Report Dated 2-27-83	Medical Examination Report Dated 3-27-85
Name of Physician roompaon	Name of DL
THAT THE ANSWERED. LC. 31-1-3-6 prescribed "False statement, W	mane of Physician 10mpson
L QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-W) The fined in any sum not exceeding five hundred dollars (\$500,00)".	hoever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	
e Phirst Middle By Last	Name FEMALE APPLICANT
malles ange smaller	Milliada Middle and 1511
of Birth	Date of Birth Month Day Jan Jan
e of Birth (State or foreign country)	Place of Birth (State or foreign country)
And the second second	
tence Address Street or R. R. City County State	Residence Address Street or R. R. D. City Courts
ious Marital Status: Never Married OR	manp. Ancha, Pupa Stand In
Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
of birth verified by: Birth Certificate Dudicial Decree	Last Marriage Ended By: Death Divorce Annulment
of birth verified by: D Birth Certificate - Ordicital Decree	Date of birth verified by: Birth Certificate Judicial Decree
D Other(Specify)	
Other (Specify) No Yes No Yes	Other(Specify)
re you non of the s	1. Are you now or have you ever been adjudged to be of unsound mind? No B Yes D
answer is "yes", has the adjudication been removed? No Ves	If answer is "yes", has the adjudication been removed?
re you afflicted with a transmissible disease? No Tes O	2. Are you afflicted with a transmissible disease? Not Yest
re you related to the female applicant closer than second cousin? No Xes D	3. Are you related to the male applicant along the
re you now under the influence of intoxicating liquor? Not Yes	4. Are you now under the influence of intoxicating liquor? No D Yes D
re you now under the influence of a narcotic drug? No Yes D	5 Are you now under the influence of the second sec
ist the full names of any dependent children.	6. List the full names of any dependent children.
	and any dependent cinturen.
	and the second
Are you required by any court order or orders to support the above secondent children? No Yes	 Are you required by any court order or orders to support the above dependent children?
[f answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order, or orders issued for their support.	
Allian Ine Butches	compliance with any court order or orders issued for their support.
Full name of father the	8. Full name of father 11 price of services of the services
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Birinplace of fairle of press deputitions	Birtiplace of father istate of foreign county Auto _ Auto
Full maiden name of mother	9. Full maiden name of mother fully and a price
Residence of mother (if deceased so state) Map 15-	Residence of mother (if deceased so state)
. Ind.	, Ind
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
HENDRICKS	State of Indiana, HENDRICKS County of HENDRICKS Sa: I depose and state the information given in this application is true and correct.
unty of the track of the and contest	County of
signed Philtip W Butcher	Signed Allenda Un Tran
15,110 7	18,48 Jaroon and
New Address 6 9 4 2 graphy all for a Th	New Address 0 10 14 1 Duik 5
becribed and sworn to before me this day of 1900, 1900	Subscribed and swopr to before me this day of the swopr to before me this
My Sure Rungell - HENDRICKS	Many Line Musel Gerk HENDRICKS Circuit Court
Clerk Clerk Circuit Court	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF FARENTS, FINDER CONSENT of this marriage. If only one parent
, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
is, state facts which render the consent of the other parent unnecessary	
	and the second
te of Indiana,	State of Indiana, HENDRICKS
nty of	County of
	Signed
SignedFather	Mother
Signed	Signed
	day of
scribed and sworn to before me this	Subscribed and sword to Clerk
Clerk	and the second se
	URT. A marriage license having been refused to the above named parties, the and filed
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COL	URT. A marriage license having been refused to the above and filed Court by written order issuedand filed e of a marriage license to the above named parties.
HENDRICKS	Court by written order issued and parties.
authorizes and directs the issuance	e of a marriage license to the above named r
authorizes and directs the assess	Circuit Court
RETURN OF MARRIAGE LICEN	NSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Indiana dated the day of	MELINDA MICHELIN
PHILLIP WAYNE BUTCHER	
it funtha	office to-wit:
JOHN W CALDWELL	hereby certify that on the management of the the terms of terms of the terms of the terms of
e thousand mine her is the second sec	and y office, to-wit: hereby certify that on the 20th day of APII INDIANAPOLIS at HENERIEK MARION of
the of L is	HENDRICKS County, State of IN MENDRICKS County, State of IN HENDRICKS HENDRICKS Or that purpose by the Clerk of the Circuit Court of HENDRICKS
PHILLIP WAYNE BUTCHER	HENDRICKS County, State of HENDRICKS
d, BrideMELINDA MICHELLE VanHORN	hu the Clerk of the Circuit Court of
re by me united in mani-	or that purpose of the cloud of
the second and and and and and and and and and a	CALDWELL
unty.	
unty.	85
unty. ^{ted} this	85
unty.	85 Signed MINISTER Official Designation April 19.85

	Form Prescribed By APPLICATION FOR	F INDIANA No. 106 MARRIAGE LICENSE File
	Health under Authority HENDRIC	KS County Date of Application
	Effective July 1, 1977	
新闻的	MALE instign Report Dated 3-25-85	FEMALE Medical Examination Report Dated 3-25-85
	MALE Medical Examination Report Dated 3-23-	Name of Physician Muchael Aledy
		France of a license to marry by any false statement represented
and the second second	The statement	Dever procures the issuance of a license to marry by any false statement, representation or pretense
MARIN Name Law	ALL QUESTIONS MUST BE ANSWERED. I.C. 31-13-0 presso pressore (\$500,00)". shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	
	- Middle - Last	Name First Middle Last
	Name First Des (Letran)	Date of Birth Month Day Year
	Date of Birth	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Residence Address Street de R. R. City County State
	Residence Address Street or R. R. City County State	1525 ashley br. Delanow, Jud
	602 D. Spharador. 1 soft	Previous Marital Status: Never Married OR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
	Last Marriage Ended By: Death = Dirotect Date of birth verified by: Birth Certificate I Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
	Date of birth termined sy	Cother (Specify) Dr. A.C.
	Other (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind? No Vyes
	1. Are you now or have you ever been adjudged to be of unsound mind.	If answer is "yes", has the adjudication been removed?
	If answer is "yes", has the adjudication been removed? No 🛛 Yes 🗆 2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
	No Yes	3. Are you related to the male applicant closer than second cousin? No Yes D
	No Yes	4. Are you now under the influence of intoxicating liquor? No Yes
	4. Are you now under the influence of a narcotic drug? No □ Yes □ 5. Are you now under the influence of a narcotic drug? No □ Yes □	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
	6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Kristian	
	7. Are you required by any court order or orders to support the above	 Are you required by any court order or orders to support the above dependent children? No Yes D
	dependent children? No 2 1 es 2 If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	If answer is "yes", it is required that this application be accompanied by satisfactory processes of the process of the proces	compliance with any court order or orders issued for their support.
	8. Full name of father (Drangen) D Miltighan	8. Full name of father Robert Shipkus
	Residence of father (if deceased so state) Andre Sud	Residence of father (if deceased so state) Jevan on Jud-
	Birthplace of father (State or foreign country) Indials. Jud.	Birthplace of father (State or foreign country) Lithuania
	R.L. Mintal	9. Full maiden name of mother Alma Hokaite
	9. Full maiden name of mother the the same	
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
THE PERSON	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	State of Indiana. County of HENDRICKS	State of Indiana, County of HENDRICKS 88: I depose and state the information given in this application is true and correct.
	and the state	Solar a Starkor
	Signed teller fully and	Signed X. (1900) Job out of De
	New Address 602 D Jappende Va flanfield	New Address 602 D affes 19ED
	Subscribed and sworn to before me this day of Aprice, 19	Subscribed and sworn to before me this day of day of 1985.
	Mary Jone Russell Clerk HENDRICKS Circuit Court	Masy Jone Russell Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

NE ZOP

County of HENDRICKS ss:	State of Indiana, Country of HENDRICKS } ss:
Signed	County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Constant Co in Links Office authorizes and directs the issuance of	T. A marriage license having been refused to the above named parties, the purt by written order issued <u>3-Day Daves</u> and filed of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI Be It Remembered, there was filed in my office a marriage licen of Indiana dated the	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ase issued by the clerk of the , authorizing the joining together as husband and wife , authorizing the joining together as husband and wife and ELENA ZELMA STUCKER , authorizing the joining together as husband and wife office, to-wit: , authorizing the joining together as husband and wife hereby certify that on the , 6th. day of , April , at LEBANON , County of BOONE , of , County, State of , IN BOONE , County, State of , HENDRICKS
Dated thislstday ofApril	Signed /s/ DAVID L. RUSHTON

Idiana State Board Of APPLICATION FOR M	INDIANA ARRIAGE LICENSE
HENDRICK	S File
	County
MALE Medical Examination Report Dated 3-28-85	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination Report Dated 3-28-85
Name of Physician Michael Geoly	Name of Phases and
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoe hall be fined in any sum not exceeding five hundred dollars (\$500,00)", MALE APPLICANT	ever, procures the issuance of a license to and the license to an and the license to an and the license to an an an and the license to an
hall be fined in any sum not executing MALE APPLICANT	a needs to marry by any false statement, representation or pretense
First Middle Last	FEMALE APPLICANT
ame Day Year	Const Middle
ate of Birth 0092 3 Col	Date of Birth Month Day Chardlas
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R. R. City County State	Residence Address Street or R. R. City - County
1101 years	232 West Clinton, Danvell,
Arevious Marital Status: Never Married OR Ast Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married BOR
ast Marriage Ended by: Dealine Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate Judicial Decree
& Other (Specify)	A Other (Specify) br, tw
Are you now or have you ever been adjudged to be of unsound mind? No 🗗 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Tres D
If answer is "yes", has the adjudication been removed? No Ves No Yes	If answer is "yes", has the adjudication been removed? No D Yes D
Are you afflicted with a transmissible disease? No Ves Are you related to the female applicant closer than second cousin? No Ves D	2. Are you afflicted with a transmissible disease?
Are you related to the female applicant closer than second cousin: No G Yes G Are you now under the influence of intoxicating liquor? No G Yes G	3. Are you related to the male applicant closer than second cousin? No D Yes D
Are you now under the influence of a narcotic drug? No D Yes D	 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No B Yes D
 b. List the full names of any dependent children. 	Are you now under the influence of a narcotic drug? No Yes D List the full names of any dependent children.
Are you required by any court order or orders to support the above	7 Are you require the second s
dependent children? No Ves	7. Are you required by any court order or orders to support the above dependent children? No C Yes C
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
t. Fullname of father favoration glath	8. Full name of father Mandler
Residence of father (if deceased so state) Dawelle, Stud.	Residence of father (if deceased so state) Naunle , Ind.
Birthplace of father (State or foreign country) Judiana	Birthplace of father (State or foreign country) Indiana
Full maiden name of mother and a A. Wheelen	9. Full maiden name of mother Norma Warfuld
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Source
X	Birthplace of mother (State or foreign country) Judiana
Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given	State of Indiana.] I denose and state the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS
Signed & Fighter & death	Signed & Collew D. Onenceur
NOO NO NOUSE I ANNUE	New Address 1189 Lincoln St. Duwlik 46
New Address 1187 10 MINICOLUCIA TATA LILE	Subscribed and sworn to before me this day of 19 19
Subscribed and sworn to before me this day of HENDRICKS	Subscribed and sworn to before me that Of HENDRICKS Circuit Cour
Mary Jone Mussell Clerk HENDRICKS Circuit Court	
CONSENT OF FLORING PLOTING	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which relies and
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS	County of Father
Signed Father	Signed
organdu	Signed
Signed	day of
Subscribed and sworn to before me this	Subscribed and sword Cleri
Clerk	to the shove named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUP HENDRICKS	AT. A marriage license having been refused to the above named parties. and files
HENDRICKS	ourt by written order issued
in Unke office	of a marriage license to the above named parties.
authorizes and uncert	HENDRICKS CERTIFICATE HENDRICKS Circuit Cour
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lices	DE AND MARKIACL mse issued by the clerk of the
of Indiana dated the day of	, 19, authorizing the former
be it further remembered, the following marriage certificate was filed in my of	and COLEEN LEA CHICAN
I urther remembered, the following marriage certificate was filed in my	bareby certify that on the 6th day of APRIL HENDRICKS
<i>l</i> ,	hereby certify that a men METHOD County of
I,	HENDRICKS County, State of IN
were by meaning in the content of th	that purpose by the Clerk of the Circuit Court of
County.	The second s
Dated this 6th APRIL 19	Signed /S/ Addition
	PASTON 19 85.
	Official Designation
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation APRIL Cler 9th day of APRIL Cler HENDRICKS Circuit Cour

STATE	MARRIAGE LICENSE File 4-1-85
Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File 4-1-85
Health under Authority	CKS County
effective July 1, 1977	Date of Application
	FEMALE Separt Dated 3-22-85
MALE Devet Dated 3-22-85	Medical Examination Report Dated 2-22-63
Medical Examination Report Dated	Name of Physician J. Monace Ulune
Name of Physician <u>Annow</u> <u>Ann</u>	the issuance of a license to marry by any false statement, representation a
A SUBSTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-V	hoever produces the language and a second seco
shall be fined in any sum more	
MALE APPLICANT	Name First Middle L
Name First Middle Haulon	Date of Birth Month Day Cran
Date of Birth Month 21 63	3
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Wheencastle County State	Residence Address Street or R. R. City County
Residence Address Street or R. R. City County and	P.O. Box 11 Stelewill and.
T.O. DOA IL	Previous Marital Status: Never Married B OB
Previous Marital Status: Never Married V OR	Last Marriage Ended By Death Divorce Annulment
Annulment	Date of birth verified by. Birth Certificate D Judicial Decree
Date of birth verified by: Birth Certificate Dudicial Decree	
	Other (Specify)
□ Other (Specify) No ☑ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ 1es ♥	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease"
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin?
3. Are you related to the female applicant closer than second cousin.	4. Are you now under the influence of intoxicating liquor?
4. Are you now under the influence of intoxicating liquor? No D Tes-	5. Are you now under the influence of a narcotic drug?
5. Are you now under the influence of a narcotic drug?	6. List the full names of any dependent children.
6. List the full names of any dependent children.	
7. Are you required by any court order or orders to support the above	7 Are you required by any court order or orders to support the above
dependent children?	dependent children"
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are i	
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
8. Full name of father Donald Wayne Haulow	8. Full name of father Darage Contractor
Residence of father (if deceased so state)	Residence of father (if deceased so state) TOOULING States
	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	Diruptace of taliant local of the tale of the March
9. Full maiden name of mother Deeforces and Man Monuselle	9 Full maiden name of mother Const F. Monthlow
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Coatlasselles gladion
	Restander of the standard and the standard and the
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) State of Indians.] I depose and state the inform
County of Indiana, HENDRICKS	LIP ID DICKE
11-il Thinking)	, Wally Only and
Signed Kellh Termen	Signed YVUU DUROVE
New Address PO BIX 11 Sulesvelle Soft	New Address R.O. Box 11 Steles Ville
Subscribed and sworn to before me this day of and 19	ling li
	Subscribed and sworn to before me this day of HENDOICKS
Islang for house Clerk HENDRICKS Circuit Cour	Mary Jare Turrell Olerk HENDRICKS C
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

distantistica J Z O P C

(G

V

State of Indiana,

State of Indiana, County of HENDRICKS }ss:		State of Indiana, HENDRICKS	}	
		County of		
Signed	Father	Signed		Father
Signed	Mother	Signed		Mother
Subscribed and sworn to before me thisday of				10
		Subscribed and sworn to before me	e this	day of
	Clerk	801-24-19-C-92410		Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER HENDRICKS	Cot	irt by written order issued		and filed
inauthorizes and directs th	he issuance of	a marriage license to the abo	ve named parties	
RETURN OF MADDIA	an example			
, the o was filled in the omega m	CLAMARY CLARA Line		PIPEND R	ICKS Circuit Court
		11 2		a and wife
Be it further remembered, the following marriage certificate was		Jolly S. John	rizing the joining	together as nusbana and
Be it further remembered, the following marriage certificate was	filed in my o	fice, to-wit:	120.0	
			day of	April
one thousand nine hundred and 85 State of Indiana, Groom Brian K. Hawlen		u Stilesville	C	menty of Hendricks.
State of Indiana, Groom Brian K. Hanlon and, Bride		Hendricks	County S	state of IN
and, Bride	of	Hendricks	County, c	State of 10
were by me united in marriage as authorized by a marriage license County. Dated this	e issued for t	hat purpose by the Clock of the	County,	HENDRICKS
Dated this day of April	95	the clerk of th	e Circuit Court of	
	, 19.0 °	signed/5/ Cha	das Sall	105
Filed and		Signed / /	ing sand	613
the una recorded in accordance with the laws of the State of Inc	liana this	Incial Designation	Mser	.95
Filed and recorded in accordance with the laws of the State of Ind	auna this	day of the	2611	Clerk
		Signed Illany Ja	ne Kussel	V
				HENDRICKS Circuit Court

	3
Form Prescribed By STATE OF I Indiana State Board of APPLICATION FOR M	INDIANA No. 109
Health under	ARRIAGE LICENSE
of I.C. 31-1-3-2 Effective July 1, 1977	File
MALE Brown Dated 3/24/25	FEMALE Date of Application
MALE Medical Examination Report Dated 3/25/35	FEMALE Medical Examination Report Dated3/25/25
Name of Physician lena Baker	Non the 10 particip
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statementWhoeve shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT	er procures the ine
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	copy of a rest the issuance of a license to marry by any false statement, representation or preteres
First Middle C / Last	FEMALE ADDITION
Vallian B. Hickory	Middle Middle
Date of Birth 8 10 1955	Date of Birth Month Day Coffee
Place of Birth (State or foreign country) Rebanon	Place of Birth (State or foreign country) 14 14
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City Court
Previous Marital Status: Never Married OR	AB3130444 Daniello State
Previous Marital Status - recer	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
V (Deriver) Line inc.	Date of birth verified by:
Other (Specify)	(Other (Specify) Annex Sicenso)
1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes I If answer is "yes", has the adjudication been removed? Not Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	 Are you afflicted with a transmissible disease? Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor? No Yes	4. Are you now under the influence of intoxicating liquor? No Yes D
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? Note Yes	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father William Hicks Sr.	8. Full name of father Opboin Offey
Residence of father (if deceased so state) Diotomobulg	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Classes Suce Parrick	9. Full maiden name of mother Smith
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Calif
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.	State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS	County of / / / / / / / /
Signed William Blychs M.	Signed Puredy & Coffey
New Address BR 3 Bot 94 Danvelle Ful	New Address RR3 BOX 44 Danuelle
Subscribed and sworn to before me this pt day of april, 1985	Subscribed and sworn to before me this day of Opril, 1982
Mary Jane Russellererk HENDRICKS Circuit Court	March fare pussellark HENDRICKS Circuit Court
	The part of the second
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS ss:	County of Father
Signed	Signed
SignedMother	
Subscribed and sworn to before me this day of 19	Signed
Clark	
Clerk	the baying been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. HENDRICKS County	A marriage license naving been received and filed
CountyCourty	rt by written order issued above named parties.
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Health under Authority HENDRICK	ARRIAGE LICENSE File
Cffective July 1. 1977	Date of Application
Effective study in the	FEMALE 2 OC DU
3-24-85	Medical Examination Report Dated
MALE Medical Examination Report Dated	Name of Physician Rournaus
Name of Physician False statement - Who	ever procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed a maximum shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
shall be fined in any sum not exceeding too MALE APPLICANT	Pint Middle
Middle Last	Name Mittle Marine Medile
Name First CANL Anes Ate	Date of Birth Month Day Year
Date of Birth Month g Day	Place of Birth (State or forfign country)/
Place of Birth (State or foreign country)	Place of Birth (State Andphs -
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Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment D
Last Marriage Ended By: Death D Divorce Annumental Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	
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No 2 Tes-	If answer is "yes", has the adjudication been removed? No Ves
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease? No D Yes D
No Creation of the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin? No Yes
No Yes	4. Are you now under the influence of intoxicating liquor? No 9 Yes 9
Are you now under the influence of a narcotic drug? Note Yes	5. Are you now under the influence of a narcotic drug? No Vies D
 Are you now under the influence of any dependent children. List the full names of any dependent children. 	6. List the full names of any dependent children.
6. List the full names of any approximate	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children? No 🛛 Yes 🗠
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any course ofder or orders issued for their support.
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State of Indiana	Birthplace of mother (State or foreign country)
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Signed Argon Cones	Signed mylle the blief
New Address 19 W main D. Plainfield and	New Address RRH BOX 513 Ceruly
Subscribed and sworp to before me this 1 St day of 1964 195	1 St ins (1) St 1951
MANN AME RUNALLE HENDDICKS	Subscribed and sworn to before me this day of the before me the before me this day of the before me the before m
Clerk HEINDRICKS Circuit Court	Muy fare Russel Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	
and the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

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State of Indiana, County of HENDRICKS } ss:	State of Indiana, County of HENDRICKS
Signed	Signed
Subscribed and sworn to before me this	Signed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	and file
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licen day of	The AND MARRIAGE CERTIFICATE HENDRICKS Circuit Courses issued by the clerk of the distribution of the solution
one thousand nine hundred and 85 State of Indiana, GroomJOSEPH CARL JONES IP	hereby certify that on the 20th day of April at INDIANAPOLIS , County of MARION
State of Indiana, Groom JOSEPH CARL JONES, JR. and, Bride	of
Dated this 20th day of April, 19.85	that purpose by the Clerk of the Circuit Court of
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ JOSEPH N. EASIEI Official Designation Pastor 22, day of April ,19 85. Cler
	Signed HENDRICKS Circuit Cou

Prescribed By STATE OF APPLICATION FOR A	INDIANA
h under Authority	ARRIAGE LICENSE
tive July 1, 1977	S County File 4-2-85
	and the second se
MALE Medical Examination Report Dated 3-30-85	Medical R
Name of Physician R. Remma	Name of Diana Andrea Andrea
	ver procures the invest
QUESTIONS MUST BE ANSWERED, I.C. 31-13-5 prescribed "False statement-Whoe be fined in any sum not exceeding five hundred dollars (\$500,00)".	any procures the issuance of a license to marry by any false statement, representation or pretense
First Middle Din Last	FEMALE APPLICANT
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of Birth	Date of Birth Month Day Tortes
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ence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
ous Marital Status: Never Married D OR Alailad	14. A. D. St. Petersburg A.
Mininge Ended By: Death Divorce Annulment	Previous Marital Status: Never Married O OR
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answer is yes in a transmissible disease? No Yes D	If answer is "yes", has the adjudication been removed? No D Yes D 2. Are you afflicted with a transmissible disease?
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answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
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esidence of mother (if deceased so state)	Residence of mother (if deceased so state)
inthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
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ty of HENDRICKS } sa: in this application is true and correct.	County of
Signed X John G Day 70	Signed A flage to the
New Address 1501 476 St UP #206 St Pezisburg FL	New Address 11601 Hyth 57 11- 1206 54 PETERSBUC
cribed and sworn to before me this day of April 19	Subscribed and sworn to before me this day of 19
any gave Kussel Gerk HENDRICKS Circuit Court	Mary Jone Russell Clerk HENDRICKS Circuit Court
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
e of Indiana,	State of Indiana, UCNIDPICKS
ty of HENDRICKS ss : Ss :	County of
Signed	Signed
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authorizes and directs the issuance o	of a marriage license to the above the above the above the source of the
Be It Remembered, there was filed in my office a marriage licen	se issued of an 19.25, authorizing the joining together as husband and any
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	ofCounty, State ofHENDRICKS
e of Indiana, Groom JOHN A. D'AREZZO	Circuit Court of
MARTIN A: PETER thousand nine hundred and	Let the Clerk of the ca
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APPLICATION FOR MARRIAGE LICENSE File definition MADE	<form></form>	Form Prescribed -	A MICAN LINE V	TARKIAGE LICENSE	File_4-3-85
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in County Court by written order issued Court by written order issu	State of Indiana, Groom John J. Minchell at Liston , County of Hendrick and, Bride Refered A. Brown of Barnstable County, State of Massach were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Dated this day of April , 1985. Signed 14 Lawrence L Stevent	I, ANTENDE L. Ster	e certificate was filed in my	office, to-wit:	A 11
in County County Court by written order issued Court Court by written order issued Court by written order issued Court by written order issued Court _	State of Indiana, Groom John J. Minereli at Latter , County of Hendrick and, Bride Refered A Brown of Barnstable County, State of Massach were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Dated this day of April , 1985. Signed 14 Lawrence L Stevent	one thousand nine hundred and	Jarl	hereby certify that on the	day of April
in	and, Bride <u>Reference</u> A Brown <u>of Barnstable</u> <u>County, State of Massach</u> were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u> Dated this <u>day of </u> <u>April</u> , 1985 Signed <u>IS</u> Lawrence L Stevent	State of Indiana, Groom, John J. M	un o hali	at boll aton	, County of Hendric
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 Dated this day of April, 19.85 Signed	and, Bride. Rebecca A. Brow	and the	of Barnstable	County, State of Massach
in	Dated this	were by me united in marriage as authorized h	0f	Darnstable	County, State of Massac
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APPLICATION FO	OR MARRIACE LIGHT No. 113
diana State Board APPLICATION For ealth under Authority I.C. 31-1-3-2 ffective July 1, 1977	OR MARRIAGE LICENSE
Report	County
MALE Report Dated 4-2-85	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination Report D
Name of Physician	Name of Physician Llenn Baker
LL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement	-Whoever procures the issuance of the
LL QUESTIONS MUST BE ANSWERED. LC. 3171-3-6 prescribed "False statement all be fined in any sum not exceeding five hundred dollars (\$500,000", all be fined in any sum not exceeding five hundred dollars (\$500,000",	Name of Physician Llenn Baker t-Whoever procures the issuance of a license to marry by any false statement, representation or pretense
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& Other (Specify) Durens Ficense	Other (Specify) Numera) Ligina
Are you now or have you ever been adjudged to be of unsound mind? No GY	es 1. Are you now or have you ever been adjuded to the
If answer is "yes", has the adjudication been removed? No 🗆 Y	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease? No VY Are you related to the female applicant closer than second cousin? No VY	2. Are you afflicted with a transmissible disease?
Are you related to the female applicant closer than second cousin? No With Are you now under the influence of intoxicating liquor? No WY	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of intoxicating liquor?
List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? NoD Yes D 6. List the full names of any dependent children. NoD Yes D
	and the of any dependent children.
Are you required by any court order or orders to support the above sependent children? No 🗆 Ye	7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆
lfanswer is "yes", it is required that this Application be accompanied by satisfactory proof that you ar	re in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any confit order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Anodes	- 8. Full name of father Frank M. Wills
Residence of father (if deceased so state) Thankfuld, M.	- Residence of father (if deceased so state) Browns bulg, In.
Birthplace of father (State or foreign country)	- Birthplace of father (State or foreign country) Lentucky
Full maiden name of mother Phyllis Davies	9. Fullmaiden name of mother Marceia W. M. Ferran
Residence of mother (if deceased so state) Plaurfield Son.	Augura hura In
Panad-1	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
HENDRICKS	
000 2 21-1-	Signed & Charlyn Wills
Signed & thereby the process	
New Address 913 HPCKory En Pt ld.	Htl April 185
scribed and sworn to before me this 7 th day of uprill, 19.	Subscribed and sworn to before me this 7.2.4 day of Upful , 19.2.4 HENDRICKS
any ane Russell Clerk HENDRICKS Circuit Co	Alanti and I fatter Clerk
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one par	we, the parents, of this applicant hereby give consent for this marriage. If only one parent
s, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
e of Indiana,	State of Indiana
ty of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS
	Signed
Signed	her Mother
Signed	day of
cribed and sworn to before me this	Subscribed and sworn to before me this
	fund to the above named parties, the
HENDRICKS	COURT. A marriage license having been refused to the determinant and filed
authorizes and directs the issue	Court by written or and barties.
RETURN OF MARRIAGE LIC	ENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
day of	Charlyn Wiles
t further remain the second states the second states and second states	my office to-wit:
Bucheved Lee MC Chee	and
thousand nine hand in 95	at Bethesaa Duping State of th
rationa, Groom Jettrey L. Rhodes	County, State HENDRICKS
Bride Charlys Wiles of	of <u>Hendricks</u> County, State of IN <u>Hendricks</u> County, State of IN <u>HENDRICKS</u> If for that purpose by the Clerk of the Circuit Court of
Bride	l for that purpose by the Clerk of the one
ad us	85 15/ Richard Lee McGhee
a this	
ed this 3 day of April, 1	9.05 Signed Assoc Pastor 185
ed this	H SODU

	398	
	STATE OF	FINDIANA No. 114
	the miled By	MARRIAGE LICENSE File
	Form Prescribed By Indiana State Board of APPLICATION FOR	
	Health under Authority of LC. 31-1-3-2 Effective July 1, 1977	KS County County Date of Application
	2/22/25	FEMALE Medical Examination Report Dated 3/27/85
	MALE Medical Examination Report Dated 3/21/83	A set the
	1 homeron	Name of Physician Aseph Monpson
in the love the fi	Name of Physician <u>Weither</u> The Ingeneration of Physician Who ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Who ALL QUESTIONS must be exceeding five hundred dollars (\$500.00)".	sever procures the issuance of a license to marry by any false statement, representation or preten-
nakia kanan daha		FEMALE APPLICANT
	MALE APPLICANT Middle Last	Name First Middle P. Last
	Name And A. Robenettle Near	Date of Birth Mapth Day 27 Year
	Date of Birth Month Day 1963	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country) Willow Co- State	Mandrick a. Ja
	Residence Address Street or R. R Gity County State	Residence Address Speet or K. 4 City County State
	1003 Valley Ville gr partit	Previous Marital Status: Never Married DOR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D
	Last Marriage Ended by Belth Date of birth verified by: Birth Certificate Dudicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
		Other (Specify)
	Other (Specify) No by Yes I 1. Are you now or have you ever been adjudged to be of unsound mind? No by Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? No DYres
	If another is "yes" has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No D Yes
	2 Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease? Not Yes
	Are you related to the female applicant closer than second cousin? No Ves No Vyes No Vyes	 Are you related to the male applicant closer than second cousin[®] No D Yes Are you now under the influence of intoxicating liquor[®] No D Yes
	4. Are you now under the influence of intoxicating liquor? No Yes I 5. Are you now under the influence of a narcotic drug? No Yes I	4. Are you now under the influence of intoxicating liquor? NoD Yes 5. Are you now under the influence of a narcotic drug? NoD Yes
	 Are you now under the influence of a national diagonal List the full names of any dependent children. 	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?
	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Ves If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father Banner Aline Advillett	8. Full name of father Signature filmstof
	Residence of father (if deceased so state)	Residence of father (if deceased so state) affelded
Militar I for	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Malanj
	9. Full maiden name of mother Patricia Faye Helderfield.	9. Full maiden name of mother Marite Alex
	Residence of mother (if deceased so state) Curture Surg In-	Residence of mother (if deceased so state) Carthabury In
and the line	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Bidlesson
	State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct	State of Indiana, Introduction
	County of	County of HENDRICKS
	signed I Day Kalinette	signed Jane M Kenpf
	New Address 1003 Valley View Apt 3	New Address 1003 Valley View on apt 3
	Subscribed and sworn to before me this day of devide 18	Subscribed and sworn to before me this 4 day of Upril 19
	May Jan Rusself Clerk HENDRICKS Circuit Court	Mary Jase Currella Gerk HENDRICKS Circuit Cour
		- A de la concerte de
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

County of HENDRICKS ss:	State of Indiana, County of HENDRICKS } 88:
Signed	county of an and a second se
	Signed
Signed Mother	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS County	JRT. A marriage license having been refused to the above named parties, the Court by written order issued
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
of Indiana dated the Other was filed in my office a marriage lic	cense issued by the clerk of the Court Court
day of april	cense issued by the clerk of the HENDRICKS Circuit Court , 19.85, authorizing the joining together as husband and wife
I, <u>C.T. Chese brough</u>	office, to-wit:
the chouseful nine have done to	nerepsi contatas that and the
State of Indiana, Groom Troy Robinette and, Bride Jane Marie Kempt	at St. Mary Queen of Teace, County of Hendrich
	County State of
and, Bride. Jane Marie Kempt of were by me united in marriage as authorized by a marriage license issued to	Hendricks County, State of IN
were by me united in marriage as authorized by a marriage license issued for County. Dated this	" that purpose by the Clerk of the Circuit Court of
, 19	
Filed and recorded in accordance in	Signed C.I. Chesebrough
Filed and recorded in accordance with the laws of the State of Indiana this	Security Designation 105101
	day of The Clerk
	Signed Mary Ressall HENDRICKS Circuit Court
	······································

	39
Form Prescribed By STATE O Indiana State Board of APPLICATION FOR	FINDIANA
Health under Authority APPLICATION FOR	MARRIAGE LICENSE
of IC. 31-1-32 Effective July 1, 1977	KSCounty
MALE 3-27-55	4-8-85
MALE Medical Examination Report Dated 3-27-55	FEMALE Date of Application Medical Examination Report Dated 3-27-85
Name of Physician	Name of Physician lauh
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Wh shall be fined in any sum not exceeding five hundred dollars (\$500,001". MALE APPLICANT	bever procures the issues of the
shall be fined in any sum not exceeding male applicant	If the issuance of a license to marry by any false statement, representation or protocol
Name Privat Harman Middle Mast	FEMALE APPLICANE
Date of Birth Month Day Year	Date of Birth Marth Journa Last
Place of Birth (State of) foreign country)	Day Legue
Residencer Address Street og R. R. City County State	Place of Birth (State or foreign country) Residence Address (State or foreign country)
15 Toutheren M. Doule And M	3518 Highlight of R. Roy County State A
Previous Marital Status Never Married OR Last Marriage Ended By Death Divorce Annulment	Previous Marital Status: Never Married OR
Last Marriage Ended by Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Low de lic	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) 2 2 Are you now or have you ever been adjudged to be of unsound mind? No Yes	T Other (Specify) M. UC
If answer is "yes", has the adjudication been removed? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D If answer is "yes", has the adjudication been removed? No D Y
2. Are you afflicted with a transmissible disease? No VyrO	2. Are you afflicted with a transmission in
3. Are you related to the female applicant closer than second cousin? No Yes 7 4. Are you now under the influence of intoxicating liquor? No 7 Yes 7	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug? No Dies D	Are you now under the influence of intoxicating liquor? No Yer
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. Machine 8. Full name of father All Walson Machine	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state) Lanuelle -	8. Full name of father for the formed fight
Birthplace of father (State or foreign country)	Residence of father (if deceased so state)
9. Full maiden name of mother Barbara Aon Culp	9. Full maiden name of mother Anales New Sethhards
Residence of mother (if deceased so state) Danille	Residence of mother (if deceased so state) Avodland m
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana. County of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of the this application is true and correct.	County of VIMm. O. 21.06
Signed to the Monte of for your	Signed Filler Deblacker 4 50
New Address 5 470 OPREMICE JAn , Maple	New Address DFTD Church word of the is
Subscribed and soon to before my this day of upper 1923.	Subscribed and sworn to before me this day of the total and sworn to be fore me this day of the total and sworn to be fore total and sworn to be fore total and sworn to be fore total and sworn total and
Gerk Circuit Court	fully fut the overk circuit court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
igns, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS } ss:	State of Indiana, HENDRICKS
	County of
SignedFather	Signed
Signed Mother	Signed
ubscribed and sworn to before me thisday of, 19,	Subscribed and sworn to before the and and sworn to
Clerk	a source to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS	r. A marriage license having been relused to the astronamental and filed
authorizes and directs the issuance of	
authorizes and directs the issuance of	TA MATTING
RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage licens	se issued by the clerk of the
we al Kemembered, there was filed in my office a marriage licen.	19, authorizing the joining together MARCIA JO ANN ZIEGLER
f Indiana dated the 2 day of	
e it further remember of the second s	fice. to-wit:
e it further remember of the second s	fice. to-wit:
e it further remembered, the following marriage certificate was filed in my of JOE D. STUMP	fice, to-wit: fice, to-wit: tereby certify that on the 27th day of April HENDRICKS DANVILLE, County of IN
tate of Indiana, Groom ROBERT THOMAS MACHIN	day of April day of April HENDRICKS DANVILLE , County of IN HENDRICKS County, State of IN of County, State of IN County, State of IN County, State of IN
e it further remembered, the following marriage certificate was filed in my of JOE D, STUMP he thousand nine hundred and tate of Indiana, Groom ROBERT THOMAS MACHIN	day of April day of April HENDRICKS DANVILLE , County of IN HENDRICKS County, State of IN of County, State of IN County, State of IN County, State of IN
ROBERT THOMAS MACHIN an The it further remembered, the following marriage certificate was filed in my of JOE D. STUMP h The thousand nine hundred and 85 tate of Indiana, Groom ROBERT THOMAS MACHIN nd, Bride MARCIA JO ANN ZIEGLER ere by me united in marriage as authorized by a marriage license issued for toounty.	fice, to-wit: tereby certify that on the 27th day of April HENDRICKS DANVILLE , County of HENDRICKS the HENDRICKS County, State of IN MARION County, State of IN MARION HENDRICKS hat purpose by the Clerk of the Circuit Court of HENDRICKS
ROBERT THOMAS MACHIN an Be it further remembered, the following marriage certificate was filed in my of JOE D. STUMP Ine thousand nine hundred and 85 tate of Indiana, Groom ROBERT THOMAS MACHIN Ind, Bride MARCIA JO ANN ZIEGLER ere by me united in marriage as authorized by a marriage license issued for to	fice, to-wit: preeby certify that on the 27th day of April preeby certify that on the 27th day of April HENDRICKS DANVILLE , County of IN HENDRICKS of IN MARION County, State of IN MARION County, State of IN HENDRICKS hat purpose by the Clerk of the Circuit Court of HENDRICKS
ROBERT THOMAS MACHIN and Be it further remembered, the following marriage certificate was filed in my of JOE D. STUMP h ne thousand nine hundred and 85 and tate of Indiana, Groom ROBERT THOMAS MACHIN and nd, Bride MARCIA JO ANN ZIEGLER of ere by me united in marriage as authorized by a marriage license issued for to ounty. ated this 27th ated this 27th day of April 19.85	Index Index <th< td=""></th<>
ROBERT THOMAS MACHIN and e it further remembered, the following marriage certificate was filed in my of JOE D. STUMP h ne thousand nine hundred and 85 n tate of Indiana, Groom ROBERT THOMAS MACHIN n nd, Bride MARCIA JO ANN ZIEGLER of ere by me united in marriage as authorized by a marriage license issued for to ounty. 19.85	fice, to-wit: tereby certify that on the 27th day of April HENDRICKS DANVILLE , County of IN HENDRICKS County, State of IN MARION County, State of IN MARION HENDRICKS hat purpose by the Clerk of the Circuit Court of HENDRICKS

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2	STATE OF APPLICATION FOR HENDRIC	F INDIANA MARRIAGE LICENSE KSCounty	No File Date of Application
MALE Medical Examination Report Dated	3-28-85 igan	FEMALE Medical Examination Report Da Name of Physician Name of a license to marry b	ted 3-22-85 Kerrigan
Name of Physician 767 KCM ALL QUESTIONS MUST BE ANSWERED. LC. 31- shall be fined in any sum not exceeding five hundred		FEMALE	APPLICANT
Shall be tined in any MALE APPLICA. Name First Middle Date of Birth Month Day Place of Birth (State of foreign country)	O I last	Name First . Date of Birth Month Place of Birth (State or foreign country).	Middle <u>Abud</u> Am <u>Abud</u> Day <u>Year</u> 1944
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	15 Manogram	Residence Address Street or R. R. H34 AMONK PO Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce D	
Last Marriage Ended By. Death Diverse Judicial Date of birth verified by: Birth Certificate Judicial Date of birth verified by: Birth Certificate Judicial D Other (Specify)	nd mind? No I Yes No Yes No Yes No Yes Yes No Yes N	Date of birth verified by: Birth Certificate D Other (Specify) Other (Specify) Are you now or have you ever been adjudged to If answer is "yes", has the adjudication been re Are you afflicted with a transmissible disease? Are you related to the male applicant closer th Are you now under the influence of intoxicatin Are you now under the influence of a narcotic List the full names of any dependent children.	an second cousin? B liquor? No C Yes C No C Yes C
 Are you required by any court order or orders to support the dependent children? If answer is "yes", it is required that this Application be according on the compliance with any court order or orders issued for their set. Full name of father. Birthplace of father (if deceased so state) Full maiden name of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) State of Indiana. HENDRICKS ss: in Signe Address New Address Mubseribed and sworn to before me this. 	ompanied by satisfactory proof that you are in	 Are you required by any court order or orders dependent children? If answer is "yes", it is required that this Applic compliance with any court order or orders isset Fullname of father (if deceased so state) Birthplace of father (if deceased so state) Full maiden name of mother	$N_0 \square Y_{es} \square$
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent signs, state facts which render the consent of the oth	t for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR O We, the parents, of this applicant hereby a signs, state facts which render the consent	rive consent for this marriage. If only one parent

G

County of HENDRICKS ss :	11	State of Indiana, County of HENDRIC	KS	} ss:		
Signed	Father					Father
Signed	Mother	Signed				Mother
Subscribed and sworn to before me this		Subscribed and sworn to befor				, 19
	Clerk					Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF HENDRICKS County	Court	by written order issued			he above name	d parties, the and filed
RETURN OF MARRIAGE	LIGDUG				and the second second	
RETURN OF MARRIAGE Be It Remembered, there was filed in my office a married of Indiana dated the	naga ligan			HEINDRIC	KS	Circuit Court
of Indiana dated the 12 th day of the	age license	issued by the clerk of the	he			and wife
Be it further man Alchael T. Faires	A	, 19.00, au				
is a further remembered the following	and	Deloris	H. CL	Sud		******
and the second se			10		Davil	
one thousand nine hundred and 850 State of Indiana, Groom Michael T. Faires	her	eby certify that on the	13	day of	TIPIII	ericks
State of Indian of	at	1 1120010		Contra	star of	<u>U IOI</u>
and, Bride Delocis A NL		Hendricks		County, Ste	ite of	
and, Bride Deforts A. Choud were by me united in marriage as authorized by a marriage license is	of	Marion 2	\mathcal{D}	Country St	ate of IN	
were by me united in marriage as authorized by a marriage license is. County. Dated this	sued for the	it numbers has the Cl.		County, St	HENDE	RICKS
Dated this		t purpose by the Clerk o	of the Circi	ut Court of		
ady of	, 1985			AND	and the second	
		Signed 5	Due 1	NC-Don	gal	
Filed and recorded in accordance with the	Of	ficial Designation	Vins	ter	0	······
Filed and recorded in accordance with the laws of the State of Indian	ia this	18 day of	Apri			82
	C	igned (A la	Russe		
	5	igned	June		HENDRICKS	Circuit Cour
			~			

	401
Form Prescribed By State Board of APPLICATION FOR	INDIANA
Form Files Board of Authority Authority APPLICATION FOR M	ARRIAGE LICENSE
Health under 4-2 HENDRICK	S File_
Fliete	County4-8-85
MALE Medical Examination Report Dated 3-26-85	FEMALE Date of Application
	Medical Examination Report Dated
Name of Physician Arthur	Name of Phases Transformed
ALL QUESTIONS MUST BE ANSWERED. LC. 31-T-3-6 prescribed "False statement-Whoe ALL QUESTIONS MUST BE ANSWERED. LC. 31-T-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ver procures the issuance of a license to marry by any false and
	Plane +
Name First Bryan Storeking	Name First Middle
Date of Birth Month Day Year 1962	Date of Birth Month MAN School Miss
Place of Birth (State er foreign country)	Place of Birth (State or/foreign coontry) 99 Igle
Residence Address Distreever R. R. City County State	the the the
6210. man your stand the	510 S. Street or R. R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Previous Marital Status Provide Divorce Annulment Divorce Annulment Divorce Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by.	Date of birth verified by: Birth Certificate D Judicial Decree
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No B Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No Dies D
If answer is "yes", has the adjudication been removed? No U Yes U No U Yes D	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Yes Are you related to the female applicant closer than second cousin? No Yes	2. Are you afflicted with a transmissible disease? No 2 Yer C
4. Are you now under the influence of intoxicating liquor? No Viet	3. Are you related to the male applicant closer than second cousin? No D Yes D 4. Are you now under the influence of intoxicating liquor? No D Yes D
5. Are you now under the influence of a narcotic drug? No. Yes	5. Are you now under the influence of a narcotic drug? No Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No D Yes D	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
8. Full name of father farmes Methode Morelang	8. Full name of father Allout Francis Schoening
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country man .	Birthplace of father (State or foreign country)
9. Full maiden name of mother Ant Darlene Dallatta	9. Full maiden name of mother Margagait Mary Sawrie
Residence of mother (if deceased so state) A hnule	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country Mont Comercy W.	Birthplace of mother (State or foreign country)
State of Indiana,	State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS	County of the One of the County of
signed James B. Stoneking	Signed the wet scholing
New Address 510 S. Tenn Daville	New Address 5/05- Unit 15
Subscribed and sworn to before me this day of upril 195.	Subscribed and sworn to before me this day of HENDRICKS
Many Am Thank Clerk HENDRICKS Circuit Court	Muy June Russell Clerk Clerk Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give contained and a signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parts
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS	County of
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this day of, 19,	Subscribed and sworn to before me thisClerk
	and filed
HENDRICKS	RT. A marriage license having been refused to the upper and filed ourt by written order issued and filed of a marriage license to the above named parties.
inCounty	of a marriage license to the above named parties.
authorizes and directs the	HADRIAGE CERTIFICATE HENDRICKS Circuit Court
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licent of Indiana dated the	nse issued by the clerk of the
, mainta dated the the day of apple	ANN SCHOENING
DP 11 fr. 11	
Be it further remembered, the following marriage certificate was filed in my in JOHN P. ROOF.	hereby certify that on the 20th day of HENDRICKS
one thousand ning h	at DANVILLE IN IN
State of Indiana C JAMES BRYAN STONEKING	of
In the second se	HENDRICKS HENDRICKS
were by me united in marrie and stand benoticed license issued for	that purpose by the Clerk of the
County. Dated this	85. <u>/s/_JOHN_PROOF</u> SignedFniscopal_Priest
Dated this 20th day of April, 19	85. <u>/s/ JOHN P. ROOF</u> Official Designation Episcopal Priest
	Official Designation
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Episcopal 122 Official Designation 19 85 22nd April Clerk Signed Official Designation 19 85 Clerk HENDRICKS Circuit Court
	Signed

the for

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	Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 of I.C. 31-1-3-2 HENDRICKS	IARRIAGE LICENSE File
inanaana inanan ina ka	MALE MALE Medical Examination Report Dated Name of Physician ALL QUESTIONS MUST BE ANSWERED. 1C. 31-1-3-6 prescribed "False statement—Whore shall be fined in any sum not exceeding five hundred dollars (\$500,000" MALE APPLICANT Name First Name First Name First Mather Month Day Place of Birth (State or foreign country) Residence Address/ Residence Address/ Street or R. R. City County State	FEMALE Medical Examination Report Dated 4-2-85 Name of Physician 7. Walker
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 1. Are you afflicted with a transmissible disease? No Yes 3. Are you related to the female applicant closer than second cousin? No Yes 4. Are you now under the influence of intoxicating liquor? No Yes 5. Are you now under the influence of a narcotic drug? No Yes 6. List the full names of any dependent children. No Yes	Previous Marital Status: Never Married OK Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)
	1. Are you required by any court order or orders to support the above dependent children? No□ Yes□ If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any our order or orders issued for their support. No□ Yes□ If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any our order or orders issued for their support. No□ Yes□ 8. Full name of father. Hall Area Hall Area Birthplace of father (if deceased so state) Hall Area Hall Area Birthplace of mother (if deceased so state) Hall Area Hall Area State of Indiana. HENDRICKS Signed: Area In this application is true and correct. Signed: Area High Sequent 4 HENDRICKS In this application is true and correct. Subscribed and sworn to before me this Hay of HENDRICKS In this application. Subscribed and sworn to before me this HENDRICKS Circuit Court ONSENT OF PARENTS, PARENT OR GUARDIAN HENDRICKS Circuit Court We, the parents, of this applicant hereby give consent for this marriage. If only one parent	* Are you required by any court order or orders to support the above dependent children? No Tes O I answer is "yes", it is required that this Application be accompanied by astisfactory proof that you are in compliance with any court order or orders issued for their support. * Full name of father:
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

BUDE HORED

State of Indiana, HENDRICKS } ss: County of. Signed. Father Signed. Mother Subscribed and sworn to before me this day of 19 Clerk Clerk	State of Indiana, County of HENDRICKS Signed Lew S Signed Mother Subscribed and sworn to before me this day of 19 Clerk
inauthorizes and directs the issuance o	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
RETURN OF MARRIAGE LICENSI Be It Remembered, there was filed in my office a marriage licen of Indiana dated the day of DONALD KEITH HARTGROVE at Be it further remembered, the following marriage certificate was filed in my of I, WENDELL W. MAYER M one thousand nine hundred and 85 State of Indiana, Groom DONALD_KEITH_HARTGROVE of and, Bride MARY ELLEN LEWIS of were by me united in marriage as authorized by a marriage license issued for the County Dated this 20th day of April 19 85	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court use issued by the clerk of the nd fice, count Circuit Court 19.5 , authorizing the joining together as husband and wife nd MARY ELLEN LEWIS ffice, to-wit:
Filed and recorded in accordance with the laws of the State of Indiana this	24th day of April 19 85 Signed Clerk HENDRICKS Circuit Court

Prescribed D3 na State Board of h under Authority out 1.32	MARRIACE INC. 119
Hundrid HENDRICH	ATTACHAGE LICENSE
Ure and a	County 4-9-95
MALE Hated 4-5-85	FEMALE Date of Application
Medical Examination Report	Medical Examination Report Dated 4-5-85
Name of Physician Huddley	Name of Dia in all a 10
AUESTIONS MUST BE ANSWERED, I.C. 31-1-36 prescribed "False statement-Whe	ever procures the immediate
QUESTIONS MUST BE ANSWERED, 1.0., 31-1-36 prescribed "False statement-Who be fined in any sum not exceeding five hundred dollars (\$500,00)", MALE APPLICANT	bever procures the issuance of a license to marry by any false statement, representation or pretense
a Middle	FEMALE ADDITION
e Tissik Sle Daily Last	Name First
of Birth Month Day 1938	Date of Birth Marit Bill Soply Last
e of Birth (State or foreign country)	Place of Divit (0
Auto	Place of Birth (State or foreign country) 24 1948
ence Address Streev or R. R. City County State	Residence Address Street og R. R. City
ious Marital Status: Never Married OR	The Willingh Box 16 Adols And State
Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
of birth vernied of	Date of birth verified by: D Birth Certificate D Judicial Decree
Other(Specify)	Other (Specify)
re you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be
answer is "yes", has the adjudication been removed? No 🗆 Xes 🗆	Are you now or have you ever been adjudged to be of unsound mind? Not Yes If answer is "yes", has the adjudication been removed? Not Yes
re you afflicted with a transmissible disease? Note Yes	2. Are you afflicted with a transmissible disease?
re you related to the female applicant closer than second cousin? No yes	3. Are you related to the male applicant closer than area in a
re you now under the influence of intoxicating liquor? No Viero	4. Are you now under the influence of interiority 12
re you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a parastic due 2
st the full names of any dependent children.	6. List the full names of any dependent children.
	Carol Somlington
	In atta 11 11
	Mate
	Cathena "
re you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
ependent children? No Ves V	dependent children? No 🗆 Yes
answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
ompliance with any court order or orders issued for their support.	compliance with any course or or orders issued for their support.
'ull name of father Country	8. Full name of father protection for the store of the st
lesidence of father (if deceased so state)	Residence of father (if deceased so state)
lirthplace of father (State or foreign country)	Birthplace of father (State or foreign cogntry)
Mintee Stadley	6 Elleving Kuth ann outren
"ull maiden name of mother	9. Full maiden name of mother 1 1111 (1111 (1111)
desidence of mother (if deceased so state)	Residence of mother (if deceased so state)
lirthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country, MAN.
e of Indiana,	State of Indiana, HENDRICKS County of
ty of HENDRICKS } ss: in this application is true and correct.	County of
Signed Virgil See Daily	Signed V Bunda Bell Jomlins
and a set of the set	New Address 11335 W. Washe St Boy
New Address 11335 1 mark and Dox 10	in in Di-1 X
teribed and sworn to before me this day of 1922.	Subscribed and sworn to before me this day of HENDRICKS Circuit Con
My The hus all Clerk HENDRICKS Circuit Court	l falle fund fundetti Clerk
<u> </u>	
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
s state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
and lenger the consent of the other parent unnecessary	
e of Indiana,	State of Indiana, UENIDDICKS
ty of Indiana, HENDRICKS	HENDRICKS
	Fath
Signed	Signed
SignedMother	Signed
cribed and sworn to before me this day of, 19,	Signed
Clerk	I fund to the above named parties, the
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage license having been refused to the above and file Court by written order issuedand file of a marriage license to the above named parties.
HENDRICKS	ourt by written order issued
County	the above named parties.
authorizes and directs the issuance	of a marriage license to the above me SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Cou ense issued by the clerk of the
Be It Remembered, there was filed in my office a marriage lice	inse issued of authorizing the joining together as husband
Indiana dated the 3 day of April	SE AND MARKINGER ense issued by the clerk of the , 19.8.5., authorizing the joining together as husband and wi BRENDA BELL TOMLINSON and BRENDA BELL TOMLINSON
Indiana dated the day of VIRGIL LEE DAILEY it further remembered, the following marriage certificate was filed in my LARRY R. HESSON thousand nine hundred and 85	and April
, where remembered, the following marriage certificate was filed in my	hereby certify that on the 13th ady of HENDRICKS
LARRY R. HESSON	DANVILLE INDIANA
thousand nine hundred and	HENDRICKS County, State of INDIANA
thousand nine hundred and 85 te of Indiana, Groom VIRGIL LEE DAILEY Bride	of
, Bride	
BRENDA BELL TOMLINSON	r that purpose by the clean of
e by me united in marriage an authorized house bigense issued for	
e by me united in marriage as authorized by a marriage license issued for inty.	
e by me united in marriage as authorized by a marriage license issued for inty.	5 /s/ LARRY R. HESSON
BRENDA BELL TOMLINSON of marriage license issued for this 13th day of April 19.8	D HESSON

		No120
	STATE OI	FINDIANA MARRIAGE LICENSE File H-10-85
	Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File H-10-85
	Health under Authority of I.C. 31-1-3-2 HENDRIC	KS
	Effective July 1, 1977	Date of Application
		FEMALE
	MALE HILD A Deted H-1-85	Medical Examination Report Dated
	Medical Examination Report Dated	Name of Physician Michael Meely
	Name of Physician Michael Heelry	
Hushing hand been been	The statement - Who	ever procures the issuance of a license to marry by any false statement, representation or pretense
add all diff wanter a second	shall be fined in any sum not exceeding	FEMALE APPLICANT
	MALE APPLICANT	Name First Middle Last
	Name First Middle Last	anilla de electroly
	Data of Rirth Month Day Year	Date of Birth Month Day Year
	Date of Dittil	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
	Residence Address Street or R. R. City County State	bill should be xod & 33
	R & Box 30 Samuele Wed	Previous Marital Status: Never Married & OR
	Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
	Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by Birth Certificate Judicial Decree
	Date of birth verified by: Birth Certificate D Judicial Decree	
		Other (Specify)
	Other (Specify) Yes	1 Are you now or have you ever been adjudged to be of unsound mind? No B Yes D
	1. Are you now or have you ever been adjudged to be of unsound mind? No UP Yes U	If answer is "yes", has the adjudication been removed." No Ves O
	If answer is "yes", has the adjudication been removed?	2 Are you afflicted with a transmissible disease" No D yes D
	2. Are you afflicted with a transmissible disease? No D Yes D	3. Are you related to the male applicant closer than second cousin? No Yes D
	 Are you related to the female applicant closer than second cousin? Are you now under the influence of intoxicating liquor? No Yes D 	4 Are you now under the influence of intoxicating liquor? No Yes D
	 Are you now under the influence of a narcotic drug? No □ Yes □ 	5. Are you now under the influence of a narcotic drug? No Yes D
	 Are you now under the influence of a marcele of og List the full names of any dependent children. 	6. List the full names of any dependent children.
	b. List the full names of any dependent condition	
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
	dependent children? No U Yes U	dependent children* No Ves D
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support
r t	8. Full name of father Dill, N. White	8. Full name of father 101110 100 100 100 100
	Residence of father (if deceased so state)	Residence of father (if deceased so state) however her block
	Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country)
	alled build. M. sain a Cateron with a	9 Fullmarden name of mother Janen C - M. Kyindrelling
	9. Full maiden name of mother Samuel 19. Full maiden name of mother	9 Full maiden name of mother
	Residence of mother (if deceased so state)	Residence of mother (if decreased so state)
and the marked of the second	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	State of Indiana, Country of HENDRICKS } ss: I depose and state the information given in this application is true and correct.	State of Indiana.
	County of	County of HENDRICKS } **: in this application is true and correct.
	Signed Charles & White	Signedy Michelle D. Collins
	PRI BAYDAR DON 10 TH	POI Due 232 Danin II.
	New Address AUT DOASAD DANVIR IN	New Address
	Subscribed and sworn to before me this day of April, 19 02	Subscribed and sworn to before me this day of
	Many Jane Kussell Clerk HENDRICKS Circuit Court	Mary Jone Russell, alerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
	signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	and the which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

e

T

State of Indiana,

inte of Indiana

County of	County of HENDRICKS
Signed	Signed
Signed	Notes Notes
Subscribed and sworn to before me this	Signed
	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the above named parties, the
Country	flat
inauthorizes and directs the issuance of	and mea
DEPUID A CE SUBJECT	of a marriage license to the above named parties.
Be It Remembered there was field in an	SE AND MARRIAGE CERTIFICATE
uay of many the	19 8 authorizing the initian tracther as husband and wife
Be it further remembered, the following marriage certificate was filed in my of I,	andMICHELLE D. COLLINS
I,	office, to-wit:
one thousand nine hundred and 85	office, to-wit: hereby certify that on the 19th day of April
State of Indiana, Groom CHARLES B. WHITE	hereby certify that on the 19th day of April at DANVILLE , County of HENDRICKS of HENDRICKS IN County, State of
and, Bride	of HENDRICKS County State of IN
were by me united in of	of HENDRICKS County, State of IN
were by me united in marriage as authorized by a marriage license issued for County. Dated this	that purpose hail of the second secon
Dated this	that purpose by the Clerk of the Circuit Court of
Dated this	
	Signed /s/ RONALD E. McDugle
Filed and recorded in accordance with the laws to be	Official Designation Pastor
Filed and recorded in accordance with the laws of the State of Indiana this	22nd day of April 19 85
	Signed Many Ansall Clerk
	HENDRICKS and Court
	FILINDRICKS Circuit Court

	4(
Form Prescribed By STATE OF Indiana State Board of APPLICATION FOR	FINDIANA
Health under Authority APPLICATION FOR	MARRIAGE LICENSE
Health and 1-3-2 of I.C. 31-1-3-2 Effective July 1, 1977	KSCounty File H-10-75
MALE	
MALE Medical Examination Report Dated 3-29-85	FEMALE Date of Application
Name of Physician Monace J. Moretto	Medical Examination Report Dated 4-4-85
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	Name of Physician M.O. Scanalper
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry by any false statement, representation and
Name First Middle WCC Last	FEMALE ADDITION
Date of Birth Month Day Year	Middle
Place of Birth (State or foreign country)	Month Day Chully
and alle and	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State R.R. 1 Box 916 Autom, DLL.	Residence Address Street or R. R. O City County State
Previous Marital Status: Never Married O OR	State
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married B OR Last Marriage Ended By: Death D Divorce Annulment
Date of birth verified by: D Birth Certificate D Judicial Decree	Date of birth verified by: Birth Certificate D Judicial Decree
Other(Specify)	Other(Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	1. Are you now or have you over here it is a second se
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 2. Are you afflicted with a transmissible disease? No 🖓 Yes 🗆	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No W Yes Are you related to the female applicant closer than second cousin? No W Yes	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No 🕑 Yes 🗆	3. Are you related to the male applicant closer than second cousin? No Tres D 4. Are you now under the influence of intoxicating liquor? No D Yes D
5. Are you now under the influence of a narcotic drug? No Types D	5. Are you now under the influence of a narcotic drug? No P Yes D No P Yes D
6. List the full names of any dependent children.	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 D 	 Are you required by any court order or orders to support the above dependent children? No Yes Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. 8. Full name of father and the factor of the support	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state)	8. Full name of father of autophice E. Karley
	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother	9. Full maiden name of mother 1 (as open to
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kentuckey State of Indiana, URA DDICKS Les. I depose and state the information given
County of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
signed Janes & Manuel -	Signed & Margaret P. Barly
New Address 3801 W 22ND ST. TNOPIS	New Address 330 / WEst 22 ng Street
Subscribed and sworn to before me this 10 day of Opil, 1985	Subscribed and sworn to before me this day of April, 1985
Many Jone Russell Gerk HENDRICKS Circuit Court	Mary Jane Russelderk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS	State of Indiana, HENDRICKS
	County of
Signed	Mother
Subeeriked	Signed
Subscribed and sworn to before me thisday of, 19,	Subscribed and sworn to better and clerk
Clerk	fund to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above and filed
HENDRICKS CountyCo	T. A marriage license having been refused to intermediate and filed ourt by written order issued
THE REPORT OF THE PARTY OF THE	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
the dit do an and a set to a marria de la cen	se issued og allowing the south of the south
Be it family JAMES L. MC DANIEL a	nd MARGARET P. BAILEY ffice, to-wit: 27th day of APRIL
be it further remembered, the following marriage certificate was filed in my o	fice, to-wit: day of <u>APRIL</u> HENDRICKS
JAMES L. MC DANIEL a Be it further remembered, the following marriage certificate was filed in my o I, FRED SHARP one thousand nine hundred and 85 State of Indiana, Groom	at
one thousand nine hundred and 85 State of Indiana, Groom JAMES L. MC DANIEL and, Bride MARCARET R. BALLEY of	of
State of Indiana, Groom JAMES L. MC DANIEL and, Bride MARGARET P. BAILEY of	HENDRICKS HENDRICKS
and, Bride	that purpose by the Clerk of the Strong
County. Dated this 15thay of April 19.85	Signed/s/FRED.SHARP
15tHay of April , 19	MINIS MINIS 19
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation
and recorded in accordance with the laws of the State of Indiana this	i day of May Russell Circuit Court Signed May Russell HENDRICKS Circuit Court

2 . A .	400	NUTLANA	No122
See 1	STATE OF	ADDIACE LICENSE	File
	Form Prescribed By Indiana State Board of APPLICATION FOR M	MARRIAGE LIGHNSZ	rne
	Health under Authority HENDRICK		Date of Application
	Effective July 1, 1977		
	MALE 4-8-85	FEMALE Medical Examination Report Da	ted4-8-85
	MALE Medical Examination Report Dated	Q	strad . 8 er
	Medical Druce E. Destry	Name of Physician	
Sector Sector Sector	Name of PhysicianWhot	ever procures the issuance of a license to marry	by any false statement, representation or pretense
- APARTAVIA HARVAN ALVAN		FEMALE	APPLICANT
	MALE APPLICANT	Name First	Middle MC Last
	Name First Middle Plutte	Date of Birth Month	Day Year
	Date of Birth Month Day Year	Place of Birth (State or foreign country)	22 65
	Place of Birth (State or foreign country)	Indola.	Qud.
	Street or R. R. City County State	Residence Address Street of R. R.	City County State
4	Residence Address Street or R. R. Brownshing Ind.	/	
	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce	Annulment
	Les Merriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Divorce Date of birth verified by: Birth Certificate	Judicial Decree
14 N	Date of birth verified by: Birth Certificate Dudicial Decree	Date of birth vernied by Dirth of history	
		Other (Specify)	
	Other (Specify) No P Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No P Yes	1. Are you now or have you ever been adjudged t	
	"here "here the adjudication been removed?	If answer is "yes", has the adjudication been re	
	No E Tes	2. Are you afflicted with a transmissible disease?	
	A transmust related to the female applicant closer than second cousin? No Ves	3. Are you related to the male applicant closer th	
	4. Are you now under the influence of intoxicating liquor? No 🗗 Yes 🗆	 Are you now under the influence of intoxicatin Are you now under the influence of a narcotic 	
	5. Are you now under the influence of a narcotic drug:	 Are you now under the influence of a halforde List the full names of any dependent children. 	
	6. List the full names of any dependent children.	b. List the run names of any approximation	
	7. Are you required by any court order or orders to support the above	Are you required by any court order or orders dependent children?	to support the above No D Yes D
	dependent children? No a result If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in		cation be accompanied by satisfactory proof that you are in
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issue	
	8. Full name of father Richard Joe Blitthe	8. Full name of father Steal	estates.
The second s	a la adad B	Residence of father (if deceased so state)	, Jall, prestances
	Residence of father (if deceased so state)		Indiana
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	(all 0.
	9. Full maiden name of mother Carbona 1. Morel	9. Full maiden name of mother Commo	manner - 2 -
	Residence of mother (if deceased so state) Stoursburg Ind	Residence of mother (if deceased so state)	ena
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).	Canaibul
	State of Indiana.	State of Indiana, HENDRICKS	ss: I depose and state the information given in this application is true and correct.
	County of	County of	In this application is true and content
	Signed X Stren B. Blythe	Signed Ite	icup B. Marentire
	New Address 105 Walliame Dr. Leowonsburg Ind	New Address 10.5	Williams Dr. Brownshing, On
	Subscribed and sworn to before me this 10 day of Optil, 1985	Subscribed and sworn to before me this	10 day of april 1985
	Chan Chan Read HENDRICKS	Subscribed and sworn to before me this	LIENIDDICKS
	Circuit Court	11000 Jone Messe	Clerk HENDKICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF DARENTS, DARENTS OF	
		CONSENT OF PARENTS, PARENT OR	
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent		give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent	t of the other parent unnecessary

County of	County of Bas:
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday ofday ofday cf
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUP HENDRICKS County County	RT. A marriage license having been refused to the above named parties, the court by written order issuedand filed of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the day of STEVEN B. BLYTHE Be it further remembered, the following marriage certificate was filed in my	SE AND MARRIAGE CERTIFICATE Inse issued by the clerk of the HENDRICKS Circuit Court , 19 , authorizing the joining together as husband and wife and STACEY B. MCINTIRE
one thousand nine hundred and 85 State of Indiana, Groom STEVEN B. BLYTHE	hereby certify that on the 20th day of April HENDRICKS
were by me united in marriage as authorized by a marriage license issued for County.	HENDRICKS County, State of IN that purpose by the Clerk of the Circuit Court of HENDRICKS
20thday of	Signed/S/ MARTIN A. PETER
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation CATHOLIC PRIEST
	Signed Aug of the Russell Clerk HENDRICKS Circuit Court

	407
Form Prescribed By STATE OF Indiana State Board of Health under Authority HENDRICK	INDIANA MARRIAGE LICENSE No. 123
Health under Andrea Hendrick Hendrick Hendrick	File
Env	County
MALE Medical Examination Report Dated 3/27/85	FEMALE Date of Application
	Medical Examination Report Dated
Name of Physician . Rames place	Name of DL mad
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license to a
shall be fined in any sum has MALE APPLICANT	a needse to marry by any false statement, representation or pretense
First the Middle DI Last	Name First
Dear Day	Date of Blue Senda Middle Date of
Date of Birth Month // Day 6 1961 Place of Birth (State or foreign country)	Month Day Coleb
	Place of Birth (State or foreign country)
Residence Address Strept or R. R. City County State	Residence Address Street or K. R. City County
Previous Marital Status. Never Married Q OR	Jack Biowas have
Folded By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Last Marriage Ended by: Birth Certificate Judicial Decree Date of birth verified by:	Last Marriage Ended By: Death Divorce Annulment Divorce Judicial Decree
Variation (Density Lineand)	Judicial Decree
Other (Specify)	Other (Specify) Drevers License
1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes If answer is "yes", has the adjudication been removed? Not Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication open removed.	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a standard s	2. Are you afflicted with a transmissible disease? No Yes
Are you related to the tende of intoxicating liquor? Yes	 Are you related to the male applicant closer than second cousin? Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? Nov Yes	5 Are your now under the influence of
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Yes	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father O Control of Control	8. Full name of father Lary ale acup
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Sally and Patton	9. Full maiden name of mother 2994 and Nare
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Blownsburg
Birthplace of mother (State or foreign country) Penn	Birthplace of mother (State or foreign country) Ohio
State of Indiana,	State of Indiana. HENDRICKS }ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS	County of
Signed Jost P. Jusque	Signed Mendlay Muffe Alles Hain
New Address 5917 Brachvilar Un #312	New Address 5911 Death Well the Ford
Subscribed and sworn to before me this 10 H day of april, 19.85	Subscribed and sworn to before me this 10th day of 1925
Man by P AM HENDRICKS	manufrae Russell Clerk HENDRICKS Circuit Court
The grade gradelicerk Circuit Court	- for for the second se
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
man and a ready the consent of the other parent uniccovery	
	and the second se
State of Indiana, County of HENDRICKS } ss:	State of Indiana, HENDRICKS
County of HENDRICKS	County of
SignedFather	Mother
Signed	Signed
Subscribed and sworn to before me thisday of, 19,	Subscribed and sworn to before me that
COMPLET	and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	RT. A marriage license having been refused to the above and filed ourt by written order issuedand filed of a marriage license to the above named parties.
inauthorizes and directs the issuance of	of a marriage license to the above named parties.
authorizes and directs are included	THE TRANSFERRE
authorizes and directs the issuance RETURN OF MARRIAGE LICENS Be It Remembered , there was filed in my office a marriage licen of Indiana dated the	nse issued by the clerk of the
Remembered, there was filed in my office a marruge ties.	10 0 authorizing the joining tog
Scott Poul Viceook	and Brenda Kaye Donil
Be it further remembered, the following marriage certificate was filed in my	office, to-wit: day of Epcil
, tay E bloodruff	hereby certify that on Free I lethed st County of IN
one thousand nine hundred and 85	at United County, State of IN
one thousand nine hundred and 85 State of Indiana, Groom Scott Paul Vysocke and, Bride Drend on Karte Jour of	and Brenda Kaye Lown office, to-wit: hereby certify that on the 2 Method ist county of Marion at John Wesley Free Method ist county of IN of Mamilton County, State of IN Hendricks County, State of HENDRICKS
State of Indiana, Groom Scott Paul VySocke and, Bride Brenda Kaye Louk of were by me united in marriage as authorized by a marriage license issued for Data in the second scott Paul VySocke	- ALL CAPCILL COMPANY
were by me united in marriage as authorized by a marriage license issued for County.	that purpose by the Clerk of the Clina 5. Signed Bey Paul E. Wood ruff Signed Bey Paul E. Wood ruff
Dated this 20 day of April , 19.8	
day of 1-0511, 19.5.	1 Call Manual 1
Pri -	
Filed and recorded in accordance with the laws of the State of Indiana this	35 day of Russell Signed Many Jone Russell HENDRICKS Circuit Court
	Signed

	408			
		STATE OF	INDIANA	No
	Form Prescribed By Indiana State Board of	APPLICATION FOR M	ARRIAGE LICENSE	File
	Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	HENDRICKS	County	Date of Application
		april 8, 1985	FEMALE Medical Examination Report Da	ted april 8, 1985
	MALE Medical Examination Report Dated	i a in D	Name of Physician Mark	Firth
an in which being being	Name of Physician Mark Fr	1-1-3-6 prescribed "False statement-Whoev	er procures the issuance of a license to marry l	by any false statement, representation or pretense
AND MERIDIA AND AND AND AND AND AND AND AND AND AN	ALL QUESTIONS MUST BE ANSWERED. LC. 3 shall be fined in any sum not exceeding five hundred MALE APPLICA		FEMALE	APPLICANT
	Name First Midd		Name Jennie Date of Birth Month	Day Steddard
	Date of Birth Month Day	Year 1964	Place of Birth (State or foreign country)	4 1964 Augusto
	Place of Birth (State or foreign country)	M. County State	Residence Address Street or R. R.	arizona County State
	Ho 5 Linden Lane J	Pefd In	Previous Marital Status: Never Married OR	rume regue on.
e shard of the	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulmer		Last Marriage Ended By: Death Divorce Divorce Date of birth verified by: Birth Certificate	Annulment
	Last Marriage Ended By. Dean Date of birth verified by: D Birth Certificate D Judicial	Decree		See Section 1
	Other (Specify)	No B Yes D	Other (Specify)	o be of unsound mind? No Yes D
	 Are you now or have you ever been adjudged to be of unso If answer is "yes", has the adjudication been removed? 	No Ves	If answer is "yes", has the adjudication been re 2 Are you afflicted with a transmissible disease	
4	2. Are you afflicted with a transmissible disease?	No Ves D	3. Are you related to the male applicant closer th	nan second cousin? No Ves D
	 Are you related to the female applicant closer than second Are you now under the influence of intoxicating liquor? 	No W Yes D	 Are you now under the influence of intaxicatin Are you now under the influence of a naroutic 	
	5. Are you now under the influence of a narcotic drug?6. List the full names of any dependent children.		6. List the full names of any dependent children.	
	7. Are you required by any court order or orders to support	the above No 🗆 Yes 🗆	 Are you required by any court order or order dependent children? 	s to support the above $N_0 \square Y_{es} \square$
	dependent children? If answer is "yes", it is required that this Application be ac		If answer is "yes", it is required that this Appl	ication be accompanied by satisfactory proof that you are in
	compliance with any court offer or orders issued for their		compliance with any court order or orders iss 8. Full name of father.	ward L. Stoddard
	8. Full name of father (if deceased so state) & dunbu	ugk In.	Residence of father (if deceased so state)	Jaima arizona
	Birthplace of father (State or foreign country)	land Di	Birthplace of father (State or foreign country)	A matter
	9. Full maiden name of mother full the	Thay adams	9 Full maiden name of mother from the	Uuma Arijona
	Residence of mother (if deceased so state)	dianos	Residence of mother (if deceased so state) Birthplace of mother (State or foreign country)	Penn.
	State of Indiana, HENDRICKS	depose and state the information given n this application is true and correct.	State of Indiana, County of HENDRICKS	ss: I depose and state the information given in this application is true and correct.
	County of	Tow	Signed & JUV	re L Stoddard
	New Address		New Address D CO.	24 med. It Stewart, Da
	Subscribed and sworn to before me this	day of Upril 19.85	Subscribed and sworn to before me this	Oth day of Upril 1883
	Jo ja uz Jane Fussier	Clerk Circuit Court	Mary pre hu	Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIA		CONSENT OF PARENTS, PARENT OR	
	We, the parents, of this applicant hereby give conse signs, state facts which render the consent of the o		We, the parents, of this applicant hereby signs, state facts which render the conses	give consent for this marriage. If only one parent
				enanden fra an i beine en energen ander an onergenen men an en
	State of Indiana,			
	County of		State of Indiana, HENDRICKS	***
	Signed	Father	Signed	Father
	Signed	Mother	Signed	
		day of	Subscribed and sworn to before me this	
	COMPLETE IF MARRIAGE LICENSE			second to the shove named parties, the
	County	Superior C	ourt by written order issued	day warres and filed
			of a marriage license to the above nar	
	, there is	us filea in my office a marriage lice	SE AND MARRIAGE CERTIFICATE	Circuit Cont
	of manana aurea the	day of here and here and	, 19 authorizing	the joining together as husband and wife
	Be it further remembered, the following m I,	narriage certificate was filed in my	office, to-wit:	ling
				day of April Andricks
	and, Bride	DISON.	of Hendricks	County, State of
	were by me united in marriage as authorized county.	zed by a marriage license issued for	that purpose by the Clerk of the Circ	County, State of HENDRICKS
	Dated thisday of	April 198	5	
	Filed and		Signed 151 Larry	R. Hesson
	Filed and recorded in accordance with the	laws of the State of Indiana this		, 1985 Clerk
			Signed Allowing Jours R	HENDRICKS Circuit Court

	orm Prescribed By STATE OF I	INDIANA
	orm Prescriber Board of APPLICATION FOR M	ARRIAGE LICENSE
	f IC: 31-1-3-2 ff IC: 31-1-3-2 iffective July 1. 1977	File 4-10-85
		Data of A
	Medical Examination Report Dated	
	Name of Physician (Slandb). Daken	Name of Physician Menue Row
BALE AFFLONT Image: Second	ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoer ALL QUESTIONS must be exceeding five hundred dollars (\$500,00)".	ver procures the issuance of a license to marry by any false statement, representation
Image: State is the state i	MALE APPLICANI	FEMALE APPLICANT
And the state of the state	Name Michael a Campbell	First Middle Last
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La de	Residence Address Street apt 5 Brownsling, Ind	
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	Ended By Death Divorce Annuiment	Last Marriage Ended By: Death Divorce Annulment D
2 Average bits in the dense of least and many intervention in the dense of least and many interventerventin the dense of least and many intervention in	Date of birth vertiled of	
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	If answer is "yes", has the adjudication been removed? No Ves V	
	2 Are you afflicted with a transmission disease	
	3. Are you related to the remain applicant closer ing liquor? No Ves D	
 * Arrent model is the rest of the	5. Are you now under the influence of a narcotic drug? No Yes U	
Interest of a data state of the second state of the sec	 List the full names of any dependent children. 	6. List the full names of any dependent children.
Interest of a data state of the second state of the sec		
Interest of a data state of the second state of the sec		
Baren 1. See 1. Sec. 1. Sec	7. Are you required by any court order or orders to support the above	
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Respective finds and reference to hear a set of this applicable for the other gaves to hear a set of the se	Pro a durinde	Rea and was shall
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State of Indians. HENDRICKS Superdy Index and generation of the state and generation of the state and generation of the state and generation. Superdy Index and generation of the state and generation. Superdy Index and generation.		Birthplace of mother (State or foreign country)
Barred Marchael M. Gamphell Standy Marchael M. Gamphell New Address Marchael and word Status Standy Marchael M. Gamphell Agy of	State of Indiana.	HENDRICKS
New Address DATE IN APT 5 BOUNDED New Address DATE IN APT 5 BOUNDED Marchel ad worft 1 day of	County of	* Darlene K. Dauto
Absorbed and severa to before not this day of to day of HENDRICKS Correct Op PARENTS, PARENT OR GUARDIAN Ke, the parents, of this applicant hereby give consent for this marriage. If only one parent Subscribed and severa to before not this ONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent Ne, the parent, of this applicant hereby give consent for this marriage. If only one parent Subscribed and severa to before not this marriage license Subscribed and severa to before me this marriage license Stered Stered Subscribed and severa to before not this marriage license Subscribed and severa to before not this marriage license Stered Stered Stered Subscribed and severa to before not this Subscribed and severa to before not this marriage. If an marriage license having before not the above named parties, the fit NPRCKS County Subscribed and severa to before not this marriage. If an marriage license issued COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A marriage license baving bear refused to the above named parties, the fit NPRCKS Court by written order issued Subscribed and severa to beave mane	Signed 4 uchael 4. complete	8 Maple Lane Brownsourg
Convert Chernel Convert Chernel Convert Subservised and avera to before me thin Convert Convert Convert Subservised and avera to before me thin Convert Con	28, lings al	Subscribed and sworn to before me this day of April 1905
We the parents of this applicant hereby give consent for this marriage. If only one parent tiens, state facts which render the consent of the other parent unnecessary. We, the parents, of this applicant hereby give consent for this marriage. If only one parent tiens, state facts which render the consent of the other parent unnecessary. State of Indiana. HENDRICKS J as: County of HENDRICKS J as: State of Indiana. Gounty of Signed J as: County of HENDRICKS J as: Signed J as: County of Item this day of J as: Signed J as: ComPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County County by written order issued. and file in authorizes and directs the issuance of a marriage license to the above named parties. and file file J1 Remembered, the following marriage certificate was filed in my office towar: D and horizing together as hashand and wife of Indiana dine hundred and	M. C. B. OO HENDRICKS	Mary Jane Kiesell Gerk HEVONICKS Circuit Court
We the parents of this applicant hereby give consent for this marriage. If only one parent tiens, state facts which render the consent of the other parent unnecessary. We, the parents, of this applicant hereby give consent for this marriage. If only one parent tiens, state facts which render the consent of the other parent unnecessary. State of Indiana. HENDRICKS J as: County of HENDRICKS J as: State of Indiana. Gounty of Signed J as: County of HENDRICKS J as: Signed J as: County of Item this day of J as: Signed J as: ComPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County County by written order issued. and file in authorizes and directs the issuance of a marriage license to the above named parties. and file file J1 Remembered, the following marriage certificate was filed in my office towar: D and horizing together as hashand and wife of Indiana dine hundred and	Clerk.	THE PARENTS, PARENT OR GUARDIAN
state of indiana. Consy of HENDRICKS State of indiana. State of indiana. Consy of HENDRICKS State of indiana. Consy of HENDRICKS State of indiana. Consy of HENDRICKS State of indiana. Completere in this day of 10 Core Completere me this day of day of 10 Contry of written order issued and index m. authorizes and directs the issuance of a marriage license to the above named parties. m. authorizes and directs written order issued the ease of the above at authorizes for indiana dated the day of and directs of the issued of a marriage icens of the authorizing the joini		of this applicant hereby give consent for this marriage. It only one particular
Sate of Indiana. HENDRICKS > se: Signed Father Signed Sign		signs, state facts which render the consent of the other parent unnecessary
County of HENDRICKS ss: Signed Father Signed Signed Nother Signed Signed Mather Subscribed and sworn to before me this day of 19 Signed Signed Mather Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 10 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HNDRICKS County Court by written order issued. and field In	signs, state facts which render the consent of the other parent unnecessary	
County of HENDRICKS ss: Signed Father Signed Signed Nother Signed Signed Mather Subscribed and sworn to before me this day of 19 Signed Signed Mather Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 10 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HNDRICKS County Court by written order issued. and field In		
County of HENDRICKS ss: Signed Father Signed Signed Nother Signed Signed Mather Subscribed and sworn to before me this day of 19 Signed Signed Mather Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 10 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HNDRICKS County Court by written order issued. and field In		
Signed Father Signed Father Signed Mother Subscribed and sworn to before me this day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the MENDRICKS Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the MENDRICKS authorizes and directs the issuance of a marriage license to the above named parties, the above named parties, the membered, the following marriage certificate was filed in my office a marriage license issued by the clerk of the. HENDRICKS Creat Court Be if Jurther remembered, the following marriage certificate was filed in my office, to-wit: 27th day of APRIL I. LARRY R. TRAVIS hereby certify that on the . 27th day of . HENDRICKS State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS County of . HENDRICKS State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS County of . HENDRICKS State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS County of . HENDRICKS State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS County of .		
Signed Father Signed Mother Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the MENDRICKS County County County County and fleet MENDRICKS County Count by written order issued marriage license to the above named parties, the above	County of HENDRICKS } ss :	
Signed Mother Subseribed and sworn to before me this day of	Signed	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS marriage license having been refused to the above named parties, the method solution of the m		day of day of
in		
in	Cierx	and filed
in	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	Court by written order issued
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATION HENDRICH Be if Remembered, there was filed in my office a marriage license issued by the clerk of the , authorizing the joining together as husband and wife MICHAEL ALAN CAMPBELL and , authorizing the joining together as husband Be it further remembered, the following marriage certificate was filed in my office, to-wit: 27th day of LARRY R. TRAVIS and , County of HENDRICKS One thousand nine hundred and 85 at AYON State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS County, State of IN KeNDRICKS KeNDRICKS State of Indiana arriage as authorized by a marriage license issued for that pur	County	of a marriage license to the use
Jet Si Kemembered, there was filed in my office a harring 19, authorizing of Indiana dated the day of Be it further remembered, the following marriage certificate was filed in my office, to-wit: DARLENE.K. DAVIS I. LARRY R. TRAVIS one thousand nine hundred and 85 State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS County of IN State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS County, State of IN MICHAEL A. CAMPBELL of Be it further remembered, the following marriage certificate was filed in my office, to-wit: County of APRIL No APRIL I. LARRY R. TRAVIS County of One thousand nine hundred and 85 County, State of State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS and, Bride DARLENE AAY DAVIS HENDRICKS of HENDRICKS Of HENDRICKS 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 IN	a a children and a ch	AT CERTIFICATE FENDRICING
MICHAEL ALAN CAMPBELL and DARLEME AT Be it further remembered, the following marriage certificate was filed in my office, to-wit: 27th day of APRIL I. LARRY R. TRAVIS hereby certify that on the 27th day of IN one thousand nine hundred and 85 at AVON County of IN State of Indiana, Groom MICHAEL A. CAMPBELL of County, State of IN and 0f 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	Be It Remembered, there was filed in my office a marriage li	cense issued by the citing authorizing the joining together as interesting the second
Det t further remembered, the following marriage certificate was filed in my option Image: County of the count of the county	day of	DARLENG
IARRY R. TRAVIS one thousand nine hundred and 85 State of Indiana, Groom MICHAEL A. CAMPBELL of HENDRICKS and, Bride DARLENE Were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court 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	be it further remembered the following marriage certificate was filed in my	g obter, that on the HENDALCH
State of Indiana, Groom MICHAEL A. CAMPBELL of County, Cou	LARRI R. TRAVIS	ALL AND
and, BrideDARLENE_KAY_DAVISof		
were by me united in marriage as authorized by a marriage license issued for that purpose of the county.	and, Bride	HEINING Circuit Court
Dated this27thday ofApril, 19.85, Signed/5/ LARKI Official DesignationAPril, 19.85	were by me united in marriage as authorized by a marriage license issued f	that murpose of
Official Designation APF1	Dated this	85 Signed /s/ LARCE
AAN ()	- , Cramming of minere and a	Official Designation April Clerk
Filed and recorded in accordance with the laws of the State of Indiana this 30th day of the State of Indiana this 30th day of the State of Indiana this Signed Adv of the State of Indiana this Signed S	Filed and recorded in accordance with the laws of the State of Indiana this	20th UENDRICKS Circuit Court

Described By	MARRIAGE LICENSE File H-10-85
Indiana State Board of Health under Authority	
ATC 21.1.3-2	County Date of Application
Effective July 1, 1977	FEMALE
MALE PLAN 4-6-85	Medical Examination Report Dated
Medical Examination Report Dated	Name of Physician David B. Happord
Nome of Physician David D. Happard	the issuance of a license to marry by any false statement, representation or prete
Name of Physician <u>Awid</u> D. Happard ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Who ALL QUESTIONS MUST be exceeding five hundred dollars (\$500,00)".	sever procures the issuance of a needed of the second
MALE APPLICANT	Name First Middle Last
Name First Middle Morsline	Date of Birth Month Day Year
Date of Birth Month 13 S2	Place of Birth (State or foreign country.)
Place of Birth (State or foreign country.)	Undrana
Andrana City County State	Residence Address Street or R. R. City County State
Residence Address Street or R. R	TOTA D. DATESTA
Maritel Status: Never Married OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
Annulment	Last Marriage Ended By: Death = Dirocce Induction Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth vermed of.
	9 Other (Specify) Dr. The
Cother (Specify) Dr. Que. No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No Ve
1. Are you now or have you ever been adjudged to be of unsound mind? No III Yes II	If answer is "yes", has the adjudication been removed? No Yes
If answer is "yes", has the adjudication been removed? No 🗘 Yes 🗆	2. Are you afflicted with a transmissible disease? No V
2. Are you afflicted with a transmissible disease? No □ Yes □ 3. Are you related to the female applicant closer than second cousin? No □ Yes □	3. Are you related to the male applicant closer than second cousin? No Yo
No influence of intoxicating liquor?	4. Are you now under the influence of the bar
4. Are you now under the influence of a narcotic drug? No □ Yes □ 5. Are you now under the influence of a narcotic drug? No □ Yes □	5. Are you now under the intraction of a
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above
 Are you required by any court order or orders to support the above dependent children? No Ves 	dependent children? No 🗸 Y
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you a
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father States M. Borston	8. Full name of father 100 000 01. August Free Presented and the second se
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Judiana
9. Full maiden name of mother Juna a. Smith	9. Full maiden name of mother Ethel M. Sitherlin
$ \leq \pm 1$ Collid	Residence of mother (if deceased so state)
Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, County of HENDRICKS S8: I depose and state the information given in this application is true and correct.	County of HENDRICKS
Mahard Maril o	N. P. H. lan
Signed Connex IV. Lo Sunt	Signed A Chance TC - pruges
New Address / 1012 W. Brunswick Dr	New Address 1012 W. Brunswick Ur; the
Subscribed and sworn to before me this day of Jack 1985	Subscribed and sworn to before me this day of April, 19
Mary Jane Russell Clerk HENDRICKS Circuit Court	Mary Jone Russell Clerk HENDRICKS Circuit
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one p

Hanishia

State of Indiana, County of HENDRICKS ss:	State of Indiana, County of HENDRICKS ss:
SignedFather	Signed
Signed	SignedMother
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday ofday ofday of
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above named parties, the ourt by written order issuedand filed of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licer of Indiana dated the day of MICHAEL D. GORSLINE Be it further remembered, the following marriage certificate was filed in mu	E AND MARRIAGE CERTIFICATE ase issued by the clerk of the
one thousand nine hundred and 85	hereby certify that on the <u>llth</u> day of <u>MAY</u>
and, BrideDIANE R. HUGHES	.of
County. County.	that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this	
Filed and recorded in accordance with the laws of the State of Indiana this	Official DesignationMINISTER
	Signed

Form Prescribed By STATE OF Indiana State Board of Health under Authority of IC 31-1:3-2 of IC 31-1:3-2 referity July 1, 1977 HENDRICK	MARRIAGE LICENSE
of LC. 31-1-3-2 Effective July L. 1977	$\frac{File}{4 - 10 - 8}$
MALE Medical Examination Report Dated 3-29-85	FEMALE Date of Application
Name of Physician Analy	Medical Examination Report Dated 3-29-85
Name of Test	Name of Physician A. Gray
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whom shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	second a license to marry by any also statement, representation or pretense
Name First Middle A Last	Name First
Date of Birth Month Day Year	Date of Binth Sunda Middle (1' as last
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. B. City County State	Parida in the internet
46307 hidrand anapes aner the	11 Timber Sn Breezen
Previous Marital Status: Never Married G OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married DOR
Last marriage Date of birth verified by: Birth Certificate Dudicial Decree	Last Marriage Ended By: Death Divorce Annulment Divorce Divorce Judicial Decree
Dother (Specify) _ Dr. Jucinse	
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D	1. Are you now or have you grant here it is to be
If answer is "yes", has the adjudication been removed? No 🗆 Y98 🗖	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Ves 3. Are you related to the female applicant closer than second cousin? No Ves	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No B Yes D	 Are you related to the male applicant closer than second cousin? No D Yes D Are you now under the influence of intoxicating liquor? No D Yes D
5. Are you now under the influence of a narcotic drug? No Vyes D	5. Are you now under the influence of a narcotic drug? No B Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	
dependent children? No 🗆 Yes 🗆	7. Are you required by any court order or orders to support the above dependent children? No Ves D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or prders issued for their-support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Fullname of father / 10/00/ - Aryman	8. Full name of father Annald . Williams
Residence of father (if deceased so state) It Raus, Mo	Residence of father (if deceased so state) Braurestung, In-
Birthplace of father (State or foreign congtry)	Birthplace of father (State or foreign couptry) Mich
9. Full maiden name of mother A orochy Themyer	9. Full maiden name of mother Sharon yak
Residence of mother (if deceased so state) At Jamis, Mo.	Residence of mother (if deceased so state) 13 rayuroslause , In .
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana. County of	State of Indiana. HENDRICKS County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.
KThol DE Stormer	signed Krigh anne Williams
New Address 4630 Mards toxe Rd.	New Address 4630 Maidstone
Subscribed and sworn to before me this 10 day of April 19.85	Subscribed and sworn to before me this 10 day of April 125.
Mary Jour Russell Clerk HENDRICKS Circuit Court	Maren Am Rusself Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant access give signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which the
State of Indiana,	State of Indiana, UCKIDDICKS
County of HENDRICKS ss:	County of Father
Signed	Signed
Signed	Signed Mother Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	the shove named parties, the
	T. A marriage license having been refused to the above hands and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUP HENDRICKS County Co	ourt by written order issued
authorizes and directs the income	CITCUIT CERTIFICATE UENDRICKS Circuit Court
RETURN OF MARRIAGE LICENS	E AND MARKING
Part MICHAEL EDWARD CODWAR	and LINDA ANN WILLIAMS APRIL
one thousand nine hundred and 85 State of Indiana, Groom MICHAEL EDWARD GORMAN and, Bride LINDA ANN WILLIAMS of were by me united in marriage as authorized by a marriage license issued for	.of
and, Bride LINDA ANN WILLIAMSof	
county.	
Dated this 20 day of APRIL , 19	5 <u>Signed</u> <u>/s/ PAUL COURTNEY</u> PASTOR 19 85
0 - ,	1 contion
Filed and recorded in accordance with the laws of the State of Indiana this	Official DesignationIUNEClerk

412 Janaal 28 STATE OF INDIANA No APPLICATION FOR MARRIAGE LICENSE 4-11-85 Form Prescribed By Indiana State Board of Health under Authority File. HENDRICKS County of I.C. 31-1-3-2 Date of Application Effective July 1, 1977 FEMALE 4-4-85 Medical Examination Report Dated. 4-4-85 MALE Medical Examination Report Dated_ Revent Name of Physician_ Rel Stern 0 ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Wheever procures the issuance of a license to marry by any false statement, representation or pretense Name of Physician_ Paramota in statisti pir kit shall be fined in any sum not exceeding five hundred dollars (\$500,00) FEMALE APPLICANT MALE APPLICANT First Middle Name Last Middle First Name Date of Birth Day Date of Birth Month Place of Birth (State or foreign country) CC Place of Birth (State or foreign country) Residence Address City State quaty Coupty City Street or Residence Address Angle 9/0/6 11 47.0 Jul O 10Als 2610 Previous Marital Status: Never Married O OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death D Divorce Annulment D Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: D Birth Certificate D Judicial Decree Date of birth verified by: 02 Other (Specify)_ 000 Other (Specify)____ No De Yes 1. Are you now or have you ever been adjudged to be of uns No DY Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No Yes D If answer is "yes", has the adjudication been removed 2. Are you afflicted with a transmissible disease No Yes No Yes D 2. Are you afflicted with a transmissible disease? No Yes 3. Are you related to the male applicant closer than second cousin? No Yes 3. Are you related to the female applicant closer than second cousin No Yes 4. Are you now under the influence of intoxicating liquor? No Yes D 4. Are you now under the influence of intoxicating liquor? No Ves D 5. Are you now under the influence of a narcotic drug? No Yes 5. Are you now under the influence of a narcotic drug? 6 List the full names of any dependent children 6. List the full names of any dependent children. 7. Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No Yes dependent children No Yes D dependent children If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. compliance with any court order or orders issued 8. Full name of father Albert 10 15-00-16 21901 8. Full name of father.... Residence of father (if deceased so state)_ 2010 Residence of father (if deceased so state Birthplace of father (State or foreign country)_ Birthplace of father (State or foreign co 2 9. Full maiden name of mother____ 9. Full maiden name of mother_ Residence of mother (if deceased so state)____ Residence of mother (if deceased so state). Birthplace of mother (State or foreign country)____ Birthplace of mother (State or foreign co State of Indiana, HENDRICKS I depose and state the information given in this application is true and correct. State of Indiana, and state the information given HENDRICKS County of County of ... archi 1000 New Address New Address... 4616 . 19 0 2 Subscribed and sworn to before me this. day of Subscribed and sworn to before HENDRICKS yea ere HENDRICKS Clerk Circuit Court Circuit Court Clerk CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent

G

State of Indiana, County of HENDR	ICKS				State of Indiana, County of	HENDRICKS	} ***	
Signed					county of management			
Signed				Father		Signed		Father
				Mother		Signed.	n para para para para territri da da territri da de 1998 de	Mother
Subscribed and sworn to be	ore me this	day of		19	Subscribed and su	worn to before me this	d	ay of
				Clerk				Clerk
			BY ORDER OF					the above named parties, the
		K B T T D N	OD MATTER A STATE			the second se	the second se	
of Indiana dated the	intempeteo,	there was filed in	a my office a marri	age licens	se issued by the	clerk of the	HENDRIG	CKS Circuit Court
137	1 = 2 4 x	aug of.	had rold		19	authorizin	g the joining	together as husband and wife
Be it further remember I,		the second se					rec	April
one thousand nine hun	dred and	85		h	ereby certify the	at on the	day of.	unty of Hendricks
State of Indiana, Gro	om Ja	ha Hoals	- C		L.K. A.M. Solumer 33	11.2	Cas	unty of DECALL MAN
and, Bride	repact	, Archor			A.M. A.L. I. Marine V	221.21.7	County, S	tate of
were by me united in n	narriage as	authomized		of	inhart	cks	County, S	itate of ID
were by me united in r County. Dated this	d	2	arriage license iss	acu jor i	nat purpose by t	he Clerk of the Ci	rcuit Court of	HENDRICKS
				, 19	Signer	151 Mar	V lee Pr	mer
Filed and recorded in .	lease 1			(Official Designation	The a	1	CARNER - and a second second second
Filed and recorded in a	coraance u	with the laws of th	ie State of Indiana	this.	Designati	ion Judge		.85
							162	l Clerk
					Signed.	and julia	Kussel	Contraction of the second se
					***************	·····		HENDRICKS Circuit Court

signs, state facts which render the consent of the other parent unnecessary

signs, state facts which render the consent of the other parent unnecessary

	413	
Form Prescribed By State Board of APPLICATION FOR	INDIANA	
Indiana State Authority	IARRIAGE LICENSE	
Health under Health under HENDRICK	S File	
MIE April 3:1955	FEMALE Date of Application	
MALE Medical Examination Report Dated April 3;1985	Medical Examination Report Dated April 3 1915	
Name of Physician	Name of Physician 1241	
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Whoe ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)", shall be fined in any sum not exceeding five hundred dollars (\$500,00)",	ever procures the issuance of a license to marry by any false statement, representation or pretence	
First D Middle mag last	FEMALE APPLICANT	
Name Koun K. Mullikow Date of Birth School Month Day Year	Date of Birth Month K. Kutaad	
There of Birth (State or foreign country)	Place of Birth (State or Breign country) Day Year Main 10 1959	
Residence Address Street of R. R. R. Sity County State	Residence Address , Street or R. R.	
360 Never Married D OR	Previous Marital Status: Never Married OR	
Reded By Death Divorce Annuiment	Last Marriage Ended By: Death Divorce Annulment	
Last Marriage Ended by Detail Certificate Dudicial Decree	Date of birth verified by:	
Other (Specify) Arives Receive No Yes No Yes	Other (Specify) Arwers Ricerse	
1. Are you now of mare you can be adjudication been removed? No ves D	1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D If answer is "yes", has the adjudication been removed? No D Yes D	
2. Are you afflicted with a transmissible disease" No Ves	2. Are you afflicted with a transmissible disease? No B Yes D	
3. Are you related to the female applicant closer than second cousin? No I Yes I 4. Are you now under the influence of intoxicating liquor? No Yes I	3. Are you related to the male applicant closer than second cousin? No B Yes D 4. Are you now under the influence of intoxicating liquor? No B Yes D	
5. Are you now under the influence of a narcotic drug? No 2 Yes	5. Are you now under the influence of a narcotic drug? No Yes	
6. List the full names of any dependent children.	6. List the full names of any dependent children.	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No Q Yes Q	
dependent children? No U Tes U If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support. 8. Full name of father Dould E. Keutger	
8. Full name of father (if deceased so state) Deceased	Residence of father (if deceased so state) falplo, In.	
Birthplace of father (State or foreign country) Arbien	Birthplace of father (State or foreign country) In type, In.	
9. Full maiden name of mother Evelyn J. O'heil	9. Full maiden name of mother Marily D. Daraberger	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country) Cratesulle fatience	Birthplace of mother (State or foreign country) Inplo In . State of Indiana, in 100 (2000) I depose and state the information given	
County of	County of	
Signed Un M. Mullilan	Signed Caren Leuter Upraillety 4	
New Address 360 w CO. FINE RO. Mockes VILL, IN 46198	New Address 360 W. Countyline to utorsuperior	
Subscribed and sworn to before me this day of april 1983. May One Russell - HENDRICKS circuit Court	Subscribed and sworn to before me this day of HENDRICKS HENDRICKS Circuit Court	
Titty four Aussell Clerk Circuit Court	Thoug gran	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant nereby site common the other parent unnecessary.	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which the	
State of Indiana,	State of Indiana, HENDRICKS	
County of	County ofFather	
Signed. Father	Mount	
Signed Mother Subscribed and sworn to before me this day of	Signed	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	RT. A marriage license having been refused to the above named parameter and filed	
HENDRICKS	RT. A marriage license having been refused to the above manual filed	
dutionizes and united	CERTIFICATE UENDRICKS Circuit Cours	
Be It Remembered, there was filed in my office a marriage lic	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the	
of Indiana day in the second second and the second	19 authorizing the r	
Be it further remembered the full in my	and April office, to-wit: 20th day of MARION	
contentoered, the following marriage certificate was five	that on the more the second se	
State of the t	HENDRICKS County, State of UNDPICKS	
and, BrideKAREN K. KEUTZERof	HENDRICKS HENDRICKS	
and, Bride	r that purpose by the ottak	
Dated this 15th day of April , 19.	85. Signed /s/ RONALD R. PRILLIMAN ORDAINED MINISTER 85	
auy of	clerk	
Filed and recorded in accordance with the laws of the State of Indiana this.	24th day of April 24th Signed Alary June Russell HENDRICKS Circuit Court	
	24th day of Apill Signed A Anne Pussell HENDRICKS Circuit Court	
	STATE OF	FINDIANA No. 130
------------------	--	--
	B - Prescribed By	MARRIAGE LICENSE File M-12-85
		10
	Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	County Date of Application
		FEMALE Medical Examination Report Dated
	MALE Medical Examination Report Dated 4-5-85	Name of Physician Philip Q. Batisto
	Name of Physician Philip a. Batista	ever procures the issuance of a license to marry by any false statement, representation or pretens
AAALA MAINA PARA	to the fined in any sum not cause	FEMALE APPLICANT
	MALE APPLICANT	Name First Middle Last
	Name First Robert Robert	Date of Rivth Month Day Year
	Here Day Year	Date of birth S 10 13 55
	Date of Birth	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country).	Residence Address Street or R. R. City County State
	Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
	Residence Address Street or R. R. June Ondplan Handhack	X O
		Previous Marital Status: Never Married OR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
	Last Marriage Ended By: Death Divorce - Annumental Date of birth verified by: D Birth Certificate - Judicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
	Date of birth verified by: by Birth Certificate - outcome -	
		Other (Specify)
	Other (Specify) No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
	1. Are you now or have you ever been adjudged to be of unsound mind? No I Yes I	If answer is "yes", has the adjudication been removed? No Ves
	If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease? No Ves
	2. Are you afflicted with a transmissible disease? No 🗆 Yes 🗆	3. Are you related to the male applicant closer than second cousin? No Ves
	3. Are you related to the female applicant closer than second coustin.	4. Are you now under the influence of intoxicating liquor? No Ves
	4. Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic drug? No 9 Yes
	5. Are you now under the influence of a narcotic drug.	6. List the full names of any dependent children.
	6. List the full names of any dependent children.	
法保持行任任 日本 一		
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?
	dependent children?	
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father Carl K. Korluson	8. Full name of father Rovert Roy Rodgers
	Residence of father (if deceased so state) Bibung Jud	Residence of father (if deceased so state)
		Indiano
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	9. Full maiden name of mother Mary & - Hulas	9. Full maiden name of mother of atracks 11 are haded
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Same
Company and	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	State of Indiana. HENDRICKS } ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS
	County of	County of In this application is true and cont
	Simal X Michael & Habeson	Signed Senmer Lodgers
	2252 Marine Que De Li	(Dren Ding Chen Ondola
	New Address to a now unguine snople	New Address XXXX Including any XNOpes
	Subscribed and sworn to before me this day of an and sworn to before me this day of	Subscribed and sworn to before me this day of any 19.
	Mangane Russell Clerk HENDRICKS Circuit Court	Mary Jane Russell Clerk HENDRICKS Circuit Co
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

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State of Indiana, County of HENDRICKS ss:	State of Indiana, HENDRICKS
Signed	County of
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
	Subscribed and sworn to before me this
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage license having been refused to the above named parties, the court by written order issuedand filed
DETUDN OF STATE	of a marriage license to the above named parties.
Be It Remembered, there was filed in my office a manifed in	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the
Be it further remembered, the following marriage certificate was filed in my	and Jennifer Sue Rodgers
one thousand nine hundred and \$5	hereby certify that on the 27 day of April
a with	Handricks
and, Bride Service Sup Paral population	of Hendricks County, State of IP
and, Bride <u>Service</u> <u>Sure</u> <u>Rodaers</u> of <u>of</u> were by me united in marriage as authorized by a marriage license issued for County. Dated this	Hendricks County, State of IN HENDRICKS
Dated this day of	Signed. S. Mark Alan Dodd
Filed and my	· · · · · · · · · · · · · · · · · · ·
Filed and recorded in accordance with the laws of the State of Indiana this	Superior Designation 10,5121
, chatana this	
	Signed HENDRICKS Circuit Cour

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Form Prescribed By STATE	OF INDIANA
Indiana Suar Authority Health under Authority	R MARRIAGE LICENSE No. 131
Health under 1.1-3-2 of I.C. 31-1-3-2 Effective July 1. 1977	RICKS File
alasta-	
MALE Medical Examination Report Dated 3/23/85	FEMALE Medical Examination Report Dated 3/23/85
Name of Physician Joseph Shompson	Name of Physician () 12 and 1 and 100
Name of West BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-	Wheever procures the inner
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement- shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	Whoever procures the issuance of a license to marry by any false statement, representation or pretense
First Middle Last	FEMALE APPLICANT
Name Ames M. Elleott	There Middle
Date of Birth 11 26 1961	Date of Birth Month Day Year
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. Gity County, State
Previous Marital Status: Never Married B OR	Previous Marital Status: Never Married OR
Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D
Last Marriage Ended Dy Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate Dudicial Decree
Other (Specify)_ Alterers License /	- Other (Specify) Alreweys Ling and
1 Are you now or have you ever been adjudged to be of unsound mind? No 12 Yes	1. Are you now or have you ever been adjudged to be of inserved mind?
If answer is "yes", has the adjudication been removed? No yes	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Ves	2. Are you afflicted with a transmissible disease? No 🗘 Yes 🗆
 Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of intoxicating liquor? No Yes 	No Yes
5. Are you now under the influence of a narcotic drug? No 🖾 Yes	
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?
dependent children? No U Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are	
compliance with any court order or orders issued for their support.	compliance with any cours order or orders issued for their support.
8. Fullname of father Amers Theliver Celleott H	- 8. Full name of father Sall Richard Stelleman
Residence of father (if deceased so state) fledulacy Su	Residence of father (if deceased so state) Real Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)Ralana
9. Full maiden name of mother allores Carolips Macy	9. Full maiden name of mother harow and geonard
Residence of mother (if deceased so state) Danvelley In.	Residence of mother (if deceased so state) Alanvelle the
Birthplace of mother (State or foreign country) Indeana	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS	ven ect. State of Indiana, HENDRICKS County of HENDRICKS Ss: I depose and state the information given in this application is true and correct.
County of M. 500: At	Theresa M. Wiveman
Signed fames	Signed
New Address	85 Subscribed and sworn to before me this 12 th day of Optil, 19 85
Subscribed and sworn to before me this 2th day of Optil, 19.	Subscribed and sworn to before the HENDRICKS Circuit Court
Clerk HEINDRICKS Circuit Co	burt Intel for and a second second
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one par	rent We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of L V	State of Indiana, HENDRICKS
State of Indiana, County of	HENDRICKS Father
Fail	ther SignedMother
Signed.	
Subscribed and 19	and sworn to before me timestic
Subscribed and sworn to before me thisday of 19.	
······································	Clerk COURT. A marriage license having been refused to the above named parties, the and filed Court by written order issued and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF	COURT. A marriage license having been refused to the above mand filed
County	f a marriage license to the above hance part
autionizes and an	CITCUIT CERTIFICATE HENDRICKS Circuit Court
RETURN OF MARRIAGE LI	CENSE AND MARKENE clerk of the
of Indiana dated the	, 19.55., authorizing the following the
JAMES M. ELLIOTT	and APRIL
Be it further remembered, the following marriage certificate was filed in	hereby certify that on the 20th day of HENDRICKS
JOE D. STUMP	DANVILLE
State of L. P.	of HENDRICKS
and, Bride	HENDRICKS HENDRICKS
and, BrideTHERESA M. WINEMAN were by me united in marriage as authorized by a marriage license issue County.	ed for that purpose by the otten a
Date 1	85 /s/ JOE D. STUMP
Dated this 16thday of April,	PADA MAL
Pit a	Official Designation April Clerk
" ued and recorded in accordance with the laws of the State of Indiana	this 23rd day of Russell HENDRICKS Circuit Court Signed
	Signitu

	FINDIANA	No. 132
Form Prescribed By	MARRIAGE LICENSE	File_ 4-16-85
the lab under Authority		File
Health under Russerver of I.C. 31-1-3-2 Effective July 1, 1977	County	Date of Application
Eliferity and	FEMALE	
MALE A Depart Dated 4-11-85	Medical Examination Report D	Dated
M light Examination Report Dated	Name of Physician WU	(apromps Casall
Name of Physician William Edwarde		
Name of Physician NOT KASSON (1997) NAME AND ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a	presentation of pres
shall be fined in any sum not exceeding inclusion MALE APPLICANT	FEMALI	E APPLICANT
Name First . Middle Last	Name First	Middle & Last
Denna D. Donn	Date of Birth Month	Day Year
Date of Dirth	Place of Birth (State or foreign country)	00
Place of Birth (State or foreign country)	Residence Address Street or R. R.	City Couffity & State
Residence Address Street or R. R. City County State	atomiland 2. 13	Daniel Lid.
51.5. Dashington paralities and	Previous Marital Status: Never Married	R I I I I I I I I I I I I I I I I I I I
Previous Marital Status: Never Married B OR	Last Marriage Ended By: Death Divorce	
Last Marriage Ended By: Death Divorce Annulment Divorce Judicial Decree	Date of birth verified by: Birth Certificate	
	1. 1.	
Other (Specify) do lie	P Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No result	1. Are you now or have you ever been adjudged	
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been	
2. Are you afflicted with a transmissible disease? No 9 Yes 0	 Are you afflicted with a transmissible disease Are you related to the male applicant closer t 	
3. Are you related to the female applicant closer than second cousin? No Yes No Yes No Yes	 Are you related to the male applicant closer t Are you now under the influence of intoxicati 	
4. Are you now under the influence of moxicating region.	5. Are you now under the influence of a narcotic	
5. Are you now under the influence of a harcone drug.	6. List the full names of any dependent children	
6. List the full names of any dependent children.		
7. Are you required by any court order or orders to support the above dependent children? No Ves V	Are you required by any court order or order dependent children?	s to support the above $N_0 \square Y_1$
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in		ication be accompanied by satisfactory proof that you a
compliance with any court order or orders issued for their support.	compliance with any court order or orders iss	
8. Full name of father Mitchell Softan	8. Full name of father Rey De	Created
Residence of father (if deceased so state) Levanar Qual.	Residence of father (if deceased so state)	S.D. Munal
2M		(and a log of a
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	M a
9. Full maiden name of mother will be a faguer	9. Full maiden name of mother 1920	earne 1.1. Dupe
Residence of mother (if deceased so state) hannelly lide -	Residence of mother (if deceased so state)	eme
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).	Caralle
State of Indiana, County of HENDRICKS BS: I depose and state the information given in this application is true and correct.	State of Indiana,	I depose and state the information g
	County of HENDRICKS	$\int \frac{d^2}{dt} dt$ in this application is true and corr
Signed Denni, to Jefton	Signed A good	mark3 males
New Address 51 to WASHINGTON DANVILLE. FMD	New Address 512	Dr materielander
Subscribed and sworn to before me this 16 day of Opril 185	New Address	110 . Ogine and
Mary and house the seel and HENDRICKS	Subscribed and sworn to before me this.	day of her pathons 19.
Clerk TENDRICKS Circuit Court	ally such years	Gerk HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF FLORE	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR O	
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby a	give consent for this marriage. If only one par
and a render the consent of the other parent unnecessary	signs, state facts which render the consent	of the other proved presenter

- Hannahana hannah

Signed Father Signed Mother Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this day of Image: Subscribed and sworn to before me this <td< th=""><th>County of HENDRICKS } ss:</th><th>State of Indiana, County of HENDRICKS</th></td<>	County of HENDRICKS } ss:	State of Indiana, County of HENDRICKS
Subseribed and sworn to before me this day of 19 Subseribed and sworn to before me this day of 19 Court Clerk Subseribed and sworn to before me this day of 19 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. Cerk Cerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties. authorizes and directs the issuance of a marriage license issued 3 Authority of and filed Marria Marria Court by written order issued 3 Authority of and filed Be if function of Indiana dated the day of 10 Authorizing the clerk of the HENDRICKS I C. S. CHESEBROUGH and filed in my office a marriage license issued by the clerk of the Authorizing the joining together as husband and wife I, C. S. CHESEBROUGH hereby certify that on the 20 day of April one thousand nine hundred and 85 at ST. MARION County, State of IN and, Bride Ancela M. EHRSAM of HENDRICKS County, State of IN and Bride Ancela M. EHRSAM of		County of the second seco
Subseribed and sworn to before me this day of 19 Subseribed and sworn to before me this day of 19 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties, the court by written order issued 3 0	Signed	SignedMother
Clerk Control of the data	Subscribed and sworn to before me this	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the		
in		
We Be It Remembered, there was filed in my office a marriage license issued by the clerk of the	in <u>lletts office</u> authorizes and directs the issuance of	f a marriage license to the above named parties.
I. C. S. CHESEBROUGH ANGELA M. EHRSAM one thousand nine hundred and 85 hereby certify that on the 20 day of April State of Indiana, Groom DENNIS B. LOFTON at. ST. MARY_QUEEN OF PEACE DANVILLE DANVILLE and, Bride ANGELA M. EHRSAM 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, State of IN To To Dated this 20th day of April 19 85 Filed and recorded in accordance with the laws of the State of Indiana this 22Dd day of April 19 85. Signed /s/. C. S. CHESEBROUGH Official Designation PASTOR ST. MARY QUEEN OF PEACE Signed 19 85.	of Indiana dated the	E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court
one thousand nine hundred and 85 hereby certify that on the 20 day of April State of Indiana, Groom DENNIS B. LOFTON at ST. MARY QUEEN OF PEACE DANVILLE DANVILLE and, Bride ANGELA M. EHRSAM 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 IN Marria Dated this 20th day of April 19 85 Filed and recorded in accordance with the laws of the State of Indiana this 21nd day of April 19 85 Signed /s/. C. S. CHESEBROUGH Official Designation PASTOR ST. MARY QUEEN OF PEACE April 19 85.		
State of Indiana, Groom DENNIS B. LOFTON att SI. MARY QUEEN OF PEACE Only County of HENDRICKS and, Bride ANGELA M. EHRSAM 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 IN County. State of IN County, State of IN Dated this 20th day of April 19 85 Signed /s/ C. S. CHESEBROUGH Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of April 19 85 Signed /s/ C. S. CHESEBROUGH 0f. April 19 Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of April 19 Signed </td <td></td> <td></td>		
and, Drate ANGELA M. EHRSAM of MENDRICKS 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, State of IN IN County. 20th day of April 19 85 Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of April 19 85. Signed /s/.c. S. CHESEBROUGH Official Designation PASTOR ST. MARY QUEEN OF PEACE 9 Signed	State of Indiana, Groom DENNIS DE TATA	AL.ST. MARY OUEEN OF PEACE DANVILLE HENDRICKS
County. County. County. County. County. State of IN IN IN IN IN IN IN County. County. State of IN	and, Bride ANGELA M EHBCAM	HENDRICKS County State of IN
Dated this 20th April 85 Filed and recorded in accordance with the laws of the State of Indiana this 22nd April 98 Signed /s/.C.S.CHESEBROUGH Official Designation PASTOR ST. MARY QUEEN OF PEACE Signed .19 .85 Signed .19 .19 Signed .19 .11 Signed .11 .11 Signed .11 .11	were by me united in marriage and in the EHRSAM of	MARION County, State of IN
Filed and recorded in accordance with the laws of the State of Indiana this	County.	that purpose by the Clock of the Circle of HENDRICKS
Filed and recorded in accordance with the laws of the State of Indiana this.	Dated this	and put pose by the Clerk of the Circuit Court of
Official Designation PASTOR ST. MARY QUEEN OF PEACE 22nd day of April , 19 85. Signed Clerk		Signed /s/ C S CHESEPPOUCH
Syncu Jane Jusely	Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation PASTOR ST. MARY QUEEN OF PEACE
		Signed Clerk HENDRICKS Circuit Court

ana state Authority APPLICATION FOR	MARRIAGE LICENSE
I.C. 31-1-32 Pettye July 1, 1977	KS File4-16-85
MALE Report Dated N-10-85	
Medical Examination Report Dated	FEMALE Date of Application
Name of Physician Shamas Walker	Medical Examination Report Dated 4-10-85
L QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Who Il be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT	Name of Physician Dromas Walker
I be fined in any sum not exceeding five hundred dollars (\$500,000",	ever procures the issuance of a license to marry by any false statement
MALE APPLICANT Eirst Middle	Table statement, representation or pretens
ne Bohent E. Harris	Name First
e of Birth Month Day Year 24	Date of Birth Month Middle Million Last
ce of Birth (State or foreign country)	Day
dence Address Strapp or R. R. City County State	Place of Birth (State or foreign country)
17 Buelas they Erawalling Ond.	Residence Address Street or R. R. City County State
vious Marital Status. Never Married D OR	appender by Roman space
Marriage Ended By Death Divorce Annulment	Previous Marital Status: Never Married OR
e of birth verified by: "O" Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
C objectSeenthy)	Judicial Decree
Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes D	Other(Specify)
Are you now of have you ever been adjudication been removed? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No BY es I
Are you afflicted with a transmissible disease" No O Yes O	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No B Yes D	are you afflicted with a transmissible disease?
Are you now under the influence of intoxicating liquor? No Vies D	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of a narcotic drug? No BYes D	4. Are you now under the influence of intoxicating liquor? No Trest No Trest No Trest No Trest No Trest No Trest
List the full names of any dependent children.	6. List the full names of any dependent children.
are you required by any court order or orders to support the above	
ependent children? No 🗆 Yes 🗆	 Are you required by any court order or orders to support the above dependent children? No Yes Xo
answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are i
ompliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
ullnameoffather Jovest C. Marris	8. Full name of father James N. Miller
esidence of father (if deceased so state) prourseburg block	Residence of father (if deceased so state) Brownsburg Idiane
irthplace of father (State or foreign country Indiana	Birthplace of father (State or foreign country Judiana)
ull maiden name of mother Julie M. Datas	9. Full maiden name of mother Landung & Merrit
esidence of mother (if deceased so state)	12
	Residence of mother (if deceased so state)
of Indiana.	Birthplace of mother (State or foreign country)
ty of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS County of HENDRICKS Bas: I depose and state the information given in this application is true and correct
Signed Solut E. Naris	y Damela to miller
	Signed SIHA Unkerspield An. Sociedu
New Address 3142 TITOKERSFIELD LD, SPEEDWAY IN	New Autress
tribed and sworn to before me this 10 day of Uprul, 1903.	Subscribed and sworn to before me this day of the HENDRICKS
Any Jane Messell Clerk HENDRICKS Circuit Court	Mary Jace Russe Rent MINDRICKS Circuit Cour
	CONTRACT DARRIE OF CUARDIAN
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
of Indiana,	State of Indiana
y of HENDRICKS } ss:	State of Indiana, HENDRICKS
	Signed
SignedFather	Mother
Signed	Signed
ribed and sworn to before me this day of, 19,	Subscribed and sworn to before me this
Clark	
	the above named parties, the
HENDRICKS	C. A marriage license having been refused to the and filed and filed a marriage license to the above named parties.
	an opering license to the above named parties.
authorized and directs the issuance of	u mutere u
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licens	e issued of the 1985, authorizing the joining together as husbana and whe
author dated the 22rd, day of Upul	Jan Ja, Do Thiller
further remembered, the following married and findle was filed in my of	fice, to-wit: 27th day of April
further remembered, the following marriage certificate was filed in my off PHILLIP E. POE housand nine burded in 85	ereby certify that on the HENDRICKS
housand nine hundred and 85 a	t
PHILLIP E. POE	f
BridePAMELA_JO_MILLERof	HENDRICKS HENDRICKS
BridePAMELA_JO_MILLERof	at purpose by the Clerk of the Strend
y.	Signed /s/ PHILLIP E. POE
this 27th of April , 19.85	ficial Designation ASSOCIATE PASTOR IST Involution May 19 85 LST Invol
and a second	Signed
	I dette

Form Prescribed By Indiana State Board of APPLICAT	STATE OF INDIANA TON FOR MARRIAGE LICENSE File 4-16-85
Health under Authority	HENDRICKS County
Effective July 1, 1977	Date of Application
MALE H-15-85	FEMALE Medical Examination Report Dated 4-15-85
Medical Examination Report Dated	
Name of Physician William Eduards	lse statement—Whoever procures the issuance of a license to marry by any false statement, representation or p
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "Fai shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	
MALE APPLICANT	I ast Name First Middle Last
Name First Middle H.	Jen Casutor Janel
Date of Birth Month Day Yea	ar 12 12 108
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County	State Residence Address Street or R. R. City County State 1315 W. Wash. St. Judgb, Jug
235 Indiana St. Plfd. Der	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married O OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: D Birth Certificate D Judicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
& Other (Specify) dry fid.	Other (Specify)
 Are you now or have you ever been adjudged to be of unsound mind? 	No Ves 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 I If answer is "yes", has the adjudication been removed? No
2. Are you afflicted with a transmissible disease?	No Yes 2. Are you afflicted with a transmissible disease? No No No Yes 3. Are you related to the male applicant closer than second cousin? No
 Are you related to the female applicant closer than second cousin? Are you now under the influence of intoxicating liquor? 	No Pyes 4. Are you now under the influence of intoxicating liquor?
 Are you now under the influence of a narcotic drug? 	No Yes 5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Are you required by any court order or orders to support the above dependent children?	No Ves C 7. Are you required by any court order or orders to support the above dependent children? No C
If answer is "yes", it is required that this Application be accompanied by satisfactory pro	
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Aland Michard Miller	8. Full name of father Jakes C. Baula
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Stake Summ	9. Full maiden name of mother Talues Une paulolug
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
County of	
in it stage to Auch	1 Dati 's' David
New Address 235 INPUST. PLA	-IWFEILD Signed DECLA Allhill
Subscribed and sworn to before me this day of Operl	New Address 2.3 Charles and a contract of the
Mary Jone Russell and HENDRICKS	Circuit Court Subscribed and sworn to before me this day of spore 19
	Circuit Court Many Que Ressell Clerk HENDRICKS Circuit
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only	ly one parent We, the parents, of this applicant hereby give consent for this marriage. If only one pa
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, Countr of HENDRICKS } 58:	State of Indiana,
County of	County of HENDRICKS
Signed	
Signed	Mother Sim & Tatrigen blaston W
Subscribed and sworn to before me this	Subscribed and sworn to before me this 16 day of Opil 19
	day of the this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER	
LEVEL BY URDER	R OF COURT. A marriage license having been refused to the above named parties, Court by written order issued and f
HENDRICKS	and f
inauthorizes and directs t	the issuance of a manning light issued
inauthorizes and directs t	and issuance of a marriage license to the above named parties.
inauthorizes and directs t RETURN OF MARRIA	GE LICENSE AND MARRIAGE CERTIFICATE
inauthorizes and directs to RETURN OF MARRIA Be It Remembered , there was filed in my office a m of Indiana dated the	AGE LICENSE AND MARRIAGE CERTIFICATE marriage license issued by the clerk of the HENDRICKS Circuit Co
inauthorizes and directs to RETURN OF MARRIA Be It Remembered , there was filed in my office a m of Indiana dated the	AGE LICENSE AND MARRIAGE CERTIFICATE marriage license issued by the clerk of the HENDRICKS
inauthorizes and directs to RETURN OF MARRIA Be It Remembered , there was filed in my office a m of Indiana dated the	AGE LICENSE AND MARRIAGE CERTIFICATE marriage license issued by the clerk of the
inauthorizes and directs to RETURN OF MARRIA Be It Remembered , there was filed in my office a m of Indiana dated the	AGE LICENSE AND MARRIAGE CERTIFICATE marriage license issued by the clerk of the HENDRICKS MARRIAGE CERTIFICATE Marriage license issued by the clerk of the HENDRICKS Marriage license issued by the clerk of the Joining together as husband and u marriage license issued by the clerk of the Joining together as husband and u marriage license issued by the clerk of the Joining together as husband and u marriage license issued by the clerk of the Joining together as husband and u marriage license issued by the clerk of the Joining together as husband and u marriage license issued by the clerk of the Joining together as husband and u marriage license issued by the clerk of the license issued by the licen
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in	AGE LICENSE AND MARRIAGE CERTIFICATE marriage license issued by the clerk of the Marriage license issued by the clerk of the HENDRICKS Circuit Co Circuit Co Max And PATRICIA DANIELS Index of the Index of the <
in	AGE LICENSE AND MARRIAGE CERTIFICATE marriage license issued by the clerk of the Marriage license issued by the clerk of the HENDRICKS Circuit Co Circuit Co Max And PATRICIA DANIELS Index of the Index of the <
inauthorizes and directs to RETURN OF MARRIA Be It Remembered, there was filed in my office a m of Indiana dated thethe day of Be it further remembered, the following marriage certificate was I,DEWEY_A. THACKSTON one thousand nine hundred andS State of Indiana, GroomSTACY G. HUBER and, BridePATRICIA DANIELS were by me united in marriage as authorized by a marriage licens County. Dated this24thday ofApril	AGE LICENSE AND MARRIAGE CERTIFICATE marriage license issued by the clerk of the HENDRICKS Circuit Comparison Marriage license issued by the clerk of the HENDRICKS Circuit Comparison Circuit Comparison Max 19 S. authorizing the joining together as husband and u filed in my office, to-wit:
inauthorizes and directs to RETURN OF MARRIA Be It Remembered, there was filed in my office a m of Indiana dated thethe day of Be it further remembered, the following marriage certificate was I,DEWEY_A. THACKSTON one thousand nine hundred andS State of Indiana, GroomSTACY G. HUBER and, BridePATRICIA DANIELS were by me united in marriage as authorized by a marriage licens County. Dated this24thday ofApril	AGE LICENSE AND MARRIAGE CERTIFICATE marriage license issued by the clerk of the Marriage license issued by the clerk of the HENDRICKS Circuit Co Circuit Co Max And PATRICIA DANIELS Index of the And PATRICIA DANIELS County office, to-wit: hereby certify that on the Ist

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Form Prescribed By STATE OF Indiana State Board of APPLICATION FOR N	NDIANA		
Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	S File Helb 85		
Ellector	County		
MALE Medical Examination Report Dated 4-16-85	FEMALE Date of Application		
Nome of Physician David D. Haggoord	Medical Examination Report Dated 4-16-85 Name of Physician Days & H		
	Name of Physician David B. Haggard		
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whow shall be fined in any sum not exceeding five hundred dollars (\$500,00)", MALE APPLICANT	and issuance of a license to marry by any false statement, representation or pretense		
Name First Middle Last	Name FEMALE APPLICANT		
Date of Birth Month Day Year	Date of Birth Month Dat Stures		
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)		
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City		
Previous Marital Status: Never Married O OR	Previous Marital Status: Never Married & OR		
Previous Marital Outer Death Divorce Annulment Last Marriage Ended By: Death Divorce Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulated		
Date of birth verified by: 9-Birth Certificate - Sudicial Decree	Date of birth verified by: Birth Certificate D Judicial Decree		
Other (Specify)	Other (Specify)		
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D If answer is "yes", has the adjudication been removed? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? Notice of the second sec		
2. Are you afflicted with a transmissible disease? No 🗗 Yes 🗆	2. Are you afflicted with a transmissible disease? No Yes D		
3. Are you related to the female applicant closer than second cousin? No Yes □ 4. Are you now under the influence of intoxicating liquor? No Yes □	3. Are you related to the male applicant closer than second cousin? No D Yes D		
5. Are you now under the influence of a narcotic drug? No Yes D	 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No Pres D 		
6. List the full names of any dependent children.	6. List the full names of any dependent children.		
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above		
dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Ves O If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in		
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.		
8. Full name of father Daniel Brock	8. Full name of father Vietor Lee Stevens		
Residence of father (if deceased so state)	Residence of father (if deceased so state)		
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)		
9. Full maiden name of mother 1 any company	9. Full maiden name of mother Collica Diana Northean		
Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state) Birthplace of mother (State or foreign country)		
State of Indiana,	State of Indiana, HENDRICKS } ss; I depose and state the information given in this application is true and correct.		
	County of The Other Share Streem		
Signed & Denver Lee Brock	Signed A diche again		
New Address	New Address 20 7 4 Carter 1985 Subscribed and sworn to before me this day of April , 19		
Subscribed and sworn to before me this day of HENDRICKS	Marie Subscribed and sworth a below the self Clerk HENDRICKS Circuit Court		
Clerk Circuit Court	- C C		
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent		
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby site content of the other parent unnecessary		
signs, state facts which render the consent of the other parent unnecessary	signs, state lacts which the		
State of Indiana,	State of Indiana, HENDRICKS		
County of HENDRICKS	County of		
SignedFather	Signed		
Signed	Signed		
Subscribed and sworn to before me thisday of 19			
Clerk	line line having been refused to the above named parties, the		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUF HENDRICKS County Co	and filed		
in County County	of a marriage license to the above named parties.		
	TAND MARKIAUE COMPANY THE STATE		
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licent of Indiana data in the second	nse issued by the clerk of authorizing the joining together as husband and wife		
day of	VICKI LYNN STEVENS		
be it further remembered, the following marriage certificate was filed in my	office, to-wit: 20th day of HENDRICKS		
I,	at County, State of IN		
State of Indiana Create	of HENDRICKS County, State of IN		
and, Bride	HEROSA of the Circuit Court of		
and, BrideDENVER_L_BROCK	85 Signed /s/ KEITH H. KIRK		
Dated this	Signed		
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation April Official Clerk		
"ued and recorded in accordance with the laws of the State of Indiana this	Official Designation FRIENDS MINIGAMINA 19.85. 22nd day of April Clerk Signed Aug Provide Russell HENDRICKS Circuit Court		

420 36 No. STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE File Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 Date of Application HENDRICKS County FEMALE Medical Examination Report Dated. 4-17-83 Medical Examination Report Dated. MALE 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)". walley the state of the state o MALE APPLICANT Middle First Last Name Last nel Middle inpens Name Date of Birth Year 2 Day 935 Place of Birth (State op foreign Date of Birth Place of Birth (State or foreign couptry) City ounty Residence Addres State County 2 Residence Address yin Previous Marital Status: Never Married 226 m Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: D Birth Certificate D Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree 11 Other (Specify)_ and 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D Other (Specify) No Yes 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 No Yes If answer is "yes", has the adjudication been removed? Not Yes No Yes Are you afflicted with a transmissible disease 2. Are you afflicted with a transmissible disease? Are you related to the male applicant closer than second cousin? No Yes No Yes Are you related to the female applicant closer than second cousin Are you now under the influence of intoxicating liquor? No Yes No Yes 4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Pres D No PYes 4 Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children List the full names of any dependent children alla nx Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No Yes No Yes dependent children? dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. compliance with any court order or orders issued for their support 8. Full name of father 8. Full name of father____ Residence of father (if deceased so state Residence of father (if deceased so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) alo Full maiden name of mother_ 9. 9. Full maiden name of mother_ All linda Residence of mother (if deceased so state). Calelon Residence of mother (if deceased so state)____ Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)_ depose and state the information given a this application is true and correct. State of Indiana, HENDRICKS I depose and state the information given in this application is true and correct. State of Indiana, HENDRICKS 88: County of ... County of Dinkins BROWINSburg, Ind Signed lessu anne Signed BROWNBBURG, INd 224 Se. St New Address 226 S. GREENST. 6 New Address... Subscribed and sworn to before me this Subscribed and sworn to before me HENDRICKS HENDRICKS Circuit Court)au Clerk Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary.

C

County of		State of Indiana, County of HENDRIC	:KS	88:		
Signed	Father	Signed				Father
Signed	Mother	Signed				Mother
Subscribed and sworn to before me this		Subscribed and sworn to before				
		Subscribed and sworn to before	re me this	uay	UL	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER O	OF COUR	T. A marriage license hav	ving been re	efused to th	ne above named	parties, the
County	Co	ourt by written order issued	L		*****	and filed
authorizes and directs the	issuance o	of a marriage license to the	above name	ed parties.	and the second	
of Indiana dated the 22 MAYNE DINKENS Be it further remembered, the following marriage certificate was file I,	riage licer	nd	he thorizing th MAE GEOR 3rd	ne joining to GE day of	MAY	nd and wife
GIOGHAND DINKENS		IIIIII D D T OF		and the second sec	TN	
were by me united in marriage as authorized by a marriage license i County.	of issued for	HENDRICKS				a second a second second
Dated this	, 1985					
		Signed	/s/ GEC	RGE W. D	AVIS	******
Filed and recorded in accordance with the laws of the State of India	ina this	Official Designation	UNITED	METHODIS	T MINISTER	5
		Signed Signed				
		~ ~ ~	~		*********************************	

Form Prescribed By Indiana State Board of APPLICATION	FOR MARRIAGE LICENSE
Indiana State Board of the Authority of LC, 31-13-2 of the Authority of LC, 31-13-2 of LC, 31-13	HENDRICKS
of I.C. 31-1-3-2 Effective July 1, 1977	County File 4-17-85
MALE Medical Examination Report Dated 4-12-85	FEMALE Date of Application
	Medical Examination D
Name of Physician	
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False state	ment-Whoever procures the issuance of a license to marry by any false statement, representation or prelense
shall be fined in any sum not extended the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined in any sum not extended to the shall be fined to the shall be fined in any sum not extended to the shall be fined to the shall be shall be fined to the shall be shall be shall be f	surve of a license to marry by any false statement, representation of pretense
Name First Middle Lass	FEMALE APPLICANT
Date of Birth Month Ray Year	Middle
Date of Birth (State or foreign country)	Date of Birth Month Day Handhack
a thalana	Place of Birth (State or foreign country)
Residence Address Street or R. R. City Country St 325 W. Jucolw, Damiel Ind.	ate Residence Address Street or R. R. City County State
Previous Marital Status: Never Married & OR	1 (p alexand be be and
Annulment	Previous Marital Status: Never Married O OR
Last Marriage Subder Date of birth verified by: D Birth Certificate Dudicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Dudicial Decree
	Judicial Decree
Other (Specify) Deer adjudged to be of upsound mind? No	Yes D 1 Are university
1. Ale years	Are you now or have you ever been adjudged to be of unsound mind?
	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin? No I	Yes 3. Are you related to the male applicant closer that are you are the second
4. Are you now under the influence of intoxicating liquor? No	Yes 4. Are you now under the influence of intoxicating liquer?
0. 110 900	Yes 5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
	Yes dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that	to an even to year to brequired matching reprint to a companied by actuated by years that you are in
compliance with any court order or orders issued for their support. 8. Full name of father Robert K. Carters	compliance with any court order or orders issued for their support.
	8. Full name of father stippens tendnicks
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Mary J. Stellas	9. Full maiden name of mother Bullie Doctor
Residence of mother (if deceased so state) boundle bud-	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, County of HENDRICKS	In this application is that and services
	County of
Signed any arter	signed plamela Hendricks
New Address Pl 2 Box 152 Danuel	New Address M. M. 201 Da Marine 18
Subscribed and sworn to before me this day of	19.0. Subscribed and sworn to before me this day of HENDRICKS
Mary Jane Russell Clerk HENDRICKS Circu	ait Court 11/024 Jane Kussell Clerk Const Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	in a parent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only on	to the extent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the table
	State of Indiana, HENDRICKS
State of Indiana,	
State of Indiana, County of HENDRICKS	County ofTethe
	County of
County of HENDRICKS ss : Signed	Father Signed Yolk
County of HENDRICKS } ss : Signed.	Father Signed
County of HENDRICKS } ss: Signed	Father Signed
County of HENDRICKS } ss: Signed	Father Signed
County of HENDRICKS ss: Signed Subscribed and sworn to before me thisday of	Father Signed
County of	Father Signed
County of	Father Signed Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of Subscribed and sworn to
County of	Father Signed Fether Mother Signed Mother Mother Subscribed and sworn to before me this day of 13 Clerk
County of	Father Signed Tether Mother Signed Mathematical Signed Tether Mother Signed Mathematical Signed Tether Mother Subscribed and sworn to before me this day of Is Clerk
County of	Father Signed
County of	Father Signed Tether Mother Signed Mother Mother Subscribed and sworn to before me this day of 19 Clerk Subscribed and sworn to before me this day of 19 Clerk Court Described and sworn to before me this day of 19 Clerk
County of	Father Signed Texter Mother Signed Market Mother Subscribed and sworn to before me this day of 19
County of	Father Signed Texa Mother Signed May of Mother Subscribed and sworn to before me this day of 19
County of	Father Signed Father Mother Signed Mother Signed Subscribed and sworn to before me this day of 19 In Subscribed and sworn to before me this day of 19 In Subscribed and sworn to before me this day of 19 In Subscribed and sworn to before me this day of 19 In Clerk Clerk Clerk Clerk IF COURT. A marriage license having been refused to the above named parties, the Court by written order issued and file and file Court by written order issued
County of	Father Signed Father Mother Signed Mother Signed Subscribed and sworn to before me this day of 19 In Subscribed and sworn to before me this day of 19 In Subscribed and sworn to before me this day of 19 In Subscribed and sworn to before me this day of 19 In Clerk Clerk Clerk Clerk IF COURT. A marriage license having been refused to the above named parties, the Court by written order issued and file and file Court by written order issued
County of	Father Signed
County of	Father Signed Father Mother Signed Name 19 Subscribed and sworn to before me this day of Name (Clerk Clerk Clerk Clerk Clerk F COURT. A marriage license having been refused to the above named parties, the Court by written order issued and father court court by written order issued for marriage license to the above named parties. LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County of the pointing together as husband and written order father court is father court of father written or father court of father written or father court of father court court of father court court of father court cou
County of	Father Signed Father Mother Signed Name 19 Subscribed and sworn to before me this day of Name .19 Clerk Subscribed and sworn to before me this day of Name F COURT. A marriage license having been refused to the above named parties, the Court by written order issued and file .Court by written order issued Interview Interview Interview Interview IICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circent Court Greent Court
County of	Father Signed Father Mother Signed Maxim Mother Subscribed and sworn to before me this day of 10 Clerk Subscribed and sworn to before me this day of 10 F COURT. A marriage license having been refused to the above named parties, theCourt by written order issued and file Clerk
County of	Father Signed Father Mother Signed Mask Mother Subscribed and sworn to before me this day of B Clerk Subscribed and sworn to before me this day of B Clerk Court by written order issued and father Court by written order issued and father Clerk Court by written order issued and father and father and father Court by written order issued Interview Interview Interview Interview Clerk Interview Interview Interview Interview Interview Clerk Interview Interview </td

			No. 138
	STATE OF	FINDIANA	File
	Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE	
	Health under Authority HENDRIC	County	-19-85 Date of Application
	Effective July 1, 1977	FEMALE	and the second second
	MALE Deted 4-11-85	Medical Examination Report D	ated 4-11-85
	Madical Examination Report Dated	Name of Physician	Casqual egg
		the issuance of a license to marry	by any false statement, representation or proto-
in the second se	Name of Physician 200 200, 200 200, 200 200, 200 200, 200 200	ever, procures the issuance of a second	in the second
MARKING	ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1530 prevention of the second state of the sec		APPLICANT Middle
	First Middle Last	Name First	Midale Last
	Jodd Day Year	Date of Birth Month	Day Year
	Date of Birth Month 23	Place of Birth (State or foreign country)	
	Place of Birth (State or foreign country) Deliver les	Residence Address Street or R. R.	City County, State
	Residence Address Street or R. R. City Burge Sal	needy add	St. Apt 4 12 hurg Old.
	100 D. provide I	Previous Marital Status: Never Married 0	a final termina in the state terminal of the
	Previous Marital Status: Never Married VOR	Last Marriage Ended By: Death Divorce	Annulment
	Last Marriage Ended B. Death Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Dirth Certificate	Judicial Decree
	Date of office and the second s	Other (Specify)	Sie
	□ Other (Specify) No ♥ Yes □	1. Are you now or have you ever been adjudged	to be of unsound mind? No Ves D
	I. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □	If answer is "yes", has the adjudication been r	
	No w Yes No w Yes	2. Are you afflicted with a transmissible disease	
	2. Are your related to the female applicant closer than second cousin? No U Yes	 Are you related to the male applicant closer t Are you now under the influence of intoxication 	
	4. Are you now under the influence of intoxicating liquor?	 Are you now under the influence of movical Are you now under the influence of a narcotic 	
	5. Are you now under the influence of a narcotic drug:	 6. List the full names of any dependent children 	
	6. List the full names of any dependent children.	Callied enorgo	and the second second
		and he will	war.
		- WAREL Soo	1257
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or order dependent children?	s to support the above No 🛛 Yes 🗆
	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in		lication be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders is	sued for their support.
and the second	8. Full name of father Romie Opene	8. Full name of father Subad	totopell
	Residence of father (if deceased so state) 10 mars and happy hel	P Residence of father (if deceased so state)	bundle Ald -
	Birthplace of father (State or foreign country) And pla . Sad	Birthplace of father (State or foreign country)	Michigan
	9. Full maiden name of mother ante Droug Burgehan	9. Full maiden name of mother	Stow Shay
	Residence of mother (if deceased so state) 5 8 Uw of Jud.	Residence of mother (if deceased so state)	ema 0
	B. Constant of Con	Birthplace of mother (State or foreign country)	Curaid Si M
	State of Indiana.	State of Indiana,	I depose and state the information given
	County of HENDRICKS ss: If depose and state the information given in this application is true and correct.	County of HENDRICKS	
	Signed X I all aller	Signed X Ale	eliza Kay Wilson
	New Address 110 N CREED SE BROWNSburg	New Address	U. Breent St. Broconsburg
	Subscribed and sworn to before me this day of prol, 1985	Subscribed and sworn to before me this	19 day of april 19 850
	HENDRICKS	May Chan R. Noald	HENDRICKS Circuit Court
	Circuit Court	Three Sand mostly	Clerk Clerk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR	GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent		give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the conser	
	the concert of the other parent unnecessary	signs, state facts which render the conser	it of the other parent unnecessary manufactures and

------2%

State of Indiana, County of HENDRICKS	State of Indiana, County of
SignedFather	SignedFather
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
RETURN OF MADRIAGE	of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
of Indiana dated the 2311. day of pril	nse issued by the clerk of the difference of the formation \mathcal{L} authorizing the joining together as husband and wife
Be it further remembered HODD. E. OWENS	andDEBRA KAY WILSON
Be it further remembered, the following marriage certificate was filed in my	office, to-wit:
GLOKGE W. DAVIS	
State of Indiana, Groom TODD E OWNES	
county.	that purpose by the Clerk of the Circuit Count of
Dated this	
10	Signed /s/ GEORGE W. DAVIS
Filed and recorded in accordance with the low	Official Designation UNITED METHODIST MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this	day of 1985
	Signed Manual David Friday of State
	HENDRICKS Circuit Court

Form Prescribed By STATE O. Indiana State Board of Authority APPLICATION FOR	MADDY
Form Prescribed of Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	MARRIAGE LICENSE
Effective	KSCounty
MALE Report Dated 4-1-85	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination D
Name of Physician La allan a Annan	Medical Examination Report Dated 4-1-85
ALL QUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,000", MALE APPLICANT	Name of Physician Williams a Aurous
shall be fined in any sum not exceeding five hundred dollars (\$500,000",	the procures the issuance of a license to marry by any false statement represented
First Middle	FEMALE
Name Kenneth A. Boud	Name First Middle
Date of Birth	Date of Birth Month Day Reau
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. Gity
2302 N. Marrie Soupers. ma.	2767 Disher Rd Gity County State O
Previous Marital Status: Never Married OR Last Marriage Ended By: Death O Divorce Annulment O	Previous Marital Status: Never Married OR
Last Marriage Ended by Determined by Determined Determined Determined by Determined by Determined by Determined Determine	Last Marriage Ended By: Death D Divorce D Annula D
Date or our at the second se	Date of birth verified by: Birth Certificate Judicial Decree
A Other (Specify) Marshallorang ale	A Other (Specify) dr. Die)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D	1. Are you now or have you ever been adjudged to be d
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 2. Are you afflicted with a transmissible disease? No 🖼 Yes 🗆	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease 3. Are you related to the female applicant closer than second cousin? No D Yes D	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No 🗗 Yes 🗆	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a marcotic drug* No 🖾 Yes 🗆	 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No D Yes D No D Yes D
6. List the full names of any dependent children	6. List the full names of any dependent children. No ☑ Yes □
Kenneth Charles Kond	Chris aird
	ind
	Cal BIAZ
7. Are you required by any court order or orders to support the above	- S. (handha)
dependent children? No 🗆 Yes 🗗	7. Are you required by any court order or orders to support the above dependent children? No D Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. 8. Fullname of father.	compliance with any court order or orders issued for their support
6.0.00 - 2-	8. Full name of father 1 A gen al of Collers)
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Sutuch
9. Full maiden name of mother betty both	9. Full maiden name of mother Jellas Care
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kentucky
State of Indiana. HENDRICKS } and I depose and state the information given in this application is true and correct	State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.
County of in this application is true and correct.	County of In this application is the and correct
signed remeth Lee Payel	Signed Yulen Do Dean
New Address 2767 Frates Rd.	New Address 2767 Aucher 470. 410000
Subscribed and sworn to before me this 19 day of Opil 1985	Subscribed and sworn to before me this 19 day of April 1963.
Manu San Russon HENDRICKS	Many Jane Russel Clerk HENDRICKS Circuit Court
Clerk Clerk Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS. PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
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We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, County of HENDRICKS } ss: Signed Father Signed Mother Subscribed and sworn to before me this day of	We, the parents, of this applicant hereby give consent 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. T. A marriage license having been refused to the above named parties, the urt by written order issued. and filed f a marriage license to the above named parties. And filed E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ts issued by the clerk of the the inining together as husband and wife
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana. County of HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County In	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS Signed Father Signed Father Signed Mother Subscribed and sworn to before me this. day of. 19 Clerk Clerk Clerk T. A marriage license having been refused to the above named parties, the aurit by written order issued. and filed f a marriage license to the above named parties. EAND MARRIAGE CERTIFICATE HENDRICKS Circuit Court se issued by the clerk of the.
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. County of HENDRICKS Signed Father Signed Father Subscribed and sworn to before me this day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County in authorizes and directs the issuance or RETURN OF MARRIAGE LICENSE State of indiana dated the of Indiana dated the day of Be it further authorizes	We, the parents, of this applicant hereby give consent 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 Father Signed Mother Subseribed and sworn to before me this day of T. A marriage license having been refused to the above named parties, the urt by written order issued. and filed f a marriage license to the above named parties. Circuit Court se issued by the clerk of the. HENDRICKS circuit court , authorizing the joining together as husband and wife
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. County of HENDRICKS Signed Father Signed Father Signed Mother Subscribed and sworn to before me this day of 19 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County In authorizes and directs the issuance or RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE Se Jt Remembered, there was filed in my office a marriage licent of Indiana dated the day of of Indiana dated the day of authorizes Be it further remembered, the following marriage certificate was filed in my of authorizes	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. State of Indiana. County of Signed State of Indiana. HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of Clerk T. A marriage license having been refused to the above named parties, the urt by written order issued and filed f a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
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We. the parents, of this applicant hereby give consent for this marriage. If only one parent signa, state facts which render the consent of the other parent unnecessary State of Indiana, County of HENDRICKS } ==: Signed Father Signed Father Subscribed and sworn to before me this day of MOPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS In Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS In County .Co in authorizes and directs the issuance o RETURN OF MARRIAGE LICENSE State of Indiana dated the	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, State of Indiana, County of
We. the parents, of this applicant hereby give consent for this marriage. If only one parent signa, state facts which render the consent of the other parent unnecessary State of Indiana, County of HENDRICKS } ==: Signed Father Signed Father Subscribed and sworn to before me this day of MOPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS In Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS In County .Co in authorizes and directs the issuance o RETURN OF MARRIAGE LICENSE State of Indiana dated the	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. State of Indiana. HENDRICKS Signed Father Signed Father Signed Mother Subscribed and sworn to before me this.
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signa, state facts which render the consent of the other parent unnecessary State of Indiana, County of HENDRICKS Signed Father Signed Father Signed Mother Subscribed and sworn to before me this day of MENDRICKS	We, the parents, of this applicant hereby give consent 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 Father Signed Mother Subscribed and sworn to before me this

		F INDIANA
	Form Prescribed By	MARRIAGE LICENSE File
	Health under Authority	MARINAL -
	of I.C. 31-1-3-2 Effective July 1. 1977	CKS County Date of Application
		FEMALE NUL 20
	MALE Harring Report Dated H-12-85	Medical Examination Report Dated
	Medical Examination Report Dated	Name of Physician James Black
1 Links	Name of Physician James Black	oever.procures the issuance of a license to marry by any false statement, representation or pretense
and the second party	ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	
	MALE APPLICANT	FEMALE APPLICANT
	Name First Middle Last	Name Staras angut carabe
	Date of Birth Month Day Year	Date of Birth Month Day Year
	Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
	Residence Address Street or R. R. City Opunty State	Residence Address Street or R. R. City County State
	R. 18 Box 344 A Judple. And.	Kt. 18 190x 244H Shaplo, Id.
	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
	Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death - Divorce - Annument - Date of birth verified by: Birth Certificate - Judicial Decree
	Date of birth verified by: D Birth Certificate D Judicial Decree	
	Other (Specify)	Cother (Specify)
	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
	If answer is "yes", has the adjudication been removed? No Ves No Yes No Yes Yes No	If answer is "yes", has the adjudication been removed? No U Yes U 2. Are you afflicted with a transmissible disease? No U Yes U
	2. Are you annoted with a transmission discuss.	2. Are you related to the male applicant closer than second cousin? No \Box Yes \Box
	3. Are you related to the female applicant closer than second cousin? No □ Yes □ 4. Are you now under the influence of intoxicating liquor? No □ Yes □	4. Are you now under the influence of intoxicating liquor? No 🖱 Yes 🗆
	5. Are you now under the influence of a narcotic drug? No D Yes D	5. Are you now under the influence of a narcotic drug? No Yes D
	6. List the full names of any dependent children.	6. List the full names of any dependent children.
	thank pearly	
	SteaM	
	anard	
	7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🖾	7. Are you required by any court order or orders to support the above
	dependent children? No □ Yes ⊡ If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father Dallians la Della	8. Full name of father 100000 - Jugitt
	Residence of father (if deceased so state) Deconsed	Residence of father (if deceased so state) 1/ yucu Indiano
	Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country)
	9. Full maiden name of mother tailing &. Hatfield	9. Full maiden name of mother Ruth . Sell
	Residence of mother (if deceased so state) Millon Surger (Malana)	Residence of mother (if deceased so state) Burry, And.
	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	Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given
	County of HENDRICKS as: in this application is true and correct.	County of
	Signed and and filed for the	Signed Margh Fught
594348	New Address 1 # 18 Box 344 A ludgy.	New Address 218 BOX 344 A Mobels M. 46234
11012	Subscribed and sworn to before me this 19 day of April, 1985	Subscribed and sworn to before me this day of and 19
	Mary Care Russell Clerk HENDRICKS Circuit Court	HENDRICKS
	U U U U U U U U U U U U U U U U U U U	Clerk TLINKICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

424

State of Indiana.

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MALE INC. it and

County of HENDRICKS } ss:	County of HENDRICKS
Signed	SignedFather
Signed	Signed
	Subscribed and sworn to before me this
	Clerk
	RT. A marriage license having been refused to the above named parties, the ourt by written order issuedand filed
authorizes and directs the issuance of	of a marriage license to the above named parties.
of Indiana dated the day of <u>DENNIS LEE WELLS</u> Be it further remembered, the following marriage certificate was filed in my of <u>PAUL</u> I, <u>PAUL</u> T. BRENTON one thousand nine hundred and 85	hereby certify that on the
and, Bride	of
were by me united in marriage as authorized by a marriage license issued for County. Dated this 27th day of April, 19.85	that mumace be the City in the city of the
	Signed /s/ PAUL T. BRENTON Official Designation JUDGE PRO-TEMPORE 30th day of April
	HENDRICKS Circuit Court

rm Prescribed By STATE OF APPLICATION FOR APPLICATION FOR	F INDIANA MARRIAGE LICENSE
IC 31-1-3-2 fective July 1, 1977	KS File
	County
MALE Medical Examination Report Dated 4-16-85	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination Report Dated 4-16-85
Name of Physician Richard R. Dunner	Name of Physician Buchand P
L QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Whi	oever procures the issuance of the
L QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Who all be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	issuance of a license to marry by any false statement, representation or protection
me First Middle Last	FEMALE APPLICANT
te of Birth Month Day Year	Middle
24 52	Date of Birth Month Way Here
ce of Birth (State or foreign country) -	Place of Birth (State or toreign country)
idence Address Street or R. R. City County State	Residence Address Street or R. R.
vious Marital Status: Never Married D OR	333 Willman Dr. City County State
t Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
e of birth verified by: A Birth Certificate Judicial Decree	Last Marriage Ended By: Death Diverse D +
	Date of birth verified by: Birth Certificate Judicial Decree
Other(Specify)	A Other (Specify) dr. Lig)
Are you now or have you ever been adjudged to be of unsound mind? Not Yes	1. Are you now or have you ever been adjude to the
If answer is "yes", has the adjudication been removed? No □ Yes □ Are you afflicted with a transmissible disease? No □ Yes □	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease. No 🛛 Yes 🗆 Are you related to the female applicant closer than second cousin? No 🖓 Yes 🗆	2. Are you afflicted with a transmissible disease?
Are you now under the influence of intoxicating liquor? No 🗗 Yes 🗆	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of a narcotic drug? No TYes D	4. Are you now under the influence of intoxicating liquor? No G Yes D 5. Are you now under the influence of a narcotic drug? No G Yes D
List the full names of any dependent children.	And you now under the influence of a narcotic drug? No B Yes D
Are you required by any court order or orders to support the above	
dependent children? No 🗆 Yes 🗆	 Are you required by any court order or orders to support the above dependent children? No I Yes I
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
Full name of father Story Herrory Smith	8. Full name of father Willing flore Alere
Residence of father (if deceased so state)	Residence of father (if deceased so state) Planguefel, Inc
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Rosemany Select	9. Full maiden name of mother Allen Aguna
Residence of mother (if deceased so state) N. University	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) . Virginia	· A. I
e of Indiana,	Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS County of
hty of HENDRICKS } ss: in this application is true and correct.	County of BS: in this application is true and correct.
Signed Kichney Troy Smith	Signed Jana hym Hern
New Address 925 D. Beettell Cr. Indol. In.	New Address 425-D Big Hill Cir, Indee
griped and sworn to before me this 19 day of abr 1985	Subscribed and sworn to before me this 19 day of april 1985
Maria bue Russell HENDRICKS	HENDRICKS Circuit Court
Clerk Clerk Circuit Court	It full for funder
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
s, state facts which render the consent of the other parent unnecessary	signs, state facts which the
of Indiana,	State of Indiana, HENDRICKS
ty of HENDRICKS ss :	County of
Signed	Signed
Signed	
tribed and sworn to before me this	Signed
	Clerk
Clerk	to the above named parties, the
IPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR'	T. A marriage license having been refused to the domain and filed urt by written order issued
HENDRICKS County Co	urt by written order issued
THE REPORT OF THE PARTY OF THE	AND MARRIAGE CERTIFICATE HENDRICKS CIrcuit Court
Be It Remembered, there was filed in my office a marriage licent	se issued by the clerk of the
and dated the 29 The day of Marine	T MIN HERN
Further remembers I will be an and a shad in my a	ndApril
DEWEY A THE SUGTON	hereby certify that on the 27 Li HENDRICKS
DEWEY A. THACKSTON	PLAINFIELD County State of IN
thousand nine hundred and 85 e of Indiana, Groom RICHARD TROY SMITH 6 Bride JANA LYNN UEDN	MARION County, State of IN
DICULADD TROV SMITH	County, UITNIDDICKS
UNIVA LINN HERN	the clerk of the Circuit Court of
by me united in many	
ty a marriage as authorized by a marriage license issued for	R5 THACKSTON
d this 27th day of April 19.	Signed /s/ DEWEY A. THACKED
ty a marriage as authorized by a marriage license issued for	Signed /s/ DEWEY A. THACKED

			No. 142
	STATE O	F INDIANA	
Form	Prescribed By	MARRIAGE LICENSE	File
Health	under Authority		4-19-85
of I.C. Effecti	31-1-3-2 ve July 1, 1977		Date of Application
		FEMALE Medical Examination Report Date	ed 24-6-85
	MALE Medical Examination Report Dated 4-6-85		Coggnas Que
r i i i i i i i i i i i i i i i i i i i	Medical Examination Report Dated Name of Physician	Name of Physician	
LOV 1918	THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	oever procures the issuance of a license to marry by	any faise statement, representation or pretense
ALL shall b	he tined in any sum here	FEMALE	APPLICANT
	MALE APPLICANT Middle Last	Name First	Middle Last
Name		Date of Birth Month	Day Year
Date o	of Birth Month Day Lea.	Place of Birth (State or foreign country)	27 63
Place	of Birth (State or foreign country)	Residence Address Street or R. R.	City County State
Reside	nce Address Street or R. R. City County State	1 Elm Dr. Pel	. Del .
	on the particular in the second for the	Previous Marital Status: Never Married B OR	
Previo	us Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce	Annulment
Total N	Annulment	Date of birth verified by: Birth Certificate	Judicial Decree
Date o	of birth verified by: 🖗 Birth Certificate 🗆 Judicial Decree		
	Other (Specify)	Other(Specify) Are you now or have you ever been adjudged to	be of unsound mind? No Ves D
1. Ar	No I Tes	 Are you now or have you ever been autouged and If answer is "yes", has the adjudication been rem 	
If	answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?	No TYes D
	re you afflicted with a transmissible disease?	3. Are you related to the male applicant closer that	n second cousin? No D Yes D
	re you related to the female applicant closer than second cousin.	4. Are you now under the influence of intoxicating	
	re you now under the influence of intoxicating liquor? No 🗆 Tes 🗢 No 🕁 Yes 🗆 re you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic d	rug? No Yes D
	ist the full names of any dependent children.	6. List the full names of any dependent children.	
0. LI	st tie fuir names of any sep-		
-			
-	to be a sector to expose the above	7. Are you required by any court order or orders t	o support the above
de	re you required by any court order or orders to support the above No 🗆 Yes 🗆	dependent children?	No U Yes U
	answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in		ation be accompanied by satisfactory proof that you are in
	mpliance with any court order or orders issued for their support. Discher	s. Full name of father Creations	Soul Renders.
8. Fu	ull name of father 1 generations of the second		Perd Id. 8
Re	esidence of father (if deceased so state) Standinand Undiance	Residence of father (if deceased so state)	0.0.
Bi	irthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	- that are
9. Ft	ull maiden name of mother Sarah Jo Honey	9. Full maiden name of mother	Con Markelman
Re	esidence of mother (if deceased so state)	Residence of mother (if deceased so state)	ame
	irthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country	Canalbul
	of Indiana	State of Indiana,	I depose and state the information giver
	e of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.	County of HENDRICKS	ss: in this application is true and correct
	Signed X Barth & Fisch	Signed X Bren	da tauken kig
	New Address 675 Givis/ey Road Apt 408	New Address 6750	siesler Rd Apt 408
	19 0 00 85		28 er side to val
Subs	cribed and sworn to before me this day of April 19.	Subscribed and sworn to before me this	HENDRICKS
	Lang Jane Mussell Clerk HENDRICKS Circuit Court	10 100 Jans Ausal	Clerk Clerk Circuit Cour
CON	SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR G	UARDIAN
	the parents, of this applicant hereby give consent for this marriage. If only one parent		ive consent for this marriage. If only one paren
	s, state facts which render the consent of the other parent unnecessary		
SIGUS	and the construction the other parent unnecessary	signs, state facts which render the consent	or the other parent and conservation

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County of	State of Indiana County of	HENDRICKS	88:	
Signed		Signed		Father
Signed	Mother	Signed		Mother
Subscribed and sworn to before me this day of				
		sworn to before me this		of, 19
	Clerk	*************	********	Cler)
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER HENDRICKS in	OF COURT. A marriage	license having been	refused to th	e above named parties, the
inauthorizes and directs the	issuance of a marriage lic	cense to the above nar	ned parties.	
RETURN OF MARRIAG	LICENSE AND MADD			
and a state of the state was filed in my office a ma	mane license issued by the	a should shall a	HENDRICK	S Circuit Cour
of induction dated the day of		15		i and wit
Be it further remembered, the following marriage certificate was fu	and Rie	Nda Kart	the joining to	secher as nacount
Be it further remembered, the following marriage certificate was ful	ed in my office, to-wit:	www.hut	. 1 20130	1.9
COIE		hat on the 27	day of	April
and, Bride Brenda Kay Faulkenber were by me united in marriage as authorized by a marriage license County.	0	1012	County, Sta	HENDRICKS
Dated this	issued for that purpose by	the Clerk of the Circ	uit Court of	TILLE
Dated this day of April	, 19			
	Sign	ed 131 Rid	Lard Z	010
Filed and recorded in accordance in	Official Designo	ution Cathol	ic Prie	st
Filed and recorded in accordance with the laws of the State of Indi	ina this	day of	Nav	. 19. 62
	Signed M	enop week	Russ	XX
	Dignew	fundad and and	H	ENDRICKS Circuit Cou

	427
Form Prescribed By STATE OF	INDIANA
Indiana State Board of APPLICATION FOR M	ARRIAGE LICENSE
Health under of LC. 31-1-3-2 Effective July 1, 1977	SCounty
	<u> 4-19-85</u>
MALE Medical Examination Report Dated 4-16-85	FEMALE Date of Application
Name of Physician Michael Meely	Medical Examination Report Dated 4-16-85
THE OUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who	Name of Physician Meekael Heeley
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	the issuance of a license to marry by any false statement, representation or protonae
Name First Middle Last	FEMALE APPLICANT
All Inthe Month Day Year	Date of Birth Kelly Sunny State
Date of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address A Street or B. P. Budeand
9/20 West Mallon Jane Maryon Maryon ta	20 Canter burgher Mennight 4 County State
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married & OR
Last Marriage Ended By: Death D Divorce Annument D Date of birth verified by: D Birth Certificate D Judicial Decree	Last Marriage Ended By: Death D Divorce Annulment D
	Date of birth verified by: D Birth Certificate D Judicial Decree
□ Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ø Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Pres D
If answer is yes, has the aspanishible disease? No 2 Yes D	If answer is "yes", has the adjudication been removed" No D yes D 2. Are you afflicted with a transmissible disease"
3. Are you related to the female applicant closer than second cousin? No Yes	Are you related to the male applicant closer than second cousin? No E You D
4. Are you now under the influence of intoxicating liquor? No 🗸 Yes 🗆 5. Are you now under the influence of a narcotic drug? No 🗸 Yes 🗆	4. Are you now under the influence of intoxicating liquor? No D Yes D
 5. Are you now under the influence of a narcotic drug? No Ves D 6. List the full names of any dependent children. 	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No 🛛 Yes 🗖	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.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court of der or orders issued for their support.
8. Full name of father Servette Warren Hood	8. Fullname of father Hall Curties Hulf
Residence of father (if deceased so state) Indeanappling In.	Residence of father (if deceased so state) Denvelle In.
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country)
9. Full maiden name of mother Dorothey Charldean Johnson	9. Full maiden name of mother Brende Sue Baughn
Residence of mother (if deceased so state) Indeanapplies In.	Residence of mother (if deceased so state) Danville
Birthplace of mother (State or foreign country) Kenteckep	Birthplace of mother (State or foreign country)
State of Indiana, I depose and state the information given	State of Indiana, HENDRICKS County of
County of in this application is true and correct.	County of
Signed Ent. T. Wood	Signed Ally A. Hull
New Address.	New Address 15th Ashil 185
Subscribed and sworn to before me this 19th day of Office, 19.85	Subscribed and sworn to before me this day of HENDRICKS
Malif fire Russell Clerk HENDRICKS Circuit Court	Mary fine Russel and
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
sale facts which render the consent of the other parent unnecessary	
State of Ladi-	State of Indiana, HENDRICKS
State of Indiana, County of	County of Tether
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	Signed day of 13
	the second se
	and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	ourt by written order issued
in	of a marriage license to the above named particular
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage lice	nse issued by the clerk of the
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the	KELLY LYNN HULL
of Indiana dated the 29th day of APRIL ERIC TYRONE WOOD Be it further remembered, the following marriage certificate was filed in my	office, to-wit: 11th day of MAY
Be it further remembered, the following marriage certificate was filed in my I,	at AVON County, State of IN
I,	HENDRICKS County, State of HENDRICKS
Were by many it is in the second seco	
and, BrideKELLY LYNN HULLof	85 /s/ H. THOMAS PITCHER MINISTER
Uated +L:	1.51 met and 1.51
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MAY Clerk
Filed and recorded in accordance with the laws of the State of Indiana this	14th HENDRICKS Circuit Court
and the second	Signed

		F INDIANA
	STATE OF	MARRIAGE LICENSE File
	Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File
	Health under Authority HENDRIC	KS County Date of Application
	Effective July 1, 1977	/ Date of Application
		FEMALE Prost Dated 4-15-83-
	MALE 24-15-85	Medical Examination Report Dated
	Medical Examination Report Dated	Name of Physician famile place nucl.
	Name of Physician Aguka Plack Ma.	a second a license to marry by any false statement, representation or protonom
The second second second	Thank of the ANSWERED, I.C. 31-1-3-6 prescribed "False statement-Who	Dever, procures the issuance of a license to marry by any false statement, representation or pretense
- And Andrew Reven Party	shall be fined in any sum not excerning	FEMALE APPLICANT
	MALE APPLICANT	Name First Middle Last
P4	Name First Middle Last	Sherry Jyin Lotte
	Date of Birth Mogth Day Year	Date of Birth Month Day Year
	Much a let	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country) Maning O. M	Residence Address Street of R. R. City County State
	Residence Address Street or R. R. City County State	1945 n. St. Ra. 267 Drownsburg
Set 17 1	26 Bennett M. Carmel (10m) M.	Previous Marital Status: Never Married DOR
	Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
	Last Marriage Ended By: Death D Divorce Annulment	Last Marriage Ended By. Beam Date of birth verified by: Birth Certificate Judicial Decree
	Date of birth verified by: Birth Certificate D Judicial Decree	Date of on the vertice of
		Other (Specify)
	Other (Specify) No Ves □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
	1. Are you now or have you ever been adjudged to be of unsound minute	If answer is "yes", has the adjudication been removed? No Ves V
	If answer is "yes", has the adjudication been removed.	2. Are you afflicted with a transmissible disease? No Ves D
	2. Are you afflicted with a transmissible disease:	3. Are you related to the male applicant closer than second cousin? Nod Yes
	3. Are you related to the female applicant closer than second coustin.	4. Are you now under the influence of intoxicating liquor? No Vies D
	4. Are you now under the influence of intoxicating inquir.	5. Are you now under the influence of a narcotic drug? Not Yes
	5. Are you now under the influence of a narcolic drug.	6. List the full names of any dependent children.
	6. List the full names of any dependent children.	
		7 Are you required by any court order or orders to support the above
	7. Are you required by any court order or orders to support the above dependent children? No Ves	 Are you required by any court order or orders to support the above dependent children?
	dependent children?	
	dependent children? No Pres D If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Ves V
	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.	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	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 William Hallon Jone	dependent children? No U Yes U If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father Automatic
	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.	dependent children? No I Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father 8. Full name of father Image: Compliance of father (if deceased so state) Image: Compliance of father (if deceased so state)
	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 William Hallon Jone	dependent children? No U Yes U If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father Automatic
	dependent children? No D Fest If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. Smith 8. Full name of father Withtan Withtan Residence of father (if deceased so state) Withtan	dependent children? No I Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father 8. Full name of father Image: Compliance of father (if deceased so state) Image: Compliance of father (if deceased so state)
	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 <u>Willitany</u> <u>Willian</u> <u>Willian</u> Residence of father (if deceased so state) <u>Citypell</u> , <u>On</u> Birthplace of father (State or foreign country) <u>It duana</u> 9. Full maiden name of mother <u>Jibra</u> <u>Plank</u> <u>Result</u>	dependent children? No I Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. 8. Full name of father Aur A die Indie Residence of father (if deceased so state) Butwesthurg 9. 9. Full maiden name of mother Sandraa Basten Basten Basten Basten
	dependent children? No D Fest If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. Support 8. Full name of father William William Residence of father (if deceased so state) William June Birthplace of father (State or foreign country) Traditation Place	dependent children? No I Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. 8. Full name of father If deceased so state) Birthplace of father (if deceased so state) Butwestury Birthplace of father (State or foreign country) State of the
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	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 (<i>Wthttain</i> , <i>Mathan</i> ,	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father It answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father It answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father It answer is "yes", it is required that this Application is true and correct. Birthplace of mother (if deceased so state) It answer is application is true and correct. Birthplace of mother (if deceased so state) It depose and state the information given in this application is true and correct. State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct. Signed MAMM Address. Jag of Indiana. New Address. Jag of Indiana. Jag of Indiana. Subscribed and sworn to before me this. day of Indiana. Jag of Indiana. Mamma Address. Indiana. Jag of Indiana. Jag of Indiana. Mamma Address. Indiana. Jag of Indiana. Jag of Indiana.<
	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. With the satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father. 8. Full name of father (if deceased so state) 9. Full maiden name of mother 9. Full maiden name of	dependent children? No U Yes U If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance of father (if deceased so state) 9. Full maiden name of mother If any the satisfactory 9. Full maiden name of mother (if deceased so state) If any the satisfactory 9. Full maiden name of mother (if deceased so state) If any the satisfactory 9. Full maiden name of mother (State or foreign country) Satisfactory State of Indiana, Sas: If depose and state the information given in this application is true and correct. Signed Sas: If depose and state the information depose in this applicatio
	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 (<i>Wthttain</i> , <i>Mathan</i> ,	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father It answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father It answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father It answer is "yes", it is required that this Application is true and correct. Birthplace of mother (if deceased so state) It answer is application is true and correct. Birthplace of mother (if deceased so state) It depose and state the information given in this application is true and correct. State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct. Signed MAMM Address. Jag of Indiana. New Address. Jag of Indiana. Jag of Indiana. Subscribed and sworn to before me this. day of Indiana. Jag of Indiana. Mamma Address. Indiana. Jag of Indiana. Jag of Indiana. Mamma Address. Indiana. Jag of Indiana. Jag of Indiana.<
	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. With the satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father. 8. Full name of father (if deceased so state) 9. Full maiden name of mother 9. Full maiden name of	dependent children? No U Yes U If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance of father (if deceased so state) 9. Full maiden name of mother If any the satisfactory 9. Full maiden name of mother (if deceased so state) If any the satisfactory 9. Full maiden name of mother (if deceased so state) If any the satisfactory 9. Full maiden name of mother (State or foreign country) Satisfactory State of Indiana, Sas: If depose and state the information given in this application is true and correct. Signed Sas: If depose and state the information depose in this applicatio

State of Indiana, County of HENDRICKS }ss:	State of Indiana, County of
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENS	TE AND MADDIACE CEDEVICATE
in my office a marriage lice	nse issued by the clerk of the HEINDRICKS Circuit Court
WILLIAM DALTON JONES	, 19.85, authorizing the joining together as husband and wife
I, ELDER DON R. MCWILLIAMS	obice, to-wit:
and and and	hereby certify that on the 27th day of April at FAYETTE
	r that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this	25
, 19	Signed /s/ DON R. McWILLIAMS
Filed and recorded in accord	
in accordance with the laws of the State of Indiana this.	6th
	Signed Any Jane Russell Cler HENDRICKS Circuit Course

orm Prescribed By diana State Board of ealth under Authority T.C. 31-1:3-2 ffective July 1, 1977	ARRIAGE LICENSE No. 145
flective study	County
MALE instign Report Dated 4-13-85	FEMALE Date of Application
Medical Examination Report	Medical Examination Report Dated 4-13-85
Name of Physician January D. gottall	Name of Physician Jan D. Lange
LL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Whoe all be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ver procures the issuance of a license to marry by any false statute
all be fined in any same	
ame First Middle Last	Name First Middle
ate of Birth Month Day Year	Date of Birth Month Dale De Last
Jace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R. R. City. County State	ble alabule
RR 2, Lot at the provide parts	PO, Box Street or R. R. City County State
revious Marital Status: Never Married @ OR	Previous Marital Status: Never Married B OR
Annulment ast Marriage Ended By: Death Divorce Annulment Annulment Divorce Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: A Birth Certificate U Judicial Decree
D Other (Specify) du lid	Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Tres D
If answer is "yes", has the adjudication been removed? No 🛛 Yes 🗆 A re you afflicted with a transmissible disease? No 🖓 Yes 🗆	If answer is "yes", has the adjudication been removed? No U Yes U 2. Are you afflicted with a transmissible disease? No U Yes U
Are you afflicted with a state applicant closer than second cousin? No 🛡 Yes 🗆	2. Are you afflicted with a transmissible disease? No P Yes D 3. Are you related to the male applicant closer than second cousin? No P Yes D
Are you now under the influence of intoxicating liquor? No Mar Yes	4. Are you now under the influence of intoxicating liquor? No Tres D
5. Are you now under the influence of a narcotic drug? No -Yes	5. Are you now under the influence of a narcotic drug? No D Yes D
5. List the full names of any dependent children.	6. List the full names of any dependent children.
Are you required by any court order or orders to support the above No D Yes D	7. Are you required by any court order or orders to support the above dependent children? No 🗆 Yes 🗆
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Fullname of father Sand and Sandar Sandar	8. Full name of father have have have have
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Challer A. Wand	9. Full maiden name of mother Carteria Delover Delover
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) 1 Carborna Statiana
Birthplace of mother (State or foreign country) State of Indiana, County of HENDRICKS Signed Om SetSet Signed St 5 (uteushutte of he 16/114)	Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS County of Signed New Address New Address
Subscribed and sworn to before me this 19 day of 1985 Mary Jane Russell Clerk HENDRICKS Circuit Court	Subscribed and sworn to before me this 19 day of 4000, 19 HENDRICKS Mary Jane Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the construction
	State of Indiana.
State of Indiana, County of	State of Indiana, HENDRICKS }ss: County of
	SignedMother
Signed	
Signed	day of
Subscribed and sworn to before me this day of 19	
Clerk	here here refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COL	URT. A marriage license having been refused to the above named parties, the Court by written order issued
County	of a marriage license to the above man
authorized and	CERTIFICATE HENDRICKS CITCATE
RETURN OF MARRIAGE LICEN	cense issued by the clerk of the
of Indiana dated the 24 day of Opril	LAUREL DALE THOMAS
be it further remembers 1 it is in the second secon	y opice, to HENDRICKO
	IN IN
THOMAS DEAN SETSER Be it further remembered, the following marriage certificate was filed in marria	hereby certify that on the, County of
State and Commerce	County, State of uppicks
and, BrideLAUREL_DALE_THOMASof were by me united in marriage as authorized by a marriage license issued for County	the clerk of the Circuit Court of
were by me united in marriage as authorized by a marriage license issued for County.	or that purpose of the
Dated this	or that purpose by the out 85 Signed
4LD day of may not	Official Designation PASTOR
Filed	day of MAY USALL UENDRICKS Circuit Course
and recorded in accordance with the laws of the State of Indiana this.	85 Signed /s/ WHELE Official Designation PASTOR , 19 85 day of MAY Cler 7th Signed Only Pure Russell HENDRICKS Circuit Court

				141	
		STATE OF I	NDIANA	No) Y	φ
Form Prescribed By		STATE OF	ARRIAGE LICENSE	File	
Indiana State Board of Health under Authority	APPLICATIO			4-19	28
of I.C. 31-1-3-2 Effective July 1, 1977		HENDRICKS	County		Application
Effective July 1. 1999					
NAL B	28 21 1	200 C	FEMALE Medical Examination Report D	ated4-13-	85
MALE Medical Examination Report Dated	4-12-02			H. M. bic	. 10.
	M. Hadley		Name of Physician		marcy
Name of Physician Laura	LC 21, 1-3-6 prescribed "False s	statement-Whoeve	er procures the issuance of a license to marry	by any false statement, rep	presentation or pro
ALL QUESTIONS MUST BE ANSWERED, shall be fined in any sum not exceeding five h	indred dollars (\$500,00)".		FEMAL	E APPLICANT	
MALE APP	LICANT		Name First	Middle	Do Last
Name First	Middle Hidd	Last	Demeses	ann	troly
Date of Birth Month	Day Year	- Less	Date of Birth Month	Day	Year 56
bate of birding	22 52		Place of Birth (State or foreign country)		
Place of Birth (State or foreign country)	(9)		Residence Address Street or R. R.	City Co	ounty Stat
Residence Address Street or R. R.	City County	State	R.R. Box 422	Clayton, I	a
5830 West 38 St.	Undpill.		Previous Marital Status: Never Married O	R	
Previous Marital Status: Never Married OR	<u></u>		Last Marriage Ended By: Death Divorce	Annulment D	
Last Marriage Ended By: Death Divorce Ann	ulment 🛛		Date of birth verified by: A Birth Certificate	Judicial Decree	
Date of birth verified by: D Birth Certificate D Ju	dicial Decree		Date of onthis contract of a		
- I is			Other (Specify)		
Other (Specify)	funcound mind?	No Yes	1. Are you now or have you ever been adjudged	to be of unsound mind?	No 🖸
1. Are you now or have you ever been adjudged to be o		No Yes	If answer is "yes", has the adjudication been	removed?	No 🗆
If answer is "yes", has the adjudication been remove 2. Are you afflicted with a transmissible disease?	a -	No Yes	2. Are you afflicted with a transmissible disease	2	No 🕀
 Are you afflicted with a transmissible disease. Are you related to the female applicant closer than s 	econd cousin?	No Ves	3. Are you related to the male applicant closer t	han second cousin?	No 🖾
 Are you now under the influence of intoxicating liqu 		No Yes	4. Are you now under the influence of intoxicati	ng liquor?	No 🖾
 Are you now under the influence of maximum region Are you now under the influence of a narcotic drug? 		No Yes	5. Are you now under the influence of a narcotic	drug?	No 🖾
 6. List the full names of any dependent children. 			6. List the full names of any dependent children	L.	
King			Reall		
- seconder					
			- Carlos		
			underte		
7. Are you required by any court order or orders to sup	port the above	No Ves	Are you required by any court order or order dependent children?	s to support the above	No 🗆
dependent children? If answer is "yes", it is required that this Application	he accompanied by satisfactory proof		If answer is "yes", it is required that this Appl	ication be accompanied by satisf	
If answer is "yes", it is required that this Application compliance with any court order or orders-issued for			compliance with any court order or orders iss		
8. Full name of father	Huddlesson)		8. Full name of father Allian	22. Roop	
6 7 5			1	(Losson)	
Residence of father (if deceased so state)	laser		Residence of father (if deceased so state)	00.	
Birthplace of father (State or foreign country)	idiana)		Birthplace of father (State or foreign country)	Otio	
9. Full maiden name of mother Mary	Crosuedget		9. Full maiden name of mother Mas	y J. Buch	Cranar
Residence of mother (if deceased so state)	. b.C. alaba		Residence of mother (if deceased so state)	a consolog	his
			Residence of mother (if deceased so state)	QP	
Birthplace of mother (State or foreign country)	Kill .		Birthplace of mother (State or foreign country)	v ne	
State of Indiana, County of HENDRICKS	I depose and state the infor in this application is true	mation given and correct.	State of Indiana, HENDRICKS	ss: I depose and state in this application	
- Li M	1 AA	SAME.			
Signed X Maple	Tadlen		> Signed De	mise A. Mart	tim
New Address 530 0	38° APT ()		New Address R.R. I	304 422 (layton
Subscribed and sworn to before me this.	day of Denil	195	Subscribed and sworn to before me this	19 day of QE	Inc
Subscribed and sworn to before me this	HENDRICKS		Main Carlo P	HENDR	ICKS
Man a Rear of	Clerk	Circuit Court	a sell subject part files	Clerk HEINDK	Circui
Alary Jan & Russell					
Mary go & Russell					
CONSENT OF PARENTS, PARENT OR GUAR	DIAN		CONSENT OF PARENTS, PARENT OR	GUARDIAN	
Mary go & Russell	DIAN onsent for this marriage. If onl		CONSENT OF PARENTS, PARENT OR We, the parents, of this applicant hereby		age. If only one

. . . .

1 11 2

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18

State of Indiana, County of HENDRICKS ss:	State of Indiana, HENDRICKS
	County of
SignedFather	SignedFather
Signed	Signed
Subscribed and sworn to before me this	
	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the above named parties, the
HENDRICKS	ourt by written order issuedand filed
inauthorizes and directs the issuance	and med
	of a marriage license to the above named parties.
Be It Remembered there was fled in a	SE AND MARRIAGE CERTIFICATE
and fille in the office it marmade lago	
Stories Allen any of spul	19 35 authorizing the joining together as husband and wife
be it further remembered, the following marriage contificate	and Denise Ann Martin office, to-wit:
1, Clitton H. Bush	office, to-wit:
one thousand nine hundred and 85	hereby certify that on the 25 day of # April
State of Indiana, Groom Steven A H Illas	at County of QCION,
and, Bride Denise Ann Mudaleson	of Liberty County, State of 10 Liberty County, State of 10 that much be in the state of 10
were by me united in manie of	Liberty County State of IN
were by me united in marriage as authorized by a marriage license issued for County.	that purpose by the Clerk of the Circuit Grant of HENDRICKS
Dated this 25 day of April	- Prove of the Circuit Court of
Dated this day of April 1985	ISININ NO
and the second	Signed SULLETON H. Bust
Filed and recorded in accordance with the laws of the State of L	Official Designation Minster
Filed and recorded in accordance with the laws of the State of Indiana this	51 day of 11 any 1985
	Signed 11 any Jane Russel Clerk
	HENDRICKS Circuit Court

m Prescribed B) STATE iana State Board of APPLICATION FOF an 152	MARRIAGE LICENSE
C 31-1-3-2 retive July 1, 1977	ICKS File
	<u>-4-22-85</u>
MALE Medical Examination Report Dated 4-4-85	FEMALE Medical Examination Report Dated
Name of Physician Ju Rado	Name of Phases
A OUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement-1	Shoever procures the issuance of a license to marry by any false statement, representation or pretense
Il be fined in any sum not exceeding five hundred dollars (\$500,000".	issuance of a license to marry by any false statement, representation or pretense
First Middle Last	FEMALE APPLICANT
me William Day Year	Date of Birth Month Last
te of Birth Month 30 63	Pay (SUCCEDED)
A DISTA STANK	Place of Birth (State or foreign country)
idence Address Street or R. R. Colly County State	Residence Address Street or R. R. City County State
evious Marital Status. Never Married B OR	Previous Marital Status: Never Married D OR
It was Ended By Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D
at Marriage Ended by Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
Q Other (Specify)	A Other (Specify) dr. Un)
Are you now or have you ever been adjudged to be of unsound mind? No B Yes	1. Are you now or have you ever been adjudged to be of uppend and the
If answer is "yes", has the adjudication been removed? No Ves	If answer is "yes", has the adjudication been removed? No Ves V
Are you afflicted with a transmissible disease" No B Yes I Are you related to the female applicant closer than second cousin? No D Yes I	No Yes I
Are you now under the influence of intoxicating liquor? No View	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug? No D Yes	5. Are you now under the influence of a narcotic drug? No Vies
List the full names of any dependent children.	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 D Yes	7. Are you required by any court order or orders to support the above dependent children? No Ves
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
compliance with any court order or orders usuard for their support.	compliance with any court order or orders issued for their support. 8. Full name of father for super A. Sottachall
Full name of father Rouse diana have been all	Residence of father (if deceased so state) Deceased
Residence of father (if decrased to state)	
Birthplace of father (State or foreign country)	- Birthplace of father (State or foreign country) Ono
Full maiden name of mother	9. Full maiden name of mother 1 register Q. Southing and
Residence of mother (if deceased to state)	- Residence of mother (if deceased so state) Mind in a region
Birthplace of mother (State or foreign country) (10) have (1000 mother)	Birthplace of mother (State or foreign country) Trucycus state of Indiana, t Country II depose and state the information give in this application is true and correct
ounty of HENDRICKS as: I depose and state the internation of the state	County of
Signed William L. Willon, 5703	Signed Lynn L. Jotts chalk
New Address 6527 PlazA Park way F. Voots	TX. New Address 65 Same
ubscribed and sworn to before me this 22 day of april . 19 3	Subscribed and sworn to before me this 22 day of Uprut, 19. HENDRICKS circuit Co
Mary Jane Russell Gerk HENDRICKS Circuit Cou	Clerk Cure Lussell Clerk Clerk
	CONSENT OF PARENTS, PARENT OR GUARDIAN
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, FARENT ON CONSENT for this marriage. If only one parents, of this applicant hereby give consent for this marriage. If only one parents
Ve, the parents, of this applicant hereby give consent for this marriage. If only one pare	signs, state facts which render the consent of the other parent unnecessary
igns, state facts which render the consent of the other parent unnecessary	signs, state racts which the
	The second se
tate of Indiana, HENDRICKS	State of Indiana. HENDRICKS
Source of the second seco	Signed
Signed. Fath	er Mot
Signed	er day of
Subscribed and sworn to before me this	
Cla	rk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF C	OURT. A marriage license having been refused to the above named parties, t Court by written order issued
County	to the above names p
HENDRICKS	nce of a marriage needed of the CERTIFICATE HENDRICKS Circuit Con
RETURN OF MARRIAGE LIC	ENSE AND the clerk of the
Be It Remembered, there was filed in my office a marriage	19. TS, authorizing the joining together a
	and
be it further remembered the following marriage certificate was filed in	my office, could be the Zichady of HENDRICH
JOHN H. PORTER	DANVILLE County State of IN
State 1 -	County, State of
and, Bride	INGINI
were by me with the	for that purpose by the other
ounty.	for that purpose by the Clerk of the Cert 85. /s/ JOHN H. PORTER
Dated this 27th day of April , 1	Signed PASTOR 19
aug 0)	- the stand
Filed and recorded in accordance with the laws of the State of Indiana th	9 85. /s/ JOHN H. PORTER Signed PASTOR ,19 85 Official Designation PASTOR ,19 85 day of PLULE CONTROL CONTR

			No148
	STATE OF	INDIANA	
	Form Prescribed By Indiana State Board of APPLICATION FOR M	IARRIAGE LICENSE	File
	Health under Authority		4-22-85
	of I.C. 31-1-3-2 Effective July 1, 1977	0000000	Date of Application
		FEMALE Medical Examination Report Dat	ted 4-20-85
	MALE Depart Dated 4-20-85	Medical Examination Report Da	
网络婚姻保护的	Medical Examination Report Dated Edwards	Name of Physician Wall	iam Edwards
	MALE Medical Examination Report Dated 4-20-85 Name of Physician William Edwards ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoe ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoe	ver, procures the issuance of a license to marry b	by any false statement, representation or pretense
a hanna katala	ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "Faise statement" (mathematical shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE	APPLICANT
	shall be fined in any sum not external and	Elect 1	Middle Last
	Name First + Middle Redding	Shirley	H. Merrett Day Year
	Copert Year	Date of Birth Month	Day Year 3 1941
	Date of Diff. 6 21 1102	Place of Birth (State or foreign country)	to Do
	Place of Birth (State or foreign country)	Residence Address Street or R. R.	City County State
- 2	Residence Address Street or B. R. City County Hall?	R.R. # 1, Box 346,	Lonuelle, M-46/22
	12, K. + 5, Doy 120, Correspondence	Previous Marital Status: Never Married OR	
	Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce	Annulment 🗆
	Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate	Judicial Decree
	Date of birth verified by: Birth Certificate Dudicial Decree		
	Other (Specify)	Other (Specify)	o be of unsound mind? No Yes D
	Not Yes	1. Are you now or have you ever been adjudged to	
	to "the adjudication been removed?	If answer is "yes", has the adjudication been re	
	Not res	 Are you afflicted with a transmissible disease? Are you related to the male applicant closer th 	
	3. Are you related to the female applicant closer than second cousin?	 Are you related to the male applicant closer in Are you now under the influence of intoxication 	
	4. Are you now under the influence of intoxicating liquor?	 Are you now under the influence of a narcotic Are you now under the influence of a narcotic 	
	5. Are you now under the influence of a narcotic drug:	 Are you now under the influence of an end of the second sec	
	6. List the full names of any dependent children.		
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders	to support the above No Ves
	dependent children?	dependent children?	cation be accompanied by satisfactory proof that you are in
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	compliance with any courtjorder or orders issue	
	compliance with any court order or orders issued for their support.	8. Full name of father Ulmic	Mundy
	8. Full name of father Jasuph reducing		decensed
	Residence of father (if deceased so state)	Residence of father (if deceased so state)	A
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	1: maint 1 +
	9. Full maiden name of mother_ alena Paugh	9. Full maiden name of mother Aug	ine Mittelstrasser
	discussion	Residence of mother (if deceased so state)	Deleanapalis, m.
	Residence of mother (if deceased so state)		Dennessee
	Birthplace of mother (State or foreign country) And ana	Birthplace of mother (State or foreign country).	
	State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS	ss: I depose and state the information given in this application is true and correct.
	County of X A + 6 A A	× 01	1 n Sm it
	Signed Mahun E. Itzedeng	Signed	elengen and the hard at performent and the
	New Address PP#3 130×156 fundle And	New Address R.R. #	+ 3, Box 186 Domulle Ind
	Subscribed and sworn to before me this Ind. day of april 19.85	Subscribed and swern to before me this	Dand day of April 1985
	HENIDDICKS :	mary Java Pue	HENDRICKS Circuit Court
	Le Very Jone Cussell Clerk HEINDRICKS Circuit Court	- A Martin all	Gerk
	CONSENT OF PARENTS PADENT OF CHARDIAN	CONSENT OF PAPENTS PAPENT OF	CUARDIAN
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR	
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent		give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent	t of the other parent unnecessary

County of HENDRICKS	State of Indiana, County of HENDRICKS
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Subscribed and sworn to before me this
Clerk	ULL K
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	URT. A marriage license having been refused to the above named parties, the Court by written order issued
inauthorizes and directs the issuance	Court by written order issued
are a arriage lic	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the
day of	, 19, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my	and Shirley A. Merritt
Bruce A. Brown	hereby and it all a second s
and and	At Danvillo Hendricks
, droom in the second	Hendricks IN
SHILLEY A. Merritt	Th
were by me united in marriage as authorized by a marriage license issued for	or that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this	85
	Signed /s/ Bruce A. Brown
Filed and recorded in accordance with the	Official DesignationPastor
accordance with the laws of the State of Indiana this	30 day of April 19 85
	Signed and take Russell
	HENDRICKS Circuit Court

R

V

433			
Form Prescribed By State Board of APDI ICATION DOC			
Indiana State Board of Health under Authority Health under Authority	IARRIAGE LICENSE No. 149		
Health under 1:32 of I.C. 31-1:32 Effective July 1: 1977	File		
	County 4-22-85		
MALE Medical Examination Report Dated 4-5-85	FEMALE Date of Application		
Name of Physician D. Weeler	Medical Examination Report Dated 4-5-85		
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,000", MALE APPLICANT	Name of Physician S - Wheeler		
shall be fined in any sum not exceeding two numeres tomars team and shall be	area the issuance of a license to marry by any false statement, representation or pretense		
Name First Al Middle R Last	Name First		
Date of Birth Mohthy Day Year	Date of River Ausa Middle Man Last		
Place of Birth (State or foreign country)	Place of Birth (State of foreign country)		
Residence Address Stryeg or R. R.	Residence Address that		
1040 X. 6 Fains 14 Maple May	1997 W. Street of R. R. Jity- County State		
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR		
Last Marriage Ended by Barth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment		
	Date of birth verified by: 3 Birth Certificate D Judicial Decree		
Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Ves D	Other (Specify)		
1. Are you now or have you ever deen adjudged or endowed? No Yes.	Are you now or have you ever been adjudged to be of unsound mind? No Yes D		
2. Are you afflicted with a transmissible disease? No Ves D	If answer is "yes", has the adjudication been removed? No U Yes U 2. Are you afflicted with a transmissible disease?		
3. Are you related to the female applicant closer than second cousin? No Vies D	3. Are you related to the male applicant closer than second cousin? No Dies D		
Are you now under the influence of intoxicating liquor? No Ves No Ves No Ves	4. Are you now under the influence of intoxicating liquor? No G Yes D		
Are you now under the initiative of a marcola of og Are you now under the initiative of a marcola of og	 5. Are you now under the influence of a narcotic drug? No Yes D 6. List the full names of any dependent children. 		
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above		
dependent children? No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No 🛛 Yes 🔾		
compliance with any court order or unders usued for the support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.		
8. Full name of father Alarlug Auge	8. Full name of father Slevewood aller		
Residence of father (if deceased so state) haplo. h.	Residence of father (if deceased so state) flaurfuld, h.		
Birthplace of father (State or foreign cogntry)	Birthplace of father (State or foreign country)		
9. Full maiden name of mother Curlyn J. Successing	9. Full maiden name of mother Kuthe Taylor		
Residence of mother (if deceased so state) helps	Residence of mother (if deceased so state)		
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)		
State of Indiana. HENDRICKS	State of Indiana, HENDRICKS County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.		
County of All County of Co	County of Aquina Allen		
Signed and - per pit	Signed There S. Sir Points		
New Address / 70 S. Der 10 mD Rd.	New Address 1 (2) 4623 posil 19.85		
Subscriped and swora to before me this 22 day of Upple . 1983.	Subscribed and sworn to before me this day of HENDRICKS Circuit Court		
I Will for Theself Clerk HENDRICKS Circuit Court	_ floref fore laster were		
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN		
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent		
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary		
State of Indiana,	State of Indiana, HENDRICKS		
County of HENDRICKS	County of		
Signed	Signed		
Signed	Signed		
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this		
	and parties, the		
	T. A marriage license having been refused to the above named particly inter-		
HENDRICKS	T. A marriage license having been refused to the aboveand filed urt by written order issuedand filed f a marriage license to the above named parties.		
inauthorizes and directs the issuance o	f a marriage license to the above handed part		
Be It Remembered, there was filed in my office a marriage licen of Indiana dated the day of BRAD ALAN BENGE a	se issued by the tark authorizing the joining together as husbana and whe		
of Indiana dated the day of day of	LAURA JANE ALLEN		
Be it further and a	thee, to-wit.		
CHITTENDEN JR.	PT.AINFIELD TN		
I	AL		
and, Bride	HENDRICKS		
were by me with the			
County.	that purpose by the Claim , 		
Dated this 10 05	DASTOR		
the second se	Official Designation		
Filed and recorded in accordance with the laws of the State of Indiana this	7th Mary Jane Kussell HENDRICKS Circuit Court		
Filed and recorded in accordance with the laws of the State of Indiana this	Signed		
	2014년 1월 18일 - 2014년 1월 19일 - 21일		

and Da	STATE OF	INDIANA	File
Form Prescribed By Indiana State Board of Health under Authority		MARRIAGE LICENSE	4-27-85
of I.C. 31-1-3-2 Effective July 1, 1977	HENDRICK	SCounty	Date of Application
Effective suly a		FEMALE	4-10-85
MALE Deted	4-6-85	Medical Examination Report Date	ed to bo
MALE Medical Examination Report Dated	de	Name of Physician	Caralle
Name of Physician 71 C 64 ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3 ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3	Forescribed "False statement-Whoe	ever procures the issuance of a license to marry by	y any false statement, representation or preten
		FEMALE	APPLICANT
MALE APPLICANT	Last	Name /First	Middly / Last
Name Fifet arth Middle	1. Chemis	Date of Birth Month	Day Year
Date of Birth Month Day	1963	Place of Birth (State or foreign country)	0.1
Place of Birth (State or foreign country hed	deunty State	Residence Address Street or R. R.	City County State
Residence Address Street or R. R. City	+ Hanfield	ATI Da 322	Attensvelle In.
Previous Marital Status: Never Married DOR	· /	Previous Marital Status Never Married OR Last Marriage Ended By: Death Divorce	Annulment D
Ended By Death Divorce Annument		Date of birth verified by Birth Certificate	Judicial Decree
Date of birth verified by: Birth Certificate Judicial Deer	ree		
Other (Specify)		Other (Specify) Are you now or have you ever been adjudged to	be of unsound mind? No DYes
1. Are you now or have you ever been adjudged to be of unsound	mind? No WYes W	 Are you now of have you ever open majorities of If answer is "yes", has the adjudication been rer 	
If answer is "yes", has the adjudication been removed?	No D Yes	2 Are you afflicted with a transmissible disease"	No 🖾 Yes
 Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second coust 	sin? No Dies D	3. Are you related to the male applicant closer that	
Are you now under the influence of intoxicating liquor?	No G Tere	 Are you now under the influence of intoxicating Are you now under the influence of a narootic d 	
5. Are you now under the influence of a narcotic drug?	No B Yes D	 Are you now under the influence of a naroous e List the full names of any dependent children. 	
6. List the full names of any dependent children.			
	hove	7. Are you required by any court order or orders	to support the above
 Are you required by any court order or orders to support the a dependent children? 	No = 1 m =	dependent children?	No Ye
If answer is "yes", it is required that this Application be accomp		compliance with any court order of opders issue	
compliance with any court order or orders issued for their sup 8. Full name of father paper.	Repuer	8. Full name of father Alley	a. Shupe
Residence of father (if deceased sectate) Alaring	uld A.	Residence of father (if deceased so state)	Julgville, Sn.
Birthplace of father (State or foreign country)	2di	Birthplace of father (State or foreign country)	And y
9. Full maiden name of mother Action the	assile	9. Full maiden name of mother 200	uce fall
Residence of mother (if deceased so state) Dam	ue -	Residence of mother (if deceased so serve)	Dame
Birthplace of mother (State or foreign country)	And -	Birthplace of mother (State or foreign country).	Ind.
State of Indiana, Internetica	ose and state the information given his application is true and correct.	State of Indiana, HENDRICKS	ss: I depose and state the information gi
County of	his application is true and correct.	County of	41.5/00
Signed Morhs	Zeiner	Signed Dod Ma	perly mply
New Address 364 IV CO	PLAINFIELD	New Address	A Barris California Participation
Subscribed and sworn to before me this day	y of april 1985.	Subscribed and swarn to before me this	HENDRICKS
I ary proce puscif Clerk	HENDRICKS Circuit Court	11 au prie Aussei	Gierk HENDKICKS Circuit Co
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR G	UARDIAN
We, the parents, of this applicant hereby give consent fo	or this marriage. If only one parent	We, the parents, of this applicant hereby g	
signs, state facts which render the consent of the other	parent unnecessary	signs, state facts which render the consent	
			1999-1991-1991-1991-1991-1991-1991-199
State of Indiana,		State of Indiana	
County of HENDRICKS } ss:		State of Indiana, County of HENDRICKS	} ss :
Signed	Father	Signed	
Signed	Mother	Signed	Mo
Subscribed and sworn to before me this da		Subscribed and sworn to before me this	19
	Clerk	and sworn to before me this	
COMPLETE IF MARRIAGE LICENSE IS: HENDRICKS	SUED BY ORDER OF COU	RT. A marriage license having been r	efused to the above named parties,
in	horizes and dimentent	Court by written order issued	and I
inaut			
Be It Remembered, there was	filed in my office a marriage lice	SE AND MARRIAGE CERTIFICATE	HENDRICKS Circuit Co
) indiana dalea the			***************************************
Be it further remembered the following	TVEL	and Simberly Gay Sh	APS
I, Paul H. Bowen one thousand nine hundred and 35	mye certificate was filed in my	office, to-wit:	(M).
one thousand nine hundred and 35		hereby certify that on the	day of 11/24/D Loom
State of Indiana, Groom Mark St and, Bride Marker (70)	even Zeiner	of Handarks	County of Th)
County.	a marriage acense issued to	T that memore by the rule to a rule	it Court of HENDRICKS
Dated this	lay 8	5	
	10 0		
	, 19	Signed 1 Staul H	Bowen

- Manadana I

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	435
Form Prescribed By STATE OF Indiana State Board of APPLICATION FOR M	INDIANA
Health under Authority APPLICATION FOR 1	MARRIAGE LICENSE No. 151
of I.C. 31-1-4-2 Effective July 1, 1977	SCounty
MALE Medical Examination Report Dated 4-17-85	FEMALE Date of Application
Name of Physician Clanence H. Shomos	Medical Examination Report Dated 4-17-85 Name of Physician Classes H. D.
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statementWhow shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT	Name of Physician Clarence H. Shomes
	a license to marry by any false statement, representation or pretense
Name First Middle Wilson	FEMALE APPLICANT Name First Middle
Date of Birth Month Day Year Place of Birth (State or foreign country) 22 55	Date of Birth Month Day Douglas
Place of Birth (State of R. R. City County State O	Place of Birth (State or foreign country)
5060 tord of speanay and.	Residence Address Street for R. R. City County State
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Last Marriage Birth Certificate Dudicial Decree	Last Marriage Ended By: Death Divorce Annulment Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) dr. ho	M Other (Specify) do lin)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes", has the adjudication been removed? No □ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Vies D	If answer is "yes", has the adjudication been removed? No Ves
3. Are you related to the female applicant closer than second cousin? No Yes D 4. Are you now under the influence of intoxicating liquor? No Yes D	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug? No Ves D	Are you now under the influence of intoxicating liquor? No U Yes D Are you now under the influence of a narcotic drug? No U Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Alcholan Willow	
7. Are you required by any court order or orders to support the above dependent children? No Ves D	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. 8. Full name of father Abyd Edward Wilson	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state) farielle Sed.	Residence of father (if deceased so state) faurille lie
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother borothy M. Ruth	9. Full maiden name of mother Mary Satherine yorgen
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
State of Indiana,	Birthplace of mother (State or foreign country) State of Indiana, State of Indiana, HENDRICKS Server af as: I depose and state the information given in this application is true and correct.
County of HENDRICKS } **: in this application is true and correct.	County of Elisabeth A. Davalas
Signed X let L'elso New Address 5060 Ford st. Speedway In 46224	New Address 5040 Ford St. Speedway 4472
Subscribed and sworn to before me this 24 day of Opil 1985	Subscribed and sworn to before me this day of day of
Mary Jane Russell Clerk HENDRICKS Circuit Court	Mary Jane Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS } ss:	County of
Signed	Signed
Signed	Signed
Subscribed and sworn to before me thisday ofclerk	
	T. A marriage license having been refused to the above named parties, the
HENDRICKS County County	T. A marriage license having been refused to the user and filed ourt by written order issued
authorizes and directs the issues	HENDRICKS CIRCUIT COURT
RETURN OF MARRIAGE LICENS. Be It Remembered, there was filed in my office a marriage licen	ise issued by the clerk of the
day of and the	FLIZABETH ANN DOUGHNE
be it further remembered, the following marriage certificate was filed in my o	fice, to-wit. <u>4th</u> day of HENDRICKS
one thousand nine hundred and 85 State of Indiana, Groom KENE L. HULLON	at County of IN
State of Indiana G	of MARION County, State of
and, BrideKENT_L. WILSON were by me united in marriage as authorized by a marriage license issued for County.	that murnose by the Clerk of the
County. Dated this	5. /s/ P. MICHAEL THORNBURG
Dated this	Sigheu
Filed and recorded in accordance with the laws of the State of Indiana this	Signed MINISTER 19 85 Official Designation MINISTER 19 85 9th day of May Clerk Signed Many Curve Russell HENDRICKS Circuit Court
the laws of the State of Indunu the	9th day of Russell Signed Mary Jane Russell HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of	STATE OF		No File
Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	HENDRICK		April 24 1985 Date of Application
MALE	1/-1/-95	FEMALE	4-16-85
MALE Medical Examination Report Dated	4-16-85	Medical Examination Report Date	5 71
Name of Physician Naved B.	Sagard Mid.	Name of Physician New ,	
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1	1-3-6 prescribed "False statement-Whoen dollars (\$500.00)".	ver, procures the issuance of a license to marry by	any false datement, representation or pretense
shall be fined in any sum not exceeding five hundred of MALE APPLICAN		FEMALE A	
Name First Middle	: dalac base	Name First	Middle Balsch Last
Date of Birth Month Day	Year IG la A	Date of Birth Month	Day Year In a 1959
Place of Birth (State or foreign couffry)	Ku	Place of Birth (State or foreign country)	manuna
Residence Address Street or R. R. City		Residence Address Street or R. R.	d. City County State
Previous Marital Status: Never Married OR	Sel.	Previous Marital Status: Never Married OR	parto parto
Last Marriage Ended By: Death Divorce Annulment]	Last Marriage Ended By: Death Divorce A	
Date of birth verified by: DBirth Certificate Dudicial De-	cree	Date of birth verified by: Birth Certificate	Judicial Decree
Other (Specify)		Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound		1. Are you now or have you ever been adjudged to be	
If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease?	No Yes No Yes No Yes No No Yes No No No Yes No	If answer is "yes", has the adjudication been remove 2. Are you afflicted with a transmissible disease?	Ved? No Ves
 Are you afflicted with a transmissible disease: Are you related to the female applicant closer than second cou 	sin? No Ves	 Are you related to the male applicant closer than s 	second cousin? No Yes
4. Are you now under the influence of intoxicating liquor?		4. Are you now under the influence of intoxicating li	110 168
 Are you now under the influence of a narcotic drug? List the full names of any dependent children. 	No 🗆 Yes 🗆	 Are you now under the influence of a narcotic dru List the full names of any dependent children. 	g? No Yes D
Are you required by any court order or orders to support the a dependent children?	No Ves O	 Are you required by any court order or orders to a dependent children? 	No Ves D
If answer is "yes", it is required that this Application be accom compliance with any court order or orders issued for their su			on be accompanied by satisfactory proof that you are in
8. Full name of father Jane Wall	n Halsclass Ja-	compliance with any court order or orders issued 8. Full name of father American Che	Whe Balsch
Residence of father (if deceased so state)	fuil In.	Residence of father (if deceased so state)	decener
Birthplace of father (State or foreign country)	tucky	Birthplace of father (State or foreign country)	hew york
9. Full maiden name of mother Wilman Ch	alent NeVore	9. Full maiden name of mother Cligabelts	& John Long
Residence of mother (if deceased so state)	uld m.	Residence of mother (if deceased so state)	Plaentuid m.
Birthplace of mother (State or foreign country)	tucky	Birthplace of mother (State or foreign country)	new Unk
State of Indiana, County of HENDRICKS	epose and state the information given this application is true and correct.	State of Indiana, County of HENDRICKS	ss: I depose and state the information give in this application is true and correct
New Address 23455 S. We	Stores All Park Frank +1	Signed	5. Western Que, Park
Subscribed and sworn-to before me this 9th	main 85	ITEW AUTESS	911 When goe, Tark 7
mary Jone Russell	HENDRICKS	Subscribed and sworn to before me this.	day of ffull, 19
	TkCircuit Court	find ford Massell	Clerk HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR GU	JARDIAN
We, the parents, of this applicant hereby give consent		We, the parents, of this applicant hereby give	ve consent for this marriage. If only one paren
signs, state facts which render the consent of the othe	r parent unnecessary	signs, state facts which render the consent of	of the other parent unnecessary
State of Indiana.			
County of HENDRICKS } ss:		State of Indiana, County of HENDRICKS	ss:
Signed	Father		
Signed	Mather		Father
Subscribed and sworn to before me thisd	ay of, 19	Signed	
	Clerk		
COMPLETE IF MARRIAGE LICENSE 15			CIET
COMPLETE IF MARRIAGE LICENSE IS HENDRICKS County	COUR	T. A marriage license having been refourt by written order issued	used to the above named parties, the
inau	thorizes and directs the issuance o	of a marriage license to the above nemed	and file
of Indiana dated the	ned in my office a marriage licen	E AND MARRIAGE CERTIFICATE ase issued by the clerk of the	HENDRICKS Circuit Cour
STEVEN C	1 min	10 85	· · · · · · · · · · · · · · · · · · ·
I, RICHARD ZORE	riage certificate was filed in my o	fice, to-wit:	
one thousand nine hundred and	85	hereby certify that on the <u>llth</u>	day of
State of Indiana, Groom STEVEN C	UOT COT A		County of HENDRICKS
CATHERINE BOI	ESCH	C.C.C.C.C.C.C.C.	ounty. State of ILLINOIS
County.	by a marriage license issued i	C	ounty, State of INDIANA HENDRICKS
Dated this	MAY 85	the Cierk of the Circuit	Court of
		Signed	ICHARD ZORE
		Official Designation ROMAN (20th day of MAY	CATHOLIC PRIEST

13 STATE OF INDIANA Form Prescribed By Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 APPLICATION FOR MARRIAGE LICENSE No .. 153 Effective July 1 1977 HENDRICKS File. County oul 24 MALE Date of Application Medical Examination Report Dated. 4-20- 85 FEMALE Medical Examination Report Dated. Name of Physician Muchael Melly Name of Physician_ Name of a hypothesis MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement-Whoever procures the issuance of a license to marry by any false statement, representation or pretense to be fined in any sum not exceeding five hundred dollars (\$500,00)". FEMALE APPLICANT Middle First Name Name plall Middle Date of Birth Date of Birth Place of Birth (State or Place of Birth (State or A Address Residence Residence Add Previous Marital Status: Never Married QOR Last Marriage Ended By Death Divorce Annulment Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: D Birth Certificate D Judicial Decree Date of birth verified by: D Birth Certificate D Judicial Decree Other (Specify)____ 5 Other (Specify)_ 1. Are you now or have you ever been adjudged to be of uns No Yes D 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 NGO Yes If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease Note Yes No Yes D 2. Are you afflicted with a transmissible disease? No Yes Ne Yes D Are you related to the female applicant closer than second cousin? 3. Are you related to the male applicant closer than second cousin? No Ves D now under the influence of intoxicating liquor? No Ves D 4. Are you now under the influence of intoxicating liquor? No Yes D No Yes D Are you now under the influence of a narcotic drug 5. Are you now under the influence of a narcotic drug? List the full names of any dependent children No Yes 6. List the full names of any dependent children. Ustaphin Westaphen Lu 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above Note Yes D dependent children dependent children? No Pres D If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any cou compliance with any court order or orders issued for their suppor arrell 8. Full name of father Alstell 8. Full name of father Allert allsuille Residence of father (if deceased so state) Residence of father (if deceased so state)____ Vanille Idian Birthplace of father (State or foreign country L Birthplace of father (State or foreign country) Insel 9. Full maiden name of m Full maiden name of mother. Residence of mother (if deceased so state) Alstille sixly Residence of mother (if deceased so state). Birthplace of mother (State or foreign country L Hder Haldna Birthplace of mother (State or foreign country). State of Indiana, HENDRICKS State of Indiana. I depose and state the information given I depose and state the information given in this application is true and correct. HENDRICKS 88: County of County of Frelds 46121 Signed Tracy 10 2_00 New Address R. R. I. Box 16A Conterville 0×3286 APONO New Address 19.83 ...day of April . 183 14 Subscribed and sworn to before me lere Subscribed and aworn to befo day of. HENDRICKS ml Msill Clerk HAR HENDRICKS pary **Circuit** Court Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS	State of Indiana, HENDRICKS
County of HENDRICKS	County of Father
Signed	Signed
Signed	Signed
	Subscribed and sworn to before me this
Subscribed and sworn to before me thisday of, 19,	Subscribed and sworn to care
Clerk	I marting the
COMPLETE	icense having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above manufiled and filed warriage license to the above named parties.
County Superior Co	burt by written order issued above named parties.
TOTAL STATEMENT	F AND MARKIAGE CHARTER THE DATE
Be It Remembered there was filed in my office a marriage licen	ise issued by the clerk of the initial the joining together as husband and wife
of Indiana dated the 24th day of APRIL	nse issued by the clerk of the
of Indiana dated the 24th day of APRIL Be it further remembered, the following marriage certificate was filed in my o	nd TRACY LEE FILLO
Be it further remembered, the following marriage certificate was filed in my o I,JOHN H. PORTER one thousand nine hundredFIGHTY_FIVE	fice, to-wit: 27th ay of HENDRICKS
JOHN H. PORTER	COATESVILLE County of INDIANA
one thousand nine hundred and EIGHTY FIVE State of Indiana, Groom LESLIE CRAIG ROBERTS and, Bride	at County, State of
State of Indiana, Groom LESLIE CRAIG ROBERTS and, Bride TRACY LEE FIELDS of of the state of the	of HENDRICKS County, State of INDING
and, Bride	HENDING of the Circuit Court of
and, BrideTRACY LEE FIELDSof	that purpose by the Clerk of the
Dated +1: 85	that purpose by the Clerk of /s/ John H. Porter Signed
Dated this 27th day of APRIL , 19.85	Signed Pastor, Fairview Christian Charter
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Pastor, Fairview Christian Church Official Designation Pastor, Fairview Christian Church 1st Aday of MAY Ist Clerk Signed Clerk
Filed and recorded	1st Aday of Aussentres - i Court
in accordance with the laws of the State of Indiana this	Signed And France HENDRICK Circuit Court
	Signed CLERK Gue HENDRICKS Circuit Court

Form Prescribed By	STATE OF APPLICATION FOR M	MARRIAGE LICENSE File
Indiana State Board of Health under Authority	HENDRICK	S County
of I.C. 31-1-3-2 Effective July 1, 1977		Date of Applica
	11-2105	FEMALE Medical Examination Report Dated 4/23/85
MALE Medical Examination Report Dated	123/83	Name of Physician Mr. Sulder
Medical Examination Mr. Sc	utter	Name of Physician
Name of Physician	1-3-6 prescribed "False statement-Whoe	ever procures the issuance of a license to marry by any false statement, representat FEMALE APPLICANT
		FEMALE APPLICANT
Shall be third in and MALE APPLICAL	dA Last	Name First Middle Pau
Name Valut all	en Thomas	Date of Birth Month Day Ven
Date of Birth Month Day	1964	Place of Birth (State or foreign country)
Place of Birth (State on foreign, country)	1. Hend. Ind.	Residence Address & Street or R. R. City County
Residence Address Street or R. R.	ty County State	1202 S. Bloomenglow Cheencastl
159 11. RADOC.	Manual g. S.	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR		Last Marriage Ended By: Death Divorce Annulment
Manning Ended By: Death Divorce Annument	Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
Date of birth verified by: Birth Certificate Judicial I	D:	D Other (Specify) Aruers Bicease
Dether (Specify)	Ticesse No Ves D	Other (Specify) Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsour	nd mind? No 🛛 Yes 🗆	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?	No D Yes D	Are you afflicted with a transmissible disease ⁹
2. Are you afflicted with a transmissible disease?	N. R. Van D	3. Are you related to the male applicant closer than second cousin?
3. Are you related to the female applicant closer than second c	No Z Yes	4. Are you now under the influence of intoxicating liquor?
4. Are you now under the influence of intoxicating liquor?	No Ves D	5. Are you now under the influence of a narcotic drug?
5. Are you now under the influence of a narcotic drug?		List the full names of any dependent children.
6. List the full names of any dependent children.		
		7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support th	he above No 🗆 Yes 🗆	 Are you required by any court order or orders to support and above dependent children?
dependent children? If answer is "yes", it is required that this Application be acco	ompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory p
compliance with any court order or orders issued for their		compliance with any court order or orders issued for their support.
8. Full name of father Allen Breja	nt Thomas	8. Full name of father Janes, startey role
Residence of father (if deceased so state)	o Saderpa	Residence of father (if deceased so state) Shelly Castle th
l'han an a	una Ker	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	thuse	9 Full maiden name of mother Wardy for Fibt
9. Full maiden name of mother Carper 11.	in A Link	Mangathe Da
Residence of mother (if deceased so state)	the Indepte	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	pls. In	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS	depose and state the information given this application is true and correct.	State of Indiana. County of HENDRICKS Bas: I depose and state the i in this application is the second state the interview of the second state the second state the second state the interview of the second state the second stat
County of	The American	County of
Signed Tobert a	len tomo	Signed Connue and ognus
New Address 159 11	300 = Dowillam	New Address 157 11- K 200 7
Subscribed and sworn to before me this 24	day of april 1985	Subscribed and sworn to before me this 24 day of 04
mary one Russell c	HENDRICKS Circuit Court	Mary one Kussell Gerk HENDRICKS
0		
CONSENT OF PARENTS, PARENT OR GUARDIAN	4	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consen	t for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. I
signs, state facts which render the consent of the otl	her parent unnecessary	signs, state facts which render the consent of the other parent unnecessar
State of Indiana, HENDRICKS		State of Indiana,
County of		County of HENDRICKS
Signed	Father	Signed
Signed	Mother	
Subscribed and sworn to before me this		
		Subscribed and sworn to before me this
	Clerk	
COMPLETE IF MARRIAGE LICENSE	ISSUED BY ORDER OF COL	URT. A marriage license having been refused to the above nam
HENDRICKS County	ONDER OF COL	ORT. A marriage license having been refused to the above ham
country.	authorizes and directs the income	to of a maximum lines to the above and antice
in		
1n	ETURN OF MARRIAGE LICEN	NSE AND MARRIAGE CERTIFICATE HENDRICKS
InF	as flat i m	icense issued by the clerk of the
me It Remembered, there w	as filea in my office a marriage li	
of Indiana dated the 29th ROBERT ALLEN TH	as filea in my office a marriage li day of April HOMAS	
of Indiana dated the 29th ROBERT ALLEN TH	as filea in my office a marriage li day of April HOMAS	
In	as filed in my office a marriage li day of April HOMAS arriage certificate was filed in m	and CONNIE S. POYNTER
In	as filed in my office a marriage li day ofApril HOMAS arriage certificate was filed in my S HTY FIVE	and CONNIE S. POYNTER
In	as filed in my office a marriage li day ofApril HOMAS arriage certificate was filed in m S HTY FIVE LLEN THOMAS	and CONNIE S. POYNTER by office, to-wit: hereby certify that on the 4th day of May at GREENCASTLE County of HENDRICKS
In	as filed in my office a marriage li day ofApril HOMAS arriage certificate was filed in my S HTY FIVE LLEN THOMAS YNTER	and CONNIE S. POYNTER y office, to-wit: hereby certify that on the 4th day of May at. GREENCASTLE County of NERI of HENDRICKS County, State of INDIA
In	as filed in my office a marriage li day ofApril HOMAS arriage certificate was filed in my S HTY FIVE LLEN THOMAS YNTER	and CONNIE S. POYNTER y office, to-wit: hereby certify that on the 4th day of May at. GREENCASTLE County of NERI of HENDRICKS County, State of INDIA
In	as filed in my office a marriage li day ofApril HOMAS arriage certificate was filed in my SHTY FIVE LLEN THOMAS YNTERof	and CONNIE S. POYNTER by office, to-wit: hereby certify that on the 4th day of May at GREENCASTLE County of HENDRICKS of HENDRICKS County, State of INDIA PUTNAM County, State of INDIA for that purpose by the Clerk of the Circuit Court of HENDRIC
In	as filed in my office a marriage li day ofApril HOMAS arriage certificate was filed in my SHTY FIVE LLEN THOMAS YNTERof	and CONNIE S. POYNTER by office, to-wit: hereby certify that on the 4th day of May at GREENCASTLE County of WRRI of HENDRICKS County, State of INDI PUTNAM County, State of IND for that purpose by the Clerk of the Circuit Court of HENDRIC 85
In	as filed in my office a marriage li day ofApril HOMAS arriage certificate was filed in my SHTY FIVE LLEN THOMAS YNTERof	and CONNIE S. POYNTER and CONNIE S. POYNTER wy office, to-wit: hereby certify that on the 4th day of May at GREENCASTLE , County of MRRI of HENDRICKS County, State of INDIA PUTNAM County, State of INDIA for that purpose by the Clerk of the Circuit Court of HENDRIC 85 Signed /s/ ROBERT C. DAVIES
In	as filed in my office a marriage li day ofApril HOMAS arriage certificate was filed in my S HTY FIVE LLEN THOMAS YNTER	and CONNIE S. POYNTER and CONNIE S. POYNTER y office, to-wit: hereby certify that on the 4th day of May at GREENCASTLE , County of WRRS of HENDRICKS County, State of INDIA PUTNAM County, State of IND for that purpose by the Clerk of the Circuit Court of HENE 85 Signed /s/ ROBERT C. DAVIES
In	as filed in my office a marriage li day ofApril HOMAS arriage certificate was filed in my S HTY FIVE LLEN THOMAS YNTER	and CONNIE S. POYNTER and CONNIE S. POYNTER wy office, to-wit: hereby certify that on the 4th day of May at GREENCASTLE , County of MRRI of HENDRICKS County, State of INDIA PUTNAM County, State of INDIA for that purpose by the Clerk of the Circuit Court of HENDRIC 85 Signed /s/ ROBERT C. DAVIES

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STATE OF INDIANA Form Prescribed By 155 Indiana State Board of APPLICATION FOR MARRIAGE LICENSE Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 No._ HENDRICKS File_ County -25-85 23-85 MALE Date of Application Medical Examination Report Dated. FEMALE Medical Examination Report Dated. 4-23-85 freu Name of Physician 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 (\$500,000". FEMALE APPLICANT Middle First Name Name Middle Day Date of Birth Date of Birth Last Place of Birth (State or foreign cour Place of Birth (State County Residence Addres sidence Addre sul state Previous Marital Status, Never Married OR Previous Marital Status: Never Married DOR Last Marriage Ended By: Death Divorce Annulment D Last Marriage Ended By: Death D Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: D Birth Certificate D Judicial Decree (cens) Other (Specify) a Other (Specify)____ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 1. Are you now or have you ever been adjudged to be of a If answer is "yes", has the adjudication been removed? No Y No Pres D If answer is "yes", has the adjudication been rem No PYes No D Yes D 2. Are you afflicted with a transmissible disease 2. Are you afflicted with a transmissible disease? No Ves D No Ves D 3. Are you related to the female applicant closer than second cousing Are you related to the male applicant closer than second cousin? No D Yes No Pres D ou now under the influence of intoxicating liquor Are you now under the influence of intoxicating liquor? No Yes D Are you now under the influence of a narcotic drug No Yes under the influence of a narcotic drug? Not Yes 6. List the full names of any dependent children M Mont 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above dependent children? No Yes dependent children? No D Yes D If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their compliance with any court order orders issued for their support. 8. Full name of father Charles Wager 8. Full name of father____ allin Residence of father (if deceased so state). Residence of father (if deceased so state)_____ Birthplace of father (State or foreign Birthplace of father (State or foreign cou Tarrie Jusan 9. Full maiden name of mother 9. Full maiden name of mother____ Residence of mother (if deceased so state)_ Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana, I depose and state the information given in this application is true and correct. HENDRICKS County of County of. Sherland, Ubger Signed Willim Bohand New Address P. O. Box 162 New Address PO Bor 162 Coates ell 1985 me this 25 day of apre 1985 Subscribed, and sworn Subscribed and sworn to before me this 2.5 HENDRICKS Circuit Court HENDRICKS anel Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, State of Indiana. HENDRICKS HENDRICKS County of County of. Father Signed. Father Signed. Mother Signed Signed ... Motherday of..... Subscribed and sworn to before me this..... Subscribed and sworn to before me this ______day of Clerk 19..... Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS Court by written order issued. 3 day Wawer and filed HENDRICKS authorizes and directs the issuance of a marriage license to the above named parties. in. lerko RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKSCircuit Court, 19. S. S. authorizing the joining together as husband and wife Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the SHIRLEY LAVON WAGERS april 25 .day of. WILLIAM B. SHORT Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, GORDON TAYLOR CLAYTON County, State ofat.... HENDRICKS IN HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Dated this ... 26th day of APRIL , 19 85. Official Designation.....MINISTER..... . 19 85 ...day of JUNE Clerk e Russell Filed and recorded in accordance with the laws of the State of Indiana this 4th HENDRICKS Circuit Court Signed

SCOPPE BETTERESE

		AND ANA	No. 156
	Form Prescribed By Indiana State Board of APPLICATION FOR M	ARRIAGE LICENSE	File
	Health under Authority	Contra Contra	4-26-85
	of I.C. 31-1-3-2 Effective July 1, 1977	1 1.	Date of Application
	Alement	FEMALE Medical Examination Report Dated.	april 22 1985
	MALE Medical Examination Report Dated upril 22, 1985		Haddad M.D.
		Name of Physician Mad	w false statement, representation or pretense
Active line in the AMA	Name of Physician <u>Mad Jaadaa 11100</u> . ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement – Whoen ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement – Whoen	ver procures the issuance of a ficense to marry as a	and the second se
- ad all distances	ALL QUESTIONS MUST BE ANSWERED. It and the second shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	FEMALE AP	Middle Last
	Name First Middle , MC hast	Name Barbara	All Wentworth
	Date of Birth Month Day Year	Date of Birth Month	5 1961
	Place of Birth (State or foreign country) + (Min Ainar)	Place of Birth (State or foreign country)	7. City County State
	Residence Address Street or R. P. City County State	Residence Address J Street or R. R.	City County State
	H1612 YU. Thicago Douchand	Previous Marital Status: Never Married COR	
f i strike i	Previous Marital Status: Never Married OR Culture Married Married Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce And	aulment D
4 11-1	Last Marriage Ended By: Death - Divote - Judicial Decree	Date of birth verified by Birth Certificate D Ja	ICICIBI LINECTER
		Other (Specify)	
	Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No let res	1 Are you now or have you ever been adjudged to be	
	1. Are you now or have you ever over adjudge or the adjudge of the No Ves	If answer is "yes", has the adjudication been remove 2. Are you afflicted with a transmissible disease"	No Pres D
4	2. Are you afflicted with a transmissible disease?	 Are you attricted with a male applicant closer than set Are you related to the male applicant closer than set 	mond cousin? No Tes D
	3. Are you related to the female applicant closer than second cousin:	4. Are you now under the influence of intoxicating liq	No P Yes
1 11 1 1 1	 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No Yes D 	5. Are you now under the influence of a narootic drug	No E Yes D
	 List the full names of any dependent children. 	List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above	7 Are you required by any court order or orders to a dependent children*	No Yes
	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application	
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued f	or their support. MALentricenth
t i FRI	8. Fullname of father fack the cluster	8. Full name of father Xarnus	needle In
÷ 11 11 1	Residence of father (if deceased so state) Apsilantic Much	Residence of father (if deceased so state)	Olli
	Birthplace of father (State or foreign country) Manaasi	Birthplace of father (State or foreign country)	nai O Palla Havi
	9. Full maiden name of mother Carol ann Kinklup	9 Full maiden name of mother 200 Mick	a f. callanan
	Residence of mother (if deceased so state) Same	Residence of mother (if deceased so state)	maiana
a all an ever of	Birthplace of mother (State or foreign country) Michigan	Birthplace of mother (State or foreign country)	Indiana)
	State of Indiana. HENDRICKS	State of Indiana, County of HENDRICKS	I depose and state the information given in this application is true and correct.
	County of monthly		Anche south
	Signed Allow - off Chilles	Signed 2222 Basa New Address 4169 W. Cha	
	New Address Holz W: Church Die. Jerumseh MJ- 49286	-9/	the say of april 19 85
	Subscribed and sworn to before me this 24 day of upul , 190-	Subscribed and sworn to before the thinks	in haras
	I fully fand fulsell Clerk HEINDRICKS Circuit Court	Mary Jane Russell	Gierk HENDRICKS Circuit Court
P	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUA	RDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give	consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of	the other parent unnecessary
		10103 .	
· · · · · · · · · · · ·	State of Indiana,	State of Indiana.	
	County of	County of HENDRICKS	
	Signed	Signed	Father
	Signed	Signed	Mother
	Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this	day of
	Clerk		Clerk
	COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF COM		t contine the
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	CT. A marriage license having been refu	sed to the above named parties, the
	inauthorizes and directs the issuance of	of a marriage license to the above named	arties
	RETURN OF MARRIAGE LICENS	E AND MARRIACE CERTIFICATE	
	and an arriage licer	nse issued by the clerk of the	ENDRICKS Circuit Court
	of Indiana dated the day of	, 19 0 5, authorizing the j	vining together as husband and wife
	Scott David McClure Be it further remembered, the following marriage certificate was filed in my o		th
	I,Andrew J. Kimkins	hereby certify that on the	day of the second
	State of Indiana, Groom	of LENEWEE Com	MICHIGAN
	of	T PNPUPP	MICHICAN MICHICAN
	County.	that purpose by the Clerk of the Circuit Co	ourt of HENDRICKS
	Dated thislstday ofJune, 19.85		
		Signed /s/ ANDREW J	. SIMKINS
	Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Minister	
		Signed Many Same Rules	lune , 19
		Construction of the Construction of the Construction	HENDRICKS Circuit Court

51.1

- Marriage 441 STATE OF INDIANA Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR MARRIAGE LICENSE No. of I.C. 31-1-3-2 Effective July 1, 1977 HENDRICKS County 1985 Date of Application MALE Medical Examination Report Dated_ FEMALE Medical Examination Report Dated Name of Physician Matthe Algand Name of Physician. ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Whoever procures the issuance of a license to marry by any false state ALL Section in any sum not exceeding five hundred dollars (\$500,00)" MALE APPLICANT FEMALE APPLICANT Name First Ulane Middle Date of Birth Date of Birt Place of Birth (State or sidence Address Residenc us Marital Status Never Married OR 6231 Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: D Birth Certificate D Judicial Decree Date of birth verified by: Other (Specify)_ Other (Specify)_ arrive I. Are you now or have you ever been adjudged to be of unsound mind? No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed No Yes If answer is "yes", has the adjudication been removed' No Yes No Yes 2. Are you afflicted with a transmissible disease 2. Are you afflicted with a transmissible disease No Yes No Yes 3. Are you related to the female applicant closer than second cousin 3. Are you related to the male applicant closer than second cousin? Not Yes No Yes 4. Are you now under the influence of intoxicating liquor 4. Are you now under the influence of intoxicating liquor? No Yes D you now under the influence of a narcotic drug No Yes 5. Are you now under the influence of a narcotic drug? No Yes 6. List the full names of any dependent children 6. List the full names of any dependent children Uppend Estasur agene Wu entenue 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No Yes dependent children? No Yes dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any gours orde compliance with any court order or orders issued for their support. alden 8. Full name of father MARSIMUN 8. Full name of father Residence of father (if deceased so state) Residence of father (if deceased so state). Birthplace of father (State or foreign country) Birthplace of father (State or foreign couptry) Elsel XUL 9. Full maiden name of mother_ 9. Full maiden name of mother_ MALA Residence of mother (if deceased so state)_ Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country L State of Indiana, HENDRICKS I depose and state the information given in this application is true and correct. State of Indiana, I depose and state the information given in this application is true and correct. 88: HENDRICKS County of County of Signed Honu Signed Dryann Eugene will New Address 1/225 W - Washigg Ton 601 42 Ind 19 83 april Subscribed and swogn to before me this de day of HENDRICKS Circuit Court 1) Uru Se Mussell Clerk HENDRICKS the liss Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ... signs, state facts which render the consent of the other parent unnecessary...... State of Indiana, HENDRICKS State of Indiana, HENDRICKS 58: County of ... County of. Father Signed. Mother Father Signed. Signed. 19..... Mother day of. Signed Subscribed and sworn to before me this. Subscribed and sworn to before me this day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS HENDRICKS authorizes and directs the issuance of a marriage license to the above named parties. links RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS ... Circuit Court 19. B., authorizing the joining together as husband and wife Be It Remembered, there was filed in my office a marriage license issued by the clerk of the. and Tonio Kay Webb of Indiana dated the_ 264 april ...day of hereby certify that on the 24 day of April Senjamin Eugene Webb Be it further remembered, the following marriage certificate was filed in my office, to-wit: at Danville, County of Hendricks 1, Mary Jone Russell State of Indiana, Groom Benjamin E. Webb of Hendricks County, State of Cou and, Bride Tonio K. Webb of Hendricks County, State of Hendricks County, State of Hendricks 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 ... Signed 151 Mary , 19.85 Dated this. Official Designation Clerk Her 26 day of April Clerk 26 day of ... Russell HENDRICKS Circuit Court Filed and recorded in accordance with the laws of the State of Indiana this Signed Manua

	STATE OI	FINDIANA No. 138
	Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File
	Health under Authority HENDRIC	
	Effective July 1, 1977	
	MALE Generat Dated 4-18-85	FEMALE Medical Examination Report Dated 4-18-85
	Medical Examination Report Dated	Name of Physician J. Fr. Mac
	Name of Physician 4 fr. Mor	many progures the issuance of a license to marry by any false statement, representation or pretense
Action of the Install Mithill	ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement – who shall be fined in any sum not exceeding five hundred dollars (\$500,000".	oever procures the issuance of a license to marry by any false statement, representation or pretense
a Maddaffing	shall be fined in any sum not exceeding the half	Pinet Middle Lai
	Name First A Middle Island	Jogre Traye Shout
	Date of Birth Month Day Year	Date of Birth May) 10 1956
	The Dirth (State or foreign country)	Place of Birth (State or foreign country) Indeana
	Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
	KB #1 Box 70 Julisbow provide m	Previous Marital Status: Never Married D OR
	Previous Marital Status: Never Married OR	Last Marriage Ended By: Death D Divorce Annulment
	Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Dudicial Decree
	Date of birth verified by: Birth Certificate Judicial Decree	
	Other (Specify) Yes	Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No ^O Yes D
	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 D Yes D
	If answer is "yes", has the adjudication been removed	2 Are you afflicted with a transmissible disease" No B Yes D
	 Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second cousin? No Yes D 	3. Are you related to the male applicant closer than second cousin* No Yes D
	A Are you now under the influence of intoxicating liquor? No 2 Yes	4 Are you now under the influence of intoxicating liquor? No Yes D
	5. Are you now under the influence of a narcotic drug? No 🖾 Yes 🗆	5. Are you now under the influence of a narcotic drug? No Yes D
	6. List the full names of any dependent children.	List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above	7 Are you required by any court order or orders to support the above dependent children" Notice Yes D
	dependent children? Not the transformed that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father Robert & Wilson	8. Full name of father James R. Josser
	Residence of father (if deceased so state) Induana	Residence of father (if deceased so state)
	Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Reg .
	9. Full maiden name of mother Sharon & Cooper	9 Full maiden name of mother deloris D. Buses
	mained	Residence of mother (if deceased so state) Indiana
	Residence of mother (II deceased so state)	man
	Birtinplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given
	County of HENDRICKS	County of HENDRICKS
	Michael & Wilson	June 7. Mirout.
	New Address BRI Box 70 Puttspow In	Signed Oppil Bar 70 Pettobar J
	21	New Address for the total of the second seco
	Subscribed and sworn to before me this a la day of upto 190.	Subscribed and sworn to before me this and the day of HENDRICKS Count Count
	fine Guesseld Clerk Clerk Circuit Court	Mary Jane Ressel aers HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	
	and the second	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana, County of	State of Indiana, HENDRICKS
		County of
	Signed	Signed
	Signed	Signed
	Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this
	Clerk	Clerk
	COMPLETE IF MARRIAGE LICENSE ISSUED DV OPDER	
	HENDRICKS County	T. A marriage license having been refused to the above named parties, the
	inauthorizes and directs the issuance of	urt by written order issuedand filed
	PETUDN OF MARKET IN ISSUARCE OF	I a marriage license to the above named parties.
	Be It Remembered, there was filed in my office a marriage licen	E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court
	of Indiana dated the 3rd day of Maring ticen	se issued by the clerk of the
	Be it further remembered the WILSON	se issued by the clerk of the <u>Circuit Court</u> , 19 , authorizing the joining together as husband and wife
	interverse, the following marriage certificate was filed in mu	JOYCE FAYE SHROUT
	THE PITTERN CONTRACTOR OF THE PITTERN CONTRA	
	State of Lating MIKE PROVIDE	at LEBANON Country of BOONE
	and, BrideJOYCE FAYE SHROUT	HENDRICKS County, State of IN
	and, Bride	County, State of IN
	Dated this	
		Signed /s/ MYRON BARNARD
	Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation JUDGE
	in class of Inarana this	21st day of MAY 19.85 Signed A 20 Clerk
		Signed HENDRICKS Circuit Court

10

	443
Form Prescribed By STATE OF APPLICATION FOR MAPPLICATION	INDIANA
Health under Authority	MARRIAGE LICENSE No. 159
effective July 1, 1977	S File File File File File
MALE Report Dated 4-15-85	
Medical Examination Report Dates	Medical Examination Description
Name of Physician Anally (Moto)	Name of Di
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement Whon shall be fined in any sum not exceeding five bundred dollars (\$500,001", shall be fined in any sum not exceeding five bundred dollars (\$500,001",	ever procures the issuance of a license to many 1 (10holo)
shall be fined in any solid MALE APPLICANT	a ficture to marry by any Talse statement, representation or pretense
Name First Middle Last	Name First
Date of Birth Month Day Year	Date of Birth Month August
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street on P. D. H.d.
RRI Day aver to topin midge, Wed.	- William Dr. Brownall and State
Previous Marital Status Never Marrieu O OR Last Marriage Ended By Death C Divorce Annulment	Previous Marital Status: Never Married O OR
Last Marriage Links of Birth Certificate Usual Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate D Judicial Decree
& Other (Specify) _ da he	
Def (Specify)	P Other (Specify) dr. his.
If answer is "yes" has the adjudication been removed" No D Yes D	Are you now or have you ever been adjudged to be of unsound mind? No Pres If answer is "yes", has the adjudication been removed? No Pres
2. Are you afflicted with a transmissible disease? No Ves D	2. Are you afflicted with a transmissible disease? No D Yes D
3. Are you related to the female applicant closer than second cousin? No P Yes D	3. Are you related to the male applicant closer than second cousin? No Ves D
Are you now under the influence of intoxicating liquor? No Yes D Are you now under the influence of a narcotic drug? No Yes D	 Are you now under the influence of intoxicating liquor? No B Yes D Are you now under the influence of a narcotic drug? No D Yes D
Are you now under the Are you now u	Are you now under the influence of a narcotic drug? No Yes D List the full names of any dependent children.
Shaw	Kelli
7. Are you required by any court order or orders to support the above dependent children" No O Yes O	7. Are you required by any court order or orders to support the above
dependent children" No U Yes U If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father J. E. C. Bernerten	* Full name of father Hoyd C. Bettie
Residence of father (if deceased so state)	Residence of father (if deceased sostate)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) ankausaes
9. Full maiden name of mother Esclupes E. Appe	9. Full maiden name of mother Margaret a - longel
Residence of mother Lif decreased so states Side and	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana. HENDRICKS	State of Indiana. HENDRICKS County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.
County of	County of Lychols
Signed Muchael a Eberwan	Signed P & I BAR 205 B Bainbridg
New Address RK1 504 205 B Daulhage, und	New Address the solo day of Openel, 185
Subscribed and sworn to before me this day of Upille . 19	Subscribed and sworn to before me this. 26 day of HENDRICKS Circuit Court
Many Jane Russell Gerk HENDRICKS Circuit Court	- Marit June
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS	HENDRICKS J County of
Signed Father	Signed
Signed Mother	Signed
Subscribed and sworn to before me this day of	Signed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage license having been refused to the above mand filed ourt by written order issued
authorizes and direct	CERTIFICATE HENDRICKS Circuit Court
Be It Bemembered there use fied in my office a marriage lice	nse issued by the clerk of the
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice of Indiana dated the 30 th day of 00 th MICHAEL A. EBERWEIN Be it further remembered, the following marriage certificate was filed in my 1,LEO R. SCHMIDT	of a marriage license to the above manor in the source of a marriage license to the above manor in the source of t
l,	hereby certify that on the PUTNAM, County of,
Be it further remembered, the following marriage certificate was filed in my ILEO R. SCHMIDT one thousand nine hundred and State of Indiana, Groom MICHAEL A. EBERWEIN and, Bride SHARON L. NICHOLS	at RT. 1 BAINDALL County, State of IN
State of the	of PUTNAM
one thousand nine hundred and 85 State of Indiana, Groom MICHAEL A. EBERWEIN and, Bride SHARON L. NICHOLS of were by me united in marriage as authorized by a marriage license issued for County. 81	HENDRICE Clock of the Circuit Court of
were by me united in marriage as authorized by a marriage license issued for County.	that purpose of the
Dated this 30th day of April , 19.8	 that purpose by the Clerk () 5
day of	5 Signed /s/ LEO R. SCHMIDT Official Designation MINISTER , 19.85 day of Clerk
Filed and recorded in	215t day of HENDRICKS Circuit Court
in accordance with the laws of the State of Indiana this	Signed All any
Dated this	

ndiana State Board of A	STATE OF I PPLICATION FOR M	ARRIAGE LICENSE
Jealth under Authority f I.C. 31-1-3-2 Cffective July 1, 1977	HENDRICKS	· Date of Ap
MALE // 2	2 45	FEMALE H-23.8 Medical Examination Report Dated
MALE Medical Examination Report Dated 4-2	2-82	Name of Physician William Edu
Medical Examination Report Dated	- hunds	Name of 1 Hysteria.
Name of Thystole MUST BE ANSWERED, LC, 31-1-3-	6 prescribed "False statement-Whoev	er procures the issuance of a license to marry by any false statement, repre-
shall be fined in any sum nor care	ars (\$500.00) .	
MALE APPLICANT	O Last	Name First Ral 4
Name Alanin Michae	l Boach	Date of Birth Month 2 Day 1958
Date of Birth Month Day	1957 -	Place of Birth (State or foreign equatry) 7
Place of Birth (State or foreign country)	In dien -	Residence Addresa . Street or R. R. City Cour
Residence Address Street or R. R. J. Dity	County State	424 novadale Plft.
1235 Buyara St Popp		Previous Marital Status: Never Married 🖾 OR
Previous Marital Status: Never Married S OR		Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment Divorce Judicial Decree	e	Date of birth verified by: 20 Birth Certificate D Judicial Decree
Date of birth verified by Diff. Contract		Other (Specify)
Other (Specify)	No tryes	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound mi	No I Yes I	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?	No P Yes	2. Are you afflicted with a transmissible disease"
2. Are you afflicted with a transmissible disease?		3. Are you related to the male applicant closer than second cousin?
 Are you related to the female applicant closer than second cousin Are you now under the influence of intoxicating liquor? 	No Yes	 Are you now under the influence of intoxicating liquar⁹
 Are you now under the influence of interacting rug? Are you now under the influence of a narcotic drug? 	No 12 Yes	5. Are you now under the influence of a narcotic drug?
 List the full names of any dependent children. 		List the full names of any dependent children.
7. Are you required by any court order or orders to support the abo	ove	7. Are you required by any court order or orders to support the above
dependent children?	No U Tes U	dependent children" If answer is "yes", it is required that this Application be accompanied by satisfac
If answer is "yes", it is required that this Application be accompany		If answer is "yes", it is required that this application or accompanies by satisfies compliance with any court optigr or orders issued for their support,
compliance with any court order or orders issued for their suppo	Boach	& Full name of lather Slenk Walleans
8. Full name of father from Alla	K. D. J.	and the second and the fifth fade
Residence of father (if deceased so state)	And and	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	1111	Birthplace of father (State or foreign country)
9. Full maiden name of mother Charlene Fit	ye suffice	9. Full maiden name of mother Manufiger Preto
Residence of mother (if deceased so state)	ana, Menduchda	Residence of mother (if deceased so state) Ref. Indes
Birthplace of mother (State or foreign country)	und -	Birthplace of mother (State or foreign country)
State of Indiana, III I depos	se and state the information given	State of Indiana. HENDRICKS
County of	s application is true and correct.	County of HENDRICKS
Signed Des my Ca	od	Signed Lynn R. Modeset
New Address 1235 RAYM	OND PINSID	New Address 1235 Raymond J
Subscribed and sworn to before me this 29 day	of april 185	Subscribed and sworn to before me this 290 day of a
Mary One Russel	HENDRICKS Circuit Court	Mary an Russell and HENDRIC
Clerk	Circuit Court	- Contraction of the second se
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for	this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marries
signs, state facts which render the consent of the other p		signs, state facts which render the consent of the other parent unnece
to consent of the other p	and a second of the second sec	angles, state lacts which render the consent of the other parent unnece
	and the second	
State of Indiana, County of HENDRICKS }ss:		State of Indiana,
County of		County of HENDRICKS
Signed	Father	Signed.
Signed	Mother	Signed
Subscribed and sworn to before me this	of19	Subscribed and sworn to before me this
		State of the second sec
COMPLETE IF MARRIAGE LICENSE ISS	UED BY ORDER OF COUR	RT. A marriage license having been refused to the above n
County	Co	ourt by written order issued
auth	orizes and directs the issuance o	of a marriage license to the above named parties.
RETU	URN OF MARRIACE LICENS	E IND MIDDLIGD COMPANY
20 . 7/ . 24	tea in my office a marriage licen	nse issued by the clerk of the
1 4 chere was pa	y of May	10 35 million the initian treather as
of Indiana dated the 6 th day		ind yno Roo Modesitt
of Indiana dated the 6 th day Be it further remembered, the following married	and certificate and a	and the second state of th
of Indiana dated the	age certificate was filed in my o	
of Indiana dated the <u>6</u> the day Be it further remembered, the following married 1, <u>e</u> <u>pold</u> <u>c</u>	age certificate was filed in my o	hereby certify that on the day of Mayn
of Indiana dated the	nge certificate was filed in my o	hereby certify that on the day of Mayne at St. John's Catholic Chur, County of M
of Indiana dated the	nge certificate was filed in my o	hereby certify that on the day of May A at St. John's Catholic Chur, County of M of Hendricks County, State of M
of Indiana dated the	nge certificate was filed in my o	hereby certify that on the day of May A at St. John's Catholic Chur, County of M of Hendricks County, State of M
of Indiana dated the	age certificate was filed in my o	hereby certify that on the day of May at St. Jahn's Catholic Chur, County of of Hendricks County, State of M Hendricks County, State of M
of Indiana dated the	age certificate was filed in my o	hereby certify that on the day of May at St. Jahn's Catholic Chur, County of of Hendricks County, State of M Hendricks County, State of M
of Indiana dated the	age certificate was filed in my o	hereby certify that on the day of May at St. Jahn's Catholic Chur, County of of Hendricks County, State of M Hendricks County, State of M

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- ANALAN ANTIAL

rm Prescribed By ST. diana State Board of APPLICATION	TOP MADDE
alth under Authority ATTLICATION	TOK MARRIAGE LICENSE
I.C. 31-1-3-2 fective July 1, 1977	ENDRICKS File
MALE in Perpert Dated 4-25-85	FEMALE FEMALE
MALE Medical Examination Report Dated 7-25-85	Medical Examination Report Dated 4-25-83
Name of Physician Jaseph Nerley Md.	Name of Physician (1)
LL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False staten	nent-Whoever procures the issuance of a license to marry by any false statement, representation or pretense
all be fined in any sum and MALE APPLICANT	
ame First Middle Last	FEMALE APPLICANT Name DFirst Middle
ate of Birth Month Day Year 1960	Date of Birth Month Day Bulleall
lace of Birth (State or foreign country)	Place of Birth (State or foreign country) 23 1965
esidence Address Street or R. R. Michael County Str	Residence Address Street or R. R.
50 Car part for and a for and for	The Hor Midalian Mr. (Ming) for State
revious Marital Status: Never Married OR ast Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
ast Marriage Didde by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree
his hiter	
Conter (Specify)	Yes I Are you now or have you are been did in the little (plating)
If answer is "yes", has the adjudication been removed? No	Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No T Yes Yes If answer is "yes", has the adjudication been removed? No T Yes
Are you afflicted with a transmissible disease? No	Yes D 2. Are you afflicted with a transmissible disease? Not Yes D
Are you related to the ternate application	Yes 3. Are you related to the male applicant closer than second cousin? Nother Cousin?
. Are you now under the third and	Yes 4. Are you now under the influence of intoxicating liquor? No P Yes Yes 5. Are you now under the influence of a narcotic drug? No P Yes
 Are you not under the higher dependent children. List the full names of any dependent children. 	6. List the full names of any dependent children.
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?
dependent children? No * If answer is "yes", it is required that this Application be accompanied by satisfactory proof that	
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support
8. Full name of father dward anny Stanstern	4 As Full name of father artall Wi fullsull
Residence of father (if deceased so state) (and standing) the	Residence of father (if deceased so state) Milleytill, An
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Slept fine lenn Allater	Ill 9. Full maiden name of mother full and full
Residence of mother (if deceased so state) Carlusling	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Marite a.	Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given
State of Indiana. HENDRICKS } ss: I depose and state the informat in this application is true and	HENDRICKS in this application is true and correct.
County of M Lest Arises	Btricia & Burdsall
Signed / The Stansung The) 4658 New Address 56 Echo Gake, Mooredville, In
New Address 5 le Echo Leke, Mooresville IN	85 at the and every to before me this 29 day of April 19
Subscribed and sworn to before me this day of HENDRICKS	19.5 Subscribed and swon and swon Curry HENDRICKS Circuit Court
Multy find furshed Clerk Clerk Circ	cuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only o	we, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs state facts which render the consent of the other states
State of Indiana,	State of Indiana, HENDRICKS
County of	County of Father
Signed	Father Mother
Signed	Mother Signed
Subscribed and sworn to before me this	line in it and sworn w bereit
	OF COURT. A marriage license having been refused to the above named parties, the court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER HENDRICKS	Court by written order issued
County	of a marriage license to the above
authorizes and a	TERTIFICALE LIENDRICKS (ITCHIL OVAL)
RETURN OF MARRIAG	rriage license issued by the clerk of inthorizing the joining together as husband and wife
of Indiana dated the	Patricia F. Burdsall
Be it further man hark E. Stansbury	E LICENSE AND MARRIAGE CERTIFICATION HEROMONIC rriage license issued by the clerk of the , 19, authorizing the joining together as husband and wife and <u>Patricio</u> led in my office, to-wit: hereby certify that on the <u>Jack</u> County of Hendricks
in a sub-back of	hereby certify that on the County of DEDAL
I,	County, State of
Be it further remembered, the following marriage certificate was fi I,	Maraan Ularing a had ID
one thousand nine hundred and 85	County, State of unippicks
one thousand nine hundred and 85	of Hendricks Clerk of the Circuit Court of HENDRICKS
one thousand nine hundred and 85 State of Indiana, Groom Mark E. Stansbury and, Bride	of Hendricks Clerk of the Circuit Court of HENDRICKS
one thousand nine hundred and 85 State of Indiana, Groom Mark E. Stansbury and, Bride Official F. Burdsall were by me united in marriage as authorized by a marriage license County.	of <u>Hendricks</u> <u>of</u> <u>Hendricks</u> issued for that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u> issued for that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u> issued for that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u>
one thousand nine hundred and 85 State of Indiana, Groom Mark E. Stansbury and, Bride Official F. Burdsall were by me united in marriage as authorized by a marriage license County.	of <u>Hendricks</u> <u>endricks</u> <u>issued for that purpose by the Clerk of the Circuit Court of</u> <u>the E. Vetters</u>

		No. 162
	Form Prescribed By Indiana State Board of APPLICATION FOR	INDIANA MARRIAGE LICENSE File
	Health under Authority	
i hann a	Health under Automotion of I.C. 31-1-3-2 Effective July 1, 1977	County Date of Application
		FEMALE Medical Examination Report Dated 4-25-85
	MALE Analytican Report Dated 4-25-85	Medical Examination Report Dated 7-20-00
	Medical Examination Report Dates & Body up dates	Name of Physician Wm a. Edwards
- here	Name of Physician W mo te, Wawtersteine statement - Whot	ever procures the issuance of a license to marry by any false statement, representation or preten
國利用	ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "Faise statement" who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
	shall be fined in any suit has compared to the second seco	Name First Middle Last
	Name First Middle Last	Therepa ann Brand
	Date of Birth Month Bay 26 1963	1 26 1966
	Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
	County State	Residence Address Street or R. R. City County State
	Residence Address Street or R. R. Olnt	439 Divis of Canada
	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
	Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
	Date of birth verified by: Birth Certificate Judicial Decree	
	Other (Specify)	Other (Specify)
	A re you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? Ng Yes If answer is "yes", has the adjudication been removed? No □ Yes
	If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease? No Yes
	2. Are you afflicted with a transmission disease.	3. Are you related to the male applicant closer than second cousin? Not Yes
t al a lat	3. Are you related to the female applicant closer than second country Net Yes	4. Are you now under the influence of intoxicating liquor? No Yes
	4. Are you now under the influence of intexticating inquot. 5. Are you now under the influence of a narcotic drug? No∞ Yes □	5. Are you now under the influence of a narcotic drug? Yes
	 Are you now uncer the and dependent children. List the full names of any dependent children. 	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
	7. Are you required by any court order or orders to support the above No Yes □ dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are i
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support?	compliance with any court order or orders issued for their support.
	8. Full name of father fames to Kirbey	8. Full name of father Carl Joseph Brand
	Residence of father (if deceased so state)	Residence of father (if deceased so state) Danville
	Birthplace of father (State or foreign country) TY. Virginia	Birthplace of father (State or foreign country)
	Botter & Julian	9. Full maiden name of mother Johanna Monicka Mur
	9. Full maiden name of mother.	De de
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	State of Indiana, County of HENDRICKS Ss: I depose and state the information given in this application is true and correct.	State of Indiana, County of/HENDRICKS ss: I depose and state the information give in this application is true and correct
	signed De argo to Kirly	- Marena A Annad
	4570 ROAD La Jalan Datie	· 4525 Ballinabard, Jeshanol
	New Address / De De Clinghton De March Uper / 1	New Address
	Subscribed and sworn to before me this day of Angle 1985	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
	Circuit Court	Thank and Aussellark Hervicks Circuit Cour
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	
	signs, sale facts which relater the consent of the other parent dimetessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana, County of HENDRICKS }ss:	State of Indiana,
	County of	County of HENDRICKS
	Signed	Signed
	Signed	SignedMothe
	Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
	Clerk	Cler
	HENDRICKS County	RT. A marriage license having been refused to the above named parties, th
	inauthorizes and directs the issuance of	ourt by written order issued
	DEBUTON of and directs the issuance of	or a marriage license to the above named parties.
	Be It Remembered, there was filed in mu office and the second	E AND MARRIAGE CERTIFICATE nse issued by the clerk of the
	day of	X
	GEORGE RAYMOND KRIBY	nd, 19.0, authorizing the joining together as husband and wi THERESA ANN BRAND office, to-wit:
1 1 1 2	Be it further remembered, the following marriage certificate was filed in my of NEAL R. SADLER	office, to-wit:
	ALAL K. SADLER	handless side at a second se
		AT ST. JUHN'S U.C.C. MARION
	a working i zell inti a mamma an line i the	that purpose by the Clore of the Circuit Control HENDRICKS
	County.	purpose of the Clerk of the Circuit Court of
	County.	35
	Dated this	Signed / s/ NEAL R. SADLER
	County.	Signed / s/ NEAL R. SADLER

ALLELLE THEY & STATE CONTRACT

18

	447	
Form Prescribed By STATE OF	INDIANA	
Health under Authority AFFLICATION FOR M	ARRIAGE LICENSE No. 163	
Health Unit-3-2 of I.C. 31-1-3-2 Effective July 1. 1977	S County File	
(III)		
MALE Medical Examination Report Dated 4/25/85	FEMALE Date of Application	
Name of Physician Mm a Edwards	Medical Examination Report Dated 4/25/85 Name of Physician Wmx Q 8	
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a li	
shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined in any sum had employed and a shall be fined and a shall be fined in any sum had employed and a shall be fined and a sha	state of a license to marry by any false statement, representation or pretense	
Name First, Middle Last	Name First	
Date of Birth Month J Day 25 Year 1950	Date of Birth Month Least	
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) 20 1960	
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City	
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D	
Date of birth verified by: Birth Certificade U Judicial Decree	Date of birth verified by: Birth Certificate D Judicial Decree	
Other (Specify)	Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes". has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?	
If answer is "yes . has the adjudication deen remoted. Not result 2. Are you afflicted with a transmissible disease? Not Yes D	If answer is "yes", has the adjudication been removed?	
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease? 3. Are you related to the male applicant closer than second cousin? No Yes D No Yes D	
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor? No Yes D	
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?	
6. List the full names of any dependent children.	6. List the full names of any dependent children.	
	Bucky Lee Fishburg	
	Dovert Joshua Duyman	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above	
dependent children? No Yes	dependent children? No Yes D	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	
8. Fullname of father Calerin Coolidge Jones	8. Full name of father John Sampon Liphburg	
Residence of father (if deceased so state)	Residence of father (if deceased so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
9. Full maiden name of mother Diginia Marie Hickardson	9. Full maiden name of mother Ruley Ruth Sunn	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
State of Indiana, County of HENDRICKS }ss: I depose and state the information given in the application is true and correct.	State of Indiana, HENDRICKS County of	
Signed Judley Eugene Jones - Signed Tanny Jea Muyman		
New Address R. 1 Box 74 Danveille, Ind 46,72	New Address RR#1 Box 74 Danville. In	
Subscribed and sworn to before me this day of May	Subscribed and sworn to before me this day of May , 1983	
Mary fare Aussell Clerk HENDRICKS Circuit Court	Mary pre Aussell Clerk Circuit Court	
CONSENT OF RADIATION PLANTER OF REAL PLANTER	CONSENT OF PARENTS, PARENT OR GUARDIAN	
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary	
State of Indiana,	State of Indiana, HENDRICKS	
County of HENDRICKS } ss:	County of	
Signed	Mother	
Subsects 1	Signed	
Subscribed and sworn to before me this		
Clerk	light been refused to the above named parties, the	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above and filed ourt by written order issued	
in	of a marriage license to the above named particul	
authorizes and directo	HADRIAGE CERTIFICATE HENDRICKS Circuit Court	
RETURN OF MARRIAGE LICENS. Be It Remembered, there was filed in my office a marriage licen	use issued by the clerk of the mathematical sector 105 , authorizing the joining together as husband and wife	
alted the		
be it further remembered, the following marriage certificate was filed in my office, to-with that on the 6th day of HENDRICKS		
State of I a	of HENDRICKS	
and, Bride TAMMY LEA CURMAN	HENDRICKS HENDRICKS	
were by me united in many interest in the second provide the purpose by the clerk of		
Dated this	signed JUDGE 85	
day of MAY	Official Designation MAY 1985 7th day of Clerk	
Filed and records 1	Court Court	
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Mary HENDRed Circuit Con	
and the second		

448 164 No. STATE OF INDIANA Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR MARRIAGE LICENSE File. 85 of I.C. 31-1-3-2 Effective July 1, 1977 HENDRICKS County Date of Application FEMALE Medical Examination Report Dated MALE 29/2 Medical Examination Report Dated Coken Name of Physician_ ruena 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)". WHERE REAL AND FEMALE APPLICANT MALE APPLICANT Middle Last First Name Last Middle Name irst Month Day e Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Street or R. R City County State **Residence** Address State Street or R. R. City County Residence Address Rd 267 St n. 267 4110 4110 9 rAd Previous Marital Status: Never Married X OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth gentificate Judicial Decree Date of birth verified by: Birth Certificate Dudicial Decree Penp river Other (Specify). 110 lean Other (Specify)_ Yes D 1. Are you now or have you ever been adjudged to be of unsound mind No Yes Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No D No Yes Yes 🗆 If answer is "yes", has the adjudication been removed? No Yes No Yes 2. Are you afflicted with a transmissible disease 2. Are you afflicted with a transmissible disease? Are you related to the male applicant closer than second cousi Xes D No Yes Are you related to the female applicant closer than second cousin? Yes D Ng Ves 4. Are you now under the influence of intoxicating liquor? 4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? Yes 🗆 Ne Yes you now under the influence of a narcotic drug? 6. List the full names of any dependent children. List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above 7. No Yes No Yes dependent children? dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support compliance with any court order or orders issued for their support Full name of father Holer hox NO 8. Full name of father NOU Residence of father (if deceased so state) Residence of father (if deceased so state) nn Birthplace of father (State or foreign country, Birthplace of father (State or foreign country) 9. Full maiden name of mother_____ enderin Full maiden name of mother the 9. Residence of mother (if deceased so state). Residence of mother (if deceased so state, Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given I depose and state the information given in this application is true and correct. State of Indiana, HENDRICKS HENDRICKS 88: County of. County of. New Address. , 1985 1285 Subscribed and sworn Subscribed and sworn HENDRICKS HENDRICKS Circuit Court Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary.

EXCH

C

County of HENDRICKS	State of Indiana, County of
Signed	
	SignedFather
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	day of
	Clerk
in Clerks Office authorizes and directs the issuance of	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
Be It Bemembered there was fills	E AND MARRIAGE CERTIFICATE
of induced the day of Mary	nse issued by the clerk of the
Be it further remembered, the following marriage continues of	ind Martenna Davis
Be it further remembered, the following marriage certificate was filed in my of I.	office, to-wit:
one thousand nine hundred and 85	office, to-wit: hereby certify that on the day of May at Danville, County of Hendricks, of Hendricks County, State of ID
State of Indiana, Groom Dourd, Lecou Coak	at Danville, County of Hendricks,
and Bride Martenna Davis	of tlendricks County State of ID
were hu me united in man'	of <u>Hendricks</u> <u>County</u> , State of <u>IN</u> <u>Hendricks</u> <u>County</u> , State of <u>IN</u>
Dated this	- Prove of the Circuit Court of
, 19	"" A LA LANNI D MAGAN
	Signed 151 Larry R. Hesson
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Judge
the state of Indiana this	day of 11/011, 19
	Signed Mary Jane Russell Clerk
	HENDRICKS Circuit Court

Pe-Maircom- 298		
Form Prescribed By	STATE O	
Form Prescribed Of Indiana State Board of Health under Authority Health under Authority	APPLICATION FOR	MARRIAGE LICENSE
Health under of LC 31 1-3-2 Effective July 1, 1977	HENDRIC	KS File
		County
MALE Medical Examination Report Dated 4	26-95	FEMALE Date of Application
Name of Physician Wine Edu	(ab cos	Medical Examination Report Dated
Name of Physician	LE proverile de la la	Name of Physician WMW. Edwords
ALL QUESTIONS MUST BE associated in the and the shall be fined in any sum not exceeding five hundred do	dlars (\$500,00)".	Name of Physician W M. Edurated
MALE APPLICANT		that is by any false statement, representation or pretense
Name office NO.	Culle	Name First FEMALE APPLICANT
Date of Birth Month Day	Year 1141	Date of Birth Month Last
Place of Birth (State or Toreign country)	the second second states in states	Place of Birth (State or foreign country)
Residence Address Street of R. R. City	County 9 State	Pretidence Address Street or R. R. City
PO Dox a manual of	a 10110 1	DIS2 Street or R. R. City County State
Previous Marital Status Never Married OR Last Marriage Ended By: Death Divorce Annulment D	and the second state of the second	Previous Marital Status: Never Married O OP
Last Marriage Ended by Birth Certificate Judicial Deer	ee	Last Marriage Ended By: Death D Diverse D A
		Date of birth verified by: D Birth Certificate D Judicial Decree
A Other (Specify)		A Other (Specify) dry his)
 Are you now or have you ever been adjudged to be of unsound n If answer is "yes", has the adjudication been removed? 	nind? No 🗘 Yes 🗆 No 🗘 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is 'yes', has the adjustication over removes. 2. Are you afflicted with a transmissible disease?	No D Yes D	If answer is "yes", has the adjudication been removed?
 Are you related to the female applicant closer than second cousi 		3 Are you afflicted with a transmissible disease? No B Yes D
4. Are you now under the influence of intoxicating liquor?	No C Yes D	3. Are you related to the male applicant closer than second cousin? No D Tes D 4. Are you now under the influence of intoxicating liquor? No D Yes D
5. Are you now under the influence of a narcotic drug?	No D Yes D	Are you now under the influence of intoxicating liquor? No Yes No Yes No Yes
6. List the full names of any dependent children.		6. List the full names of any dependent children.
11/2000		leader M.
- m/accelle		14/ tchelle
Are you required by any court order or orders to support the ab dependent children?	No D Yes D	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompa		dependent children? No Ves I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders insued for their support	rt	compliance with any court order or orders issued for their support.
8. Full name of father Vitto A Cull	- You	8. Fullname of father William D. Woods
Residence of father (if deceased so state)	be	Residence of father (if deceased so state) Uniton Ind
Birthplace of father (State or foreign country L	Contraction Sugar	Birthplace of father (State or foreign country)
9. Full maiden name of mother 1 July 2.	heater	9. Full maiden name of mother Mystle Bull
Residence of mother (if deceased so state)	L	Residence of mother (if deceased so state)
Birthplace of mother i State or foreign country		Birthplace of mother (State or foreign country)
State of Indiana.	e and staty the information given	State of Indiana, in inclusion] I depose and state the information given
County of HENDRICKS	application is true and correct.	County of HENDRICKS
Signed X John 4	1 all	Signed Z. Kuth unley
New Address RRIBOX 6	éA	New Address B. R. 1160X6A Clayford
Subscribed and sworn to before me this day	May 1985	Subscribed and sworn to before me this 2 day of 19 3
Mary Jone Rugsell ark	HENDRICKS Circuit Court	Man Jane Russel Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	AND ATTEMPT IN STREET	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for	this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other pa	arent unnecessary	signs, state facts which render the consent of the other parent unnecessary.
State of Indiana.	and the state of the	State of Indiana, HENDRICKS
County of HENDRICKS } sa :	SECOND IN STREET	County of
Signed	Father	Signed
Signed		
Subscribed and sworn to before me this day of		Signed
	and a comparison of the second s	T. A marriage license having been refused to the above named parties, the and filed
COMPLETE IF MARRIAGE LICENSE ISSU	ED BY ORDER OF COUR	T. A marriage license having been refused to the above manufacture and filed urt by written order issued <u>3- bay</u> waves and filed f a marriage license to the above named parties.
HENDRICKS County	ang cost 1 Co	for marriage license to the above named parties.
autho	rizes and directs the issuance o	TA MATTING THAT HENDRICKS Circuit Court
Re It P	RN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court se issued by the clerk of the
of Indiana dated the	id in my office a marriage licen	the se issued by the clerk of the se issued and wife se issued by the clerk of the second and wife set issued and wife set is the second
day	of	
Le u further remembered, the following marriag	ge certificate was filed in my o	fice, to-wit: 4th day of
One +1		CLAYTON.
State of Ind. 85		hereby certify that on the 411 day of HENDRICKS , County of HENDRICKS , County, State of IN of HENDRICKS County, State of IN HENDRICKS County, State of HENDRICKS
and, Bride	EX	HENDRICKS County, State of HENDRICKS
were by me united in	i time includ for	that murpose by the Clerk of the Current
county.	a marriage accres	
Dated this 3rd day of	IUNE, 19.85	Signed GORDON TATLON 85
	and the second second	Official Designation MINISTIAN JUNE
Filed and recorded in accordance with the laws of	t the State of Indiana this	HENDRICKS Circuit Court
accordance with the laws of	i the State of That and	Signed
	450	
--------------------	---	---
		No.) Le le
	Form Prescribed By	ADDIACE LICENSE File
	Indiana State Board of APPLICATION FOR MA	5-2-85
	Health under Autority of I.C. 31-1-3-2 Effective July 1, 1977	County Date of Application
		FEMALE Medical Examination Report Dated 4-30-85
	MALE Medical Examination Report Dated 4-30-85	Col in 111 Ah P
	Name of Physician Exic Clark	Name of Fhysician
ALANYHIA MILA ALEA	Name of Physician <u>Extra Cluth</u> ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Whoen shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
	shall be fined in any sum not categories. MALE APPLICANT	Direct Middle D Last
e ge fil in de l	Name First Middle Noel	Name Anna Cattall
	Date of Birth Month Day Year 12 2 1950	Date of Dittin
	Place of Birth (State or foreign country)	mulara County State
	Residence Address -Street or R. R. City County State	Residence Address Street or R. R. City Handreiked In
	1850 Slareer Hurg. Juneau alaska	Previous Marital Status: Never Married OR
	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death D Divorce Annulment
	Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
	All well Ligense	Other (Specify) <u>Attracted to be of unsound mind?</u> No Yes
	Other (Specify) No Yes I. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be a set of the
	If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No Ves 2. Are you afflicted with a transmissible disease? No Ves
	2. Are you afflicted with a transmissible disease:	3. Are you related to the male applicant closer than second cousin? No Ves
	 3. Are you related to the female applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor? 	4. Are you now under the influence of intoxicating liquor? No Ves
	 Are you now under the influence of a narcotic drug? No ^I Yes □ 	5. Are you now under the influence of a narcotic drug? No Yes 6. List the full names of any dependent children.
h	6. List the full names of any dependent children.	6. List the full names of any dependent same
		7. Are you required by any court order or orders to support the above
	7. Are you required by any court order or orders to support the above dependent children?	dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
+ 1	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is yes. It is required that this appartant for their support.
	compliance with any cours order or orders issued for their support. 8. Full name of father Sale F. Mall	8. Full name of father Rufus Mathaniel Carroll
	Residence of father (if deceased so state) Ore gow	Residence of father (if deceased so state) A-R3, Manuelle, Sn.
	Birthplace of father (State or foreign country) Afloreda	Birthplace of father (State or foreign country) Seatucket
	9. Full maiden name of mother Marcy alice Fabre	9. Full maiden name of mother Sena Marsef Thomas
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state) P. R. 3, Nanvelle, Sr
	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) New Meline
	State of Indiana, I depose and state the information given	State of Indiana. HENDRICKS
	County of HENDRICKS ss: in this application is true and correct.	County of
	Signed filles the for	Signed Donna Jourals
A	New Address	New Address
	Subscribed and sworn to before me this Smith day of Mary, 19.2.5	Subscribed and sworn to before me this Orthon day of HENIDPICKS
	Marey ane Russell Clerk HENDRICK'S Circuit Court	MARY POR ALLANDE Clerk Derk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
-		

**

V

County of		State of Indiana, County of	HENDRICKS	} 88:	
Signed	Father		Signed		Father
Signed	Mother		Signed		Mother
Subscribed and sworn to before me thisday of	19	Subscribed and av		day of	
		Subscribed and st	worn to before me this		Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDE	R OF COURT	C. A marriage l	icense having been	refused to the a	above named parties, the
HENDRICKS					and filed
inauthorizes and directs	the issuance of	a marriage lice	ense to the above na	med parties.	
RETURN OF MARRI	AGE LICENSE	AND MARRI	AGE CERTIFICAT	E	
we of Remembered, there was filed in my office a	marriage licens	se issued by the	clerk of the	HENDRICKS	Circuit Cour
of Indiana dated the	L.	10	85 authorizing	the inining toget	her as hushand and wife
Reter F. Noel Be it further remembered, the following marriage certificate wa			na Jo Car	1077	
1,					
one thousand nine hundred and	·····	ereby certify th	at on the	day of	or Hendricks
State of Indiana, Groom Peter F. Noel	6	Ture	<u>III</u>	, County	of nervires
and, Bride Sonna Jo Carroll	- (Heister	- +	County, State	of ALGORO
were by me united in marriage as authorized by a marriage lice. County.	nep isound for	L.D.C.K.T.L.	Ch3	County, State	HENDRICKS
County.	nse issued for i	nat purpose by	the Clerk of the Cir	cuit Court of	
Dated this	, 19.85		14-11	Quint	
		Signe	d 151 2 . V .	DOID	. bal Pr
Filed and recorded in accordance with the laws of the State	-1	Official Designat	tion Judge	******	57
Filed and recorded in accordance with the laws of the State of 1	ndiana this				, 19 3
		Signed.	my fare	Deser 7	DRICKS Circuit Cour
			~ 0 .	HEN	DRICKS Circuit Cou

	451
Form Prescribed By STATE OF	INDIANA
Indiana State Authority AITEICATION FOR	ARRIAGE LICENSE No. 167
Health unix: of I.C. 31-1-3-2 Effective July 1, 1977	S File_
	County5/2/85
MALE Medical Examination Report Dated 24/26/35	FEMALE Date of Application
Name of Physician Larry D. Lovall	Medical Examination Report Dated 4/26/85
	Name of Physician Larry D. Lovall
ALL QUESTIONS MUST BE ANSWERED LC. 31-13-b prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	in proceedings the issuance of a license to marry by any false statement, representation or pretense
Name First Middle Last	FEMALE APPLICANT
Month Day Year We	Data of Pint Melenda Middle Last
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) // // // // // /// /////////////////
These Address Street or R. R. City County State	
R2 Boy 227 Nanuale	Regidence Address Street or R. R. City County State
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Deprote Annument Deprote Protect Date of birth verified by: Birth Certificate Dudicial Decree	Last Marriage Ended By: Death D Divorce Annulment D
Date of other	Date of birth verified by:
Other (Specify)	Other (Specify) & realls License
1. Are you now of nave for the adjudication been removed? No Ves V	1 Are you now or have you ever been adjudged to be of unsound mind? Not Yes D If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? Not Yes	2. Are you afflicted with a transmissible disease? No Ves D No Ves D
3. Are you related to the female applicant closer than second cousin? Note Yes 4. Are you now under the influence of intoxicating liquor? Note Yes	3. Are you related to the male applicant closer than second cousin? No Serves D
Are you now under the influence of a narcotic drug? Note Yes	 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No.E. Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
8. Full name of father A charles A charles	8. Full name of father (if deceased so state) Danville
Residence of father (if deceased so state) A another Birthplace of father (State or foreign country) And	Birthplace of father (State or foreign country)
9. Full maiden name of mother Principla Lean Himsel	9. Full maiden name of mother Patsy A. Davidson
Residence of mother (if deceased so state) Danville	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, I depose and state the information given	State of Indiana. HENDRICKS }ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS	County of Mind A BIDANELM
Signed Mondal D. Dadson fre	Signed Collification, Successfulle
New Address J. D. Lot 22 J. Vanut IIC	New Address T. C. Defan 1, Mary 1985
Subscribed and sworn to before me this day of follow, 19.00	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
I ary fare westere reindrichs Circuit Court	It fary parent and
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS } ss:	State of Indiana, HENDRICKS
	Signed
Signed	
Signed	Signed
Subscribed and sworn to before me this	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	i and license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage intense and intersection of the section of the sect
County	the manning elicense to the above hance r
authorizes and uncers inte	FILLOF CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage lice	nse issued by the clerk of the authorizing the joining together as husband and wife
i should find the	ATT TNUA LA DATA AND AND AND AND AND AND AND AND AND AN
Be it further remembered, the following marriage certificate was filed in my I,	office, to-wit: 18 day of MAY HENDRICKS
ANDREW J. SIMKINS	DANVILLE
IANDREW J. SIMKINS one thousand nine hundred and 85 State of Indiana, Groom RONALD D. DODSON, JR. and, BrideMELINDA L. BRANSCUMof	at
and, Bride	HENDRICKS HENDRICKS
were by me include the include	that purpose by the
Dated as	85 /s/ ANDREW J. DI
Dated this	85. /s/ ANDREW J. SIMKINS Signed. MINISTER Official Designation MINISTER day of MAY Clerk
Filed and recorded in accordance with the laws of the State of Indiana this	22 Michael Court
and recorded in accordance with the laws of the State of Indiana this	Signed Chran Chran contained

STATE O	F INDIANA No. 168
Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File
Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	
	FEMALE Star Banart Dated 5-1-85
MALE Medical Examination Report Dated <u>H - 29-85</u>	Medical Examination Report Dated
Cohen	Name of Physician
When the statement where t	oever, procures the issuance of a license to marry by any faise statement, representation or p
shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT	FEMALE APPLICANT
Name Profirst Middle Last	Name Sha Q. Canter
Date of Birth Month Day Year	Date of Birth Month Day Year S 26 63
Place of Birth (State or foreign country)	Place of Birth (State or foreign sountry)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County Sta
2267 Blackrood Rd. Fild.	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Distribute Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate Judicial Decree
Other (Specify) dr. lie	Dether (Specify) dr. Lie
I. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No D
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No
2. Are you afflicted with a transmissible disease? No ♥ Yes □	2. Are you afflicted with a transmissible disease? No 3. Are you related to the male applicant closer than second cousin? No
3. Are you related to the female applicant closer than second cousin? No ♥ Yes □ 4. Are you now under the influence of intoxicating liquor? No ♥ Yes □	4. Are you now under the influence of intoxicating liquor? No
4. Are you now under the influence of anarcotic drug? No ♥ Yes □ 5. Are you now under the influence of a narcotic drug? No ♥ Yes □	5. Are you now under the influence of a narcotic drug? No 🔽
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Ves	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you
compliance with any court order or orders issued for their support. 8. Full name of father Marine H. Cadwell	compliance with any court order or orders issued for their support. 8. Full name of father
Residence of father (if deceased so state)	0.00 0019
Birthplace of father (State or foreign country)	Residence of father (if deceased so state)
9. Full maiden name of mother Mildbed J. Harrow	Birthplace of father (State or foreign country)
Residence of mother (if deceased so state)	9. Full maiden name of mother
Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state)
State of Indiana,	Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information
County of	County of HENDRICKS
Signed HR rechard D Cachull	Signed Di Dural Cartas
New Address 2267 Plack Rock Rd 113d.	New Address 2247 BLACK ROCKE
Subscribed and sworn to before me this day of 100, 100, 100, 100, 100, 100, 100, 100	Subscribed and sworn to before me this day of long 1
Leve Russel Clerk HENDRICKS Circuit Court	Mary and Kussell derk HENDRICKS Circuit
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one p
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana,
County of	County of HENDRICKS ss:
Signed	SignedF
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COM	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	out the second sec
inauthorizes and directs the issuance of	of a marriage license to the shore more light
RETURN OF MARRIAGE LICENS	
, more was filled in my office a marriage ligen	HENDER KS
I mulana dated the	19.8.5., authorizing the joining together as husband and
RICHARD DWAYNE CADURY	ndLISA ANN CARTER
Be it further remembered, the following marriage certificate was filed in mu	fice to anit.
Be it further remembered, the following marriage certificate was filed in my of I,	
RICHARD DWAYNE CADWELL Be it further remembered, the following marriage certificate was filed in my o I,ROBERT_JOE_WALTERS one thousand nine hundred and85	hereby certify that on the <u>lith</u> day of <u>MAY</u>
RICHARD DWAYNE CADWELL Be it further remembered, the following marriage certificate was filed in my o I,	hereby certify that on the <u>lith</u> day of <u>MAY</u> at <u>PLAINFIELD</u> , <i>County of</i> HENDRICKS
RICHARD DWAYNE CADWELL Be it further remembered, the following marriage certificate was filed in my o I,ROBERT JOE WALTERS one thousand nine hundred and 85 State of Indiana, Groom RICHARD DWAYNE CADWELL and, BrideLISA ANN CARTER	hereby certify that on the <u>lith</u> day of <u>MAY</u> at <u>PLAINFIELD</u> , County of <u>HENDRICKS</u> of <u>HENDRICKS</u> County, State of <u>IN</u>
RICHARD DWAYNE CADWELL Be it further remembered, the following marriage certificate was filed in my of I,	hereby certify that on the <u>lith</u> day of <u>MAY</u> at <u>PLAINFIELD</u> , <u>County of</u> <u>HENDRICKS</u> of <u>HENDRICKS</u> <u>County, State of</u> <u>IN</u> <u>HENDRICKS</u> <u>County, State of</u> <u>IN</u> that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u>
RICHARD DWAYNE CADWELL Be it further remembered, the following marriage certificate was filed in my o I,	hereby certify that on the <u>11th</u> day of <u>MAY</u> at <u>PLAINFIELD</u> , County of <u>HENDRICKS</u> of <u>HENDRICKS</u> HENDRICKS that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u>
RICHARD DWAYNE CADWELL a Be it further remembered, the following marriage certificate was filed in my o I,	hereby certify that on the <u>lith</u> day of <u>MAY</u> at <u>PLAINFIELD</u> , County of <u>HENDRICKS</u> of <u>HENDRICKS</u> County, State of <u>IN</u> <u>HENDRICKS</u> County, State of <u>IN</u> that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u> Signed <u>/s/ ROBERT JOE WALTERS</u>
RICHARD DWAYNE CADWELL Be it further remembered, the following marriage certificate was filed in my o I,ROBERT_JOE_WALTERS one thousand nine hundred and85 State of Indiana, GroomRICHARD DWAYNE CADWELL and, BrideLISA_ANN_CARTERof were by me united in marriage as authorized by a marriage license issued for County. Dated thisllthday ofNAY, 19.85	hereby certify that on the <u>lith</u> day of <u>MAY</u> at <u>PLAINFIELD</u> , County of <u>HENDRICKS</u> of <u>HENDRICKS</u> County, State of <u>IN</u> <u>HENDRICKS</u> County, State of <u>IN</u> that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u> Signed /s/ ROBERT JOE WALTERS

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m Prescribed By STATE OF iana State Board of ith under Authority (C. 31-1-3-2 ective July 1, 1977 HENDRICK	MARRIAGE LICENSE No. 169 File
	County 5/6/85
MALE Medical Examination Report Dated 4-22-85	FEMALE Medical Examination Report Dated 4-22 PM
Name of Physician A. Dackle	
L QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement-Who il be fined in any sum not exceeding five hundred dollars (\$500,000".	ever procures the issuance of a lines of
L QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who Il be fined in any sum not exceeding five hundred dollars (\$500,000)". MALE APPLICANT	a needse to marry by any false statement, representation or pretense
me First Brown fordicon	Name FEMALE APPLICANT
te of Birth Month Day Year 1962	Date of Birth Month for Suite
ce of Birth (State or foreign country)	Place of Birth (State or foreign country) June 1963
idence Address Street or R. R. City County State	Residence Address Street or R K Ind
vious Marital Status: Never Married OR	AS DOY/60 Danvello County State
Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
t marines	Date of birth verified by: Birth Certificate Judicial Decree
& Other (Specify) Aures Jucenso	& Other (Specify) Driver Ling und
Are you now or have you ever been adjudged to be of unsound mind? Not Yes	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 Ves Are you afflicted with a transmissible disease? Yes Ves Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease? 3. Are you related to the male applicant closer than second cousin? No V yes
Are you now under the influence of intoxicating liquor? Yes Are you now under the influence of a narcotic drug? Not Yes	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narotic drug. List the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
	se bus un fun names of any dependent children.
Are you required by any court order or orders to support the above	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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are i
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Fullname of father Tom Droccon Frondice L	8. Full name of father John alleren Swaen
Residence of father (if deceased so state)	Residence of father (ifdeceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Carlos Topale Topales	9. Full maiden name of mother (Course Course)
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) State of Indiana. HENDRICKS }ss: I depose and state the information give in this application is true and correct
HENDRICKS	County of
Signed Jam Fordine IT	Signed Jahon Swain
New Address 3621 B. Cles ARn Kd.	New Address 3621 B G Ch and Mary 198
day of Alay of	Subscribed and sworn to before me this day of HENDRICKS
Provident Circuit Court	Thang pre Busicin
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
ns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	and the second
te of Indiana, inty of HENDRICKS ss:	State of Indiana, HENDRICKS
	Signed
Signed Father	Moth
Signed Mother	Signedday of19
	and file
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage license having been refused to the above and file ourt by written order issued
HENDRICKS	of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Cou
Indiana dated the 3 the day of May	, 19 3, authorizing the joining to
it further remembered, the following marriage certificate was filed in my WILLIAM CHARLES MCGRAW thousand nine hundred and 85	office, to-wit: 25th of BOONE
WILLIAM CHARLES McGRAW	hereby certify that on the
it further remembered, the following marriage certificate was filed in my WILLIAM CHARLES MCGRAW e thousand nine hundred and 85 ate of Indiana, Groom TOM BROWN FORDICE, II d, BrideSANDRA JO SWAINof re by me united in marriage as authorized by a marriage license issued for	at County, State of INDIANA
d. Bride	HENDRICKS County, State of HENDRICKS
re by me with the isound for	that purpose by the Clerk of the Circuit Country
unty.	5 /s/ WILLIAM CHARME
ted this	5 Signed /s/ WILLIAM CHARMAN Official Designation MINISTER 0fficial Designation / 19 85. 29th day of May One Kursel HENDRICKS Circuit Cou
	Plan and I I Poors

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	11-2-51-	FFMALE		Effective subj s	
	4-2-22	Medical Examination Report Dated	4-24-85	MALE	
	1	100	1	Medical Examination Report Dated	
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Nerr Array of the control of th	CANT	FEMALE AP		shall be fined in any sum interaction	California and an
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dependent children? No I feed dependent children? A feed Teed If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court ordy or ordy or size of their support. 8. Full name of father (I deceased so state) Birthplace of father (I deceased so state) Birthplace of mother (I deceased so state) Mex Address 201 Craw Ford Art 312 Ford Hart Hot's IN Subscribed and swore to before me the Met SIX day of May May May May May May May May May May	the above		rt the above		
 and a second order or orders is used for their support. Full name of father. Full name. Fu			No U Yes U	dependent children?	
 8. Full name of father. If deceased so state. 8. Full name of father (if deceased so state. 9. Full name of mother (if deceased so state. 9. Full name of mother (if deceased so state. 9. Full name of mother (if deceased so state. 9. Full name of mother (if deceased so state. 9. Full name of nother (if deceased so state. 9. Full name of nother (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9. Full name of tather (if deceased so state. 9.					
Birthplace of father (State or foreign country May May May May May May May May May Ma	Somme	& Full name of father Richard 2	iph Wonnicke	Toloh Ga	
 9. Full maiden name of mother 9. Full m	rite	Residence of father (if deceased so state)	rich Bend	Residence of father (if deceased so state)	
 8. Full maiden name of mother 9. Full m		Berthplace of father i State or foreign country	d.	Birthplace of father (State or foreign country	
Residence of mother (if deceased so state) Birthplace of mother (if deceased so state) Birthplace of mother (if deceased so state) State of Indiana. County of <u>HENDRICKS</u> Signed <u>A Robert Wywich</u> New Address 30.1 Craw Ford Art 3.13 rera Havity EN Subscribed and sworm to before me this <u>HENDRICKS</u> Subscribed and sworm to before me this <u>HENDRICKS</u> May <u>A</u>	5. Wright	Finda	a Kay Dross	Sand	
Birthplace of mother (State or foreign country) State of Indiana. County of	120	B	toth Bind,		
State of Indiana. County of	1 g	Residence of mother (if decreased so state)	d		
HENDRICKS County of				State of Indiana	
Subscribed and sworm to before me this Hth day of May, 195 May fine Hussell Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signa state facts which mades the course of the state		HENDRICKS } ##X		HENDRICKS	
Subscribed and sworm to before me this Hth day of May, 1955 May fine Russill Gerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs state facts which mades the course of the state	1. Swotte Sommers	and Rich	10) micki	Signed X Pobe	
Subscribed and sworm to before me this Hth day of May, 1955 May fine Russill Gerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs state facts which mades the course of the state	Jord Apt 313 Serve Ho	201 0	al Art 313 mere Haste IN	Now Address 201 Craw	
Muy June Hussell Gerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs state facts which made the ensent of the state	may st	074	and Main 35	24	
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs state facts which made the expense of the other	HENIDRICS	Subscribed and sworn to before me this	HENDRICK	Mary June Hupper	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs state facts which made the opened of the op	Grt Circuit Court	1 jung june nuss	Clerk Circuit Court		N
We, the parents, of this applicant hereby give consent for this marriage. If only one parent we, the parents, of this applicant hereby give consent for this marriage. If only one parent	and the same is all the same of the same of the	CONSENT OF PARENTS, PARENT OR GUAR	AN	CONSENT OF PARENTS, PARENT OR GUA	
signs state facts which render the expect of the state			ent for this marriage. If only one parent	We, the parents, of this applicant hereby give	
	per berauf neueconnet, more and	signs, state facts which render the consent of th	,		
	an o an			to the second	
	an a				
State of Indiana	In the second	рин - на то бил - тор на стал 20 и п. стал на		State of Latin	1 THE
State of Indiana, County of HENDRICKS ss: State of Indiana, HENDRICKS		HENDRICKS > ##1		HENDRICKS	
County of		County of			
Signed Father Signed Father	Father	Signed	Father		
Suberiled and and and and and and and and and an	Mother	Signed			
Subscribed and sworn to before me this day of	day of	Subscribed and eworn to before me this	day of	Subscribed and sworn to before me this	
Clerk	Clerk		Clerk		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the			ISSUED BY ORDER OF STATE	COMPLETE IF MARRIAGE LICEN	
HENDRICKS County County Court by written order issued and filed	o the above named parties, the	1. A marriage license having been refuse	UNDER OF COUR	HENDRICKS	
inauthorizes and directs the issuance of a marriage license to the above named parties.	no provident and the second	f a marriage light to the stand	authorizes and directs the issuance	in	
RETURN OF MARRIAGE TRANSPORT	8.		RETURN OF MADDIACE PROPERTY		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS of Indiana dated the Circuit Court	RICKS Circuit Court			Be It Remembered, the	
day of and write	and mite	15	day of	, autou the	
Be it further remembered, the following marriage certificate was filed in my office, to-wit: I,	g together as nasound and any	nd picupits outpotted	WOZNICKI	Be it further remembered, the following	
I,	RS	fice, to-wit:	aurrage certificate was filed in my o	I,	
one thousand nine hundred and	of MAY	hereby certify that on the18d	85	one thousand nine hundred and	
State of Indiana, Groom ROBERT 1 NORWIGHT BROWNSBURG County of HENDRICKS	county of	BROWNSBURG	WORNTOWE	State of Indiana, Groom ROBERT	
and, BrideRICHELLE SUZETTE SOMMERS	State of IN	ofSIA. JOSEPH. Cour	SUZETTE SOMMERS	and, BrideRICHELLI	
were by me united in marriage as authorized by a marriage license issued for that are in the county, State of IN County, State of IN	State of IN	Cou	zed by a marriage license issued for	were by me united in marriage as auth County.	
Dated this	of	that purpose by the Clerk of the Circuit Con	MAY	Dated this	
day of, 19_85	BURWINKEL	5 /c/ FIMED			
Signey	and and the factor and the second state of the	Styneu		Filed and me	
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of MAY 19 85 Clerk	10.05	21 PASTOR	laws of the State of Indiana this	and recorded in accordance with	
Signed Clerk	Clerk	Signed MAY			
Signed HENDRICKS Circuit Court	N.V.				

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Prescribed By STATE OF	INDIANA
Indiana State Board of Authority APPLICATION FOR M	ARRIAGE LICENSE No. 171
Health under of IC. 31-1-3-2 Effective July 1, 1977	5 File
Flice	County5/7/25
MALE Medical Examination Report Dated 4-30-85	FEMALE Date of Application
Name of Physician Robert aiello	Medical Examination Report Dated 5-1-85
Name of False STONS MUST BE ANSWERED, LC 31-1-3-6 prescribed "False statement-Who	Name of Physician Robert aiello
ALL QUESTIONS MUST BE ANSWERED, LC 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ter procures the issuance of a license to marry by any false statement, representation or proto-
First Middle Last	FEMALE APPLICANT
Name Dager Deax Dadgatt Date of Birth Month & Day Year 962	Data of Blut Deries Middle
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Addrys Street or R. R. City County State	Real
409 paurora nº amon	RIBOLLO Danie 10 County State
Previous Marital Status Never Married	Previous Marital Status: Never Married OR
Last Marriage Ended by Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Dudicial Decree
Other (Specify) Arraes Sicense	N $()$ $()$ $()$ $()$
Are you now or have you ever been adjudged to be of unsound mind?	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 Xes D	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease" 3. Are you related to the female applicant closer than second cousin? Yes Yes	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?	 Are you related to the male applicant closer than second cousin? Are you now under the influence of intoxicating liquor? Now Yes D
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug? Now Yes
6. List the full names of any dependent children	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children" No ves U If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	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.	compliance with any court order or orders issued for their support.
8. Full name of father Due ford Nonovan Vadgett	8. Full name of father Walter Hickard Sublette
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother for the motion of the motion	9. Full maiden name of mother Security (10 carvello)
Residence of mother (if deceased to state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) State of Indiana. I depose and state the information given	Birthplace of mother (State or foreign country) State of Indiana. HENDRICKS State of Indiana. HENDRICKS Bas: I depose and state the information given in this application is true and correct.
County of HENDRICKS } as i in this application is true and correct.	County of Including OS bliff
Signed Roy et fadgettas 18 +	X signed Menuar & Subar
New Address 409 Kailcook TI Toph	New Address 409 Rate and may 19.85
Subscribed and sworn to before me this day of Though 1980	Subscribed and sworn to before me this day of HENDRICKS
Li puy an Sussell Clerk The Dence Circuit Court	I py per pue
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the constant of the
State of the second sec	State of Indiana, and success
State of Indiana, County of HENDRICKS	State of Indiana, HENDRICKS
Signed	Signed
Signed Mother	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage license having been refused to the above mand filed ourt by written order issued
County	to the above named part
authorizes and arteria	HENDRICKS CERTIFICATE HENDRICKS
RETURN OF MARRIAGE LICENS	E AND MARKet he clerk of the
of Indiana dated the	, 19. 2, authorizing the public sublett
	TINE
Be it further remembered, the following marriage certificate was filed in my l,JAMES R: HARLAN one thousand nine hundred andS5 State of Indiana, GroomROGER DEAN PADGETT	hereby certify that on theISC, County of HENDRICHO, IN
one thousand nine hundred and 85	at
one thousand nine hundred and	HENDRICKS
one thousand nine hundred and	that purpose by the Clerk of the Circuit Contraction of the Circuit Contrac
Det a	/s/ JAMES R. HAND
Dated thislstday ofJUEN, 19.85	Signed MINISTER , 19 85.
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation JUNE , 19 02. Ath day of JUNE Clerk HENDRICKS Circuit Court
recorded in accordance with the laws of the State of Indiana this	Signed Mary June Musices HENDRICKS Circuit Court

		No72	2
orm Prescribed By	INDIANA	D'ile	
orm Prescribed By Idiana State Board of ealth under Authority APPLICATION FOR 1	MARRIAGE LICENSE	File	87
HENDRICK		Date of App	ligation
ffeetive July 1, 1977		Date of App	Incation
1/ 2/ 25	FEMALE	424-85	-
MALE Medical Examination Report Dated 4-24-05	Medical Examination Report Da	neu	
A ROLL C	Name of Physician	aday	
Name of Physician Aballut	the issuance of a license to marry	by any false statement, represe	entation or pretense
Name of Physician	ever.procures the issuance of a management		
hall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	FEMALE	E APPLICANT	
Middle A Last	Name First	Middle MM.	Al Last
Tame William Undrew Wall I	Date of Birth Month	Day	Year
Date of Birth Month Pay 1965	Place of Birth (State or foreign country)	Q	1964
Place of Birth (State or foreign country)	Californi		1
Residence Address Street or R. R. O City County State	Residence Address Street or R. R	mulle Ind	State
401 S. Cross D'Ville And M	- 401 2- 0002 N	E Start	
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married		
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Date of birth verified by: D Birth Certificate	Indicial Decree	
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: U) Birth Certificate	- Judicial Decree	
	Other (Specify)		
Other (Specify) Nother a dividend to be of upsound mind? Nother Yes	1. Are you now or have you ever been adjudged	d to be of unsound mind?	Not Yes
1. Are you now or have you ever been adjudged to be of unsound minds.	If answer is "yes", has the adjudication been		No Ves
If answer is "yes", has the adjudication been removed.	2. Are you afflicted with a transmissible diseas		Not Yes
2. Are you afflicted with a transmissible disease:	3. Are you related to the male applicant closer		Not Yes
3. Are you related to the remain applicant closer than account control of the second o	4. Are you now under the influence of intoxica		Not Yest
4. Are you now under the influence of intoxicating liquor? No□ Yes□ 5. Are you now under the influence of a narcotic drug? No□ Yes□	5. Are you now under the influence of a narcol		No Yes
 Are you now under the influence of a hardolic drug. List the full names of any dependent children. 	6. List the full names of any dependent childre		
6. List the full manes of any dependent enterior			
7. Are you required by any court order or orders to support the above	 Are you required by any court order or order dependent children? 	ers to support the above	No Yes D
dependent children:	If answer is "yes", it is required that this Ap	plication be accompanied by satisfac	tory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	compliance with any sourt order or orders	1	-
compliance with any court order or orders issued for their support.	8. Full name of father John U	fiver file	ion
8. Full name of father Ultitump U. Walks		hapts	
Residence of father (if deceased so state)	Residence of father (if deceased so state)	that	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country	1 a.	· Dodi
9. Full maiden name of mother Many C. Slot	9. Full maiden name of mother that	pacique a	ina Kouria
Residence of mother (if deceased so state) hold S	Residence of mother (if deceased so state)	Janulu	~~~~~~ V
Ohiz		Puesto K	109
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country State of Indiana,		
State of Indiana, County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	County of HENDRICKS		the information given is true and correct.
Villia A 7 61/TT	14.	-1 / 11	11.
Signed Autom St- Wall I	Signed	man pl	alson
New Address 401 5. CROSS PANVIL	New Address	Do CROPS T	te will
Subsenibed and sworn topbefore me this At day of May 2, 45.	Supecribed and sworn to before me this?	the day of	Buy 1905
Thank June Russloferk, HENDRICKS Circuit Court	Man Jano Ku	sellerer HENDRIC	KS OCITEVIT COURT
		Moler K	Circuit Court
Circuit court			
	CONSENT OF PAPENTS PAPENT OF	GUARDIAN	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OF		
	CONSENT OF PARENTS, PARENT OF We, the parents, of this applicant hereby signs, state facts which render the conse	y give consent for this marriag	

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Day.

ANNIARIAN

State of Indiana, County of HENDRICKS		State of Indiana, County of	} ss:
Signed	Father	Signed	Father
Signed	Mother	Signed	
Subscribed and sworn to before me this			his
	Clerk		Clerk
Count	authorizes and directs the issuance of	a marriage license to the above	
Be It Remembered, there	RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFIC	ATE HENDRICKS Circuit Court
of Indiana dated the	day of	se issued by the clerk of the, 19. S., authorizi	ing the joining together as husband and wife
Be it further remembered, the following	marriage certificate was filed in my of	id fice to wit:	
1,		ereby certify that on the	day of
and nene nanarea ana		, +	
ar our content of the second s			
and, Bride			County, State of
County.	tice og a marriage license issued for t	hat purpose by the Clerk of the (Circuit Court of HENDRICKS
Dated thisday of.			
Filed and recorded in	C	Official Doctory	
and and recorded in accordance with th	e laws of the State of Indiana this		
		Signed	Clerk
			HENDRICKS

	45
Form Prescribed By Indiana State Board of Health under Authority of IC 31-1-3-2 Effective July L 1977	MARRIAGE LICENSE No. 173
Linter	County5-7-85 ⁻
MALE Medical Examination Report Dated 4-23-85	FEMALE Medical Examination Report Dated 4-23-85
Name of Physician Dunkervee	
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,000", shall be fined in any sum not exceeding five hundred dollars (\$500,000", MALE APPLICANT	ever procures the issuance of a license to process
shall be fined in any same MALE APPLICANT	
Name Eirst Middle Nichola	Name Figst
Date of Birth Month Day Year	Date of Birth Month Augan Burg Last
Place of Birth (State or foreign country)	Place of Birth (State or foreigh country) Day Year Place of Birth (State or foreigh country)
Residence Address Street or R. R. Bracereduesc A.	Residence Address Street or R. R. Gity County States
Previous Marital Status Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce P Annulment D
	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) D. M. I.D.	Dother (Specify) Dr. License
I. Are you now or have you ever been adjudged to be of unsound mind? No Pres If answer is "yes", has the adjudication been removed? No Pres	1. Are you now or have you ever been adjudged to be of unsound mind? No Dres D
2. Are you afflicted with a transmissible disease? No Yes D	If answer is "yes", has the adjudication been removed? No U Yes U 2. Are you afflicted with a transmissible disease? No U Yes U
3. Are you related to the female applicant closer than second cousin? No Ves D	3. Are you related to the male applicant closer than second cousin? No 2 Tes D
4. Are you now under the influence of intoxicating liquor? No Yes D 5. Are you now under the influence of a narcotic drug? No Yes D	4. Are you now under the influence of intoxicating liquor? No D Yes D
Are you now under the influence of a narcould drug: No Yes List the full names of any dependent children:	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
Kelli Thehols	Darmes Oak
	Jeffrey Dakes
Are you required by any court order or orders to support the above dependent children? No Yes D	7. Are you required by any court order or orders to support the above dependent children? No D Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
Full name of father fill C. I fillious	8. Full name of father Haward Hewton
Residence of father (if deceased so state)	Residence of father (if deceased so state) All Planets
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
. Full maiden name of mother	9. Full maiden name of mother / Would / Nonna
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
County of HENDRICKS	HENDRICKS as: in this application is true and correct.
sind Ben Makes	Signed Patricia S. Bush
New Address 10/92 N. 800 E	New Address 10192 N. 800 E. Brownsburgs
Subscribed and sworn to before me this ? day of May	Subscribed and sworn to before me this Z day of Way 1920.
Man an Russel Clerk HENDRICKS Circuit Court	Mary pre Rusself Clerk HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent
ve, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant never provide the other parent unnecessary
gns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the constant
	and the second sec
tate of Indiana, County of HENDRICKS } 58:	State of Indiana. HENDRICKS
	Signed
SignedFather	Mother
Signed	Signed
ubscribed and sworn to before me thisday of	
Clerk	having been refused to the above named parties, the
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUF HENDRICKS	T. A marriage license having been refused to the above and filed ourt by written order issued
County	ning license to the above named participation
authorizes and diffe	HENDRICKS CIrcuit Court
Be It Remembered, there was filed in my office a marriage licer	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court nese issued by the clerk of the device the initial together as husband and wife
the alt B amount and the second find in may office a marriage liver	is the joining the joining toget
indiana dated the 1 The day of 1 1 Mill	DATRICIA SUSAN
e it further remembered, the following marriage certificate was filed in my	if that on the day of IN HENDRICKS
GEORGE W. DAVIS	BROWNSBURG
tate of T	of HENDRICKS
nd, Bride PATRICIA SUSAN BUSH of	MARION HENDRICHO
ere by meaning issued for	that purpose by the ottained
ounty.	/s/ GEORGE W. DAVIS
Dated this 17	35. /s/ GEORGE W. DAVIS Signed UNITED METHODIST MINISTER Official Designation MAY 21 day of
Filed and recorded in accordance with the laws of the State of Indiana this	21 MUSAL INDOLCKS and Court
"ea and recorded in accordance with the laws of the State of Indiana this	Signed Aug Curve HENDRICKS Circuit Court

STATE OF	F INDIANA No
Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File
Health under Authority of LC. 31-1-3-2 HENDRICE	KS 2-03
Effective July 1. 1977	County Date of Application
	FEMALE
MALE Medical Examination Report Dated5-1-85	Medical Examination Report Dated
	Name of Physician darry De Fan
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who	over procures the issuance of a license to marry by any false statement, representation or pre
ALL QUESTIONS MUST BE ANSWERED. LC, 31-1-3-6 prescribed "False statement-who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Jonet D. Smith
Devid Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indele Stad	Residence Address Street or R. R. City. County State
Residence Address Street or R. R. City, County State	10 Ledgewood Nanville, Und.
Previous Marital Status: Never Married D OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: D Birth Certificate D Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
	Of Other (Specify)
Other (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind? No The Y
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 🗆 Y
If answer is "yes". has the adjudication been removed? No U Yes U 2. Are you afflicted with a transmissible disease? No U Yes U	2. Are you afflicted with a transmissible disease? No 🐨 y
 Are you afflicted with a transmissible disease. Are you related to the female applicant closer than second cousin? 	3. Are you related to the male applicant closer than second cousin? No Vy
4. Are you now under the influence of intoxicating liquor? No Ves	4. Are you now under the influence of intoxicating liquor? No Dy
5. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆	5. Are you now under the influence of a narcotic drug? No Dry
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No 🗆 Yes 🗆	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you a
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father Sold & Succession
Residence of father (if deceased so state) <u>taller Und</u>	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Edith Y, Chambers	9. Full maiden name of mother Patone R. Stally
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
0 0 . 10 6. 90	A lake of a
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.	County of HENDRICKS
All the second	Saut of huith
Signed on the stand hal	Signed A.
New Address 10 RED COE SOBY NO	New Address / Cl. Alaganta and Alaganta
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this
Mary Jane Kiesell Clerk HENDRICKS Circuit Court	11 any Jane Russell Clerk HENDRICKS Circuit C
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parents
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS }ss:	State of Indiana,
County of	County of HENDRICKS } ss:
Signed	SignedFa
Signed	Signed
Subscribed and sworn to before me this	
	Subscribed and sworn to before me this
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUP HENDRICKS	RT. A marriage license having been refuged to the share and parties
County	ourt by written order issued
inauthorizes and directs the issuance of	of a marriage license to the shore and here it
increase increase in the second of the second of the second secon	SE AND MARRIAGE CERTIFICATE nse issued by the clerk of the HENDRICKS Circuit C
of Indiana dated the 13 day of A A	use issued by the clerk of the
of Indiana dated the A get a get and the A get	
Be it further remembered, the following marriage certificate was filed in my	and JANET G. SMITH
I, DEWEY A. THACKSTON	
one thousand nine hundred and 85 State of Indiana, Groom D., Jeffrey Furman	.at
and Bride	HENDRICKS
JANET G. SMITH	County, State of IN
and, BrideJANET G. SMITHofofofofof	that mirnese by the Clark till an and the HENDRICKS
were by me united in marriage as authorized by a marriage license issued for County.	that purpose by the Clerk of the Circuit Court of HENDRICKS
were by me united in marriage as authorized by a marriage license issued for County. Dated this	that purpose by the Clerk of the Circuit Court of
were by me united in marriage as authorized by a marriage license issued for County. Dated this	that purpose by the Clerk of the Circuit Court of
were by me united in marriage as authorized by a marriage license issued for County. Dated this	that purpose by the Clerk of the Circuit Court of

m Prescribed By STATE OF	INDIANA
ana State Board of APPLICATION FOR N	ARRIAGE LICENCE No. 175
In under 1.1322 C. 31-1-322 Petive July 1, 1977 HENDRICK	S File
	County5-8-85
MALE Medical Examination Report Dated 4-30-85	FEMALE Date of Application
Nome of Physician 12 whall yealing	Medical Examination Report Dated 4-30-85- Name of Physician Withow O
1 OUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement-Whoe	ware of Physician Mulase Gools
L QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoe It be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	respondences the issuance of a license to marry by any false statement, representation or pretense
me First Middle Last	FEMALE APPLICANT
Pith Month Day Year	Date of River & Middle Last
ce of Birth (State or foreign country)	Day Matheway
idence Address Street or R. R. City County State	Place of Birth (State or foreign country) Residence Address Street on Dad
320 N. Japanen D Wang	320 N. Street or R. R. City County State
vious Marital Status. Never Married D OR	Previous Marital Status: Never Married OR
t Marriage Ended By: Death Divorce Annulment C e of birth verified by: A Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce D Appulse D
e of birth vertice of p	Date of birth verified by: A Birth Certificate Judicial Decree
Other (Specify)	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	1. Are you now or have you ever been adjudged to be of unsound mind? No TYES D
If answer is yes has the asymptotic disease?	It answer is "yes", has the adjudication been removed? No D Yes D
Are you related to the female applicant closer than second cousin? No Yes D	3. Are you related to the male applicant closer than second cousin? No Yes D
Are you now under the influence of intoxicating liquor? No 🗗 Yes 🗆 Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆	4. Are you now under the influence of intoxicating liquor? No Pres D
Are you now under the influence of a narcotic drug: No Yes U List the full names of any dependent children.	 Are you now under the influence of a narcotic drug? No P Yes D List the full names of any dependent children.
	and the fair fairles of any dependent children.
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No 🗆 Yes 🗆	dependent children? No O Yes O
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court_order or orders issued for their support.
Fullname offather William Edurard Jones S.	8. Full name of father Ralas Vestand
tesidence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Ohio
Full maiden name of mother Virginia Rath Jones	9. Full maiden name of mother Jourt & Rowlby
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) O Riso
te of Indiana, I depose and state the information given	State of Indiana, HENDRICKS County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.
Inty of HENDRICKS Ss: in this application is true and correct.	County of
Signed Williams, Jones Je.	Signed Lana Josephina
New Address 300 NORSEROOM TH	New Address BON. Selection
seribed and sworn to before me this day of 1902, 1902	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
Mary Jane Mussell Clerk HENDRICKS Circuit Court	11 an fane hissell Clerk Circuit court
NERVI OF RUDENTS, RESERVED	CONSENT OF PARENTS, PARENT OR GUARDIAN
SENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
s, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
e of Indiana, http://www.http.of	State of Indiana, HENDRICKS
	Signed
Signed	
Signed	Signed
cribed and sworn to before me this	
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	having been refused to the above named parties, the
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license naving scont and filed
HENDRICKS County	for marriage license to the above named parties.
authorizes and uncere and	HENDRICKS CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licen	E AND matthe clerk of the
19 1 1 Semembered there was fled in malamce a multing	C thomand the journe
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage licen Indiana dated the <u>/3</u> The day of <u>MILLIAM EDWARD JONES</u> , JR. it further remembered, the following marriage certificate was filed in my o	nd
it further remembered, the following marriage certificate was filed in my o	hereby certify that on the24thday of HENDRICKS
it further remembered, the following marriage certificate was filed in my o G. DAYLE CAIN thousand nine hundred and 85	atBROWNSBURG, County State ofIN
te of Indiana WILLIAM EDWARD JONES, JR.	of
G. DAYLE CAIN thousand nine hundred and 85 te of Indiana, Groom WILLIAM EDWARD JONES, JR. Bride DIANA LYNNE VESTRAND of te by me united in marriage group the right has a marriage license issued for	HENDRICKS Hendrick of the Circuit Court of Hendricko
e by me united in many is vest RAND	that purpose by the Clern of a
anty. ted this	CATN-
ted this 24 thy of MAY, 19	
ed and recorded in accordance with the laws of the State of Indiana this	Official Designation MAY Clerk

per l	460	
4		177
	STATE OF	INDIANA No
	Form Prescribed By Indiana State Board of APPLICATION FOR M	IARRIAGE LICENSE File
	Health under Authority HENDRICK	S County 5-8-85
	Effective July 1, 1977	Date of Application
		FEMALE S-6-85
	MALE Medical Examination Report Dated 5-6-85 New Black	Medical Examination Report Dated
	Name of Physician James Black	Name of Physician James Black
The backing build partial	Whoe ANSWERED 1 (131-1-3-6 prescribed "False statement-Whoe	over procures the issuance of a license to marry by any false statement, representation or pretense
Malline	ALL QUESTIONS MUST BE ANSWERED, hundred dollars (\$500,00)", shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	FEMALE APPLICANT
	Name First Middle Bowley	Name First Middle Blast
	Duron Day Year	Date of Birth Month Day Year
	Pare of Dimi	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	Residence Address Street or R. R. City - County State
	Residence Address Street or R. R. City County State	- Jule Munded . Ad teaning TT
	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
	Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
	Date of birth verified by: D Birth Certificate D Judicial Decree	
	(Other (Specify) dr. lin).	A Other (Specify) dr. fier
	1. Are you now or have you ever been adjudged to be of unsound mind? No 💇 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
	If answer is "yes", has the adjudication been removed? No Ves No Ve	If answer is "yes", has the adjudication been removed? No Yes D 2. Are you afflicted with a transmissible disease? No Yes D
	2. Are you afflicted with a transmissible disease.	Are you related to the male applicant closer than second cousin? No Ves
	 Are you related to the female applicant closer than second cousin? Are you now under the influence of intoxicating liquor? No Yes I 	4. Are you now under the influence of intoxicating liquor? No Yes D
	5. Are you now under the influence of a narcotic drug? No Yes D	5. Are you now under the influence of a narcotic drug? No Vies D
	6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Coluce Marie Bowled	
	7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above dependent children? No Yes
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
FT	8. Full name of father balles t. Bowles	8. Fullname of father father father
	Residence of father (if deceased so state)	Residence of father (if deceased so state)
	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	9. Full maiden name of mother Particular N. Shalles	9. Full maiden name of mother Alada R. Haatmann
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
and the state	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	State of Indiana, HENDRICKS I depose and state the information given this application is true and correct.	State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.
		County of
	New Address 233 PORT SULVIA DR. = C INDRS-IN, 46224	Signed X Charod a. Drown
	S 0. 95	New Address 233 Part Uly 40 Kor 3 Hall anafoly 22
	Subscribed and sworn to before me this day of HENDRICKS	Subscribed and sworn to before me this day of 1900, 1900
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Circuit Court	Mary Jose Rhatellerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
C. La Carlo de Constantes d		the state which render the consent of the other parent unnecessary

120

v

State of Indiana, County of	State of Indiana, County of HENDRICKS ss:
Signed	Signed
Clerk	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	T. A marriage license having been refused to the above named parties, the pourt by written order issued
of Indiana dated the	
State of Indiana, Groom BYRON DEAN BOWLES and, Bride	of
were by me united in marriage as authorized by a marriage license issued for County. Dated this	that purpose by the Clerk of the Cinetic County, State of HENDRICKS
	Signed /s/ LARRY R. HESSON
	Signed A gave Russell Clerk HENDRICKS Circuit Court

	461		
Form Prescribed By STATE OF APPLICATION FOR	INDIANA		
Indiana oder Authority	ARRIAGE LICENSE		
Health under of IC 31-1-3-2 Effective July 1 1977	SCounty		
MALE Medical Examination Report Dated 5-6-85	FEMALE Date of Application		
Name of Physician Annual Shaw	Medical Examination Report Dated 5-7-85		
Name of Physical Name of Physical Physical Structure Statement - Whom the statement - who st	Name of Physician Fred R. Brooke		
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT	the procures the issuance of a license to marry by any false statement, representation or pretense		
First Middle Last	Name First		
Name Brut Annald Date of Birth March Day Year	Data of Right (aren) - Middle De Last		
Place of Birth (State or foreign couptry)	Place of Birth (State or foreign (quntry) 24 58		
Residence Address Street og R. R. OCity County State	ball		
- 37 Jane my rapp. Surger	RRI Box 239D. Pittarow D. State		
Previous Marital Status Never Married OR Iast Marriage Ended By Death O Divorce & Annulment O	Previous Marital Status: Never Married O OR		
Last Marriage Ended by Death Certificate Dudicial Decree	Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate D Judicial Decree		
A Other (Specify) dr. lice			
Other (Specify) Other (Specify) No Pres	b Other (Specify) dr. lie)		
If answer is "yes", has the adjudication been removed? No Ves D	Are you now or have you ever been adjudged to be of unsound mind? No Yes D If answer is "yes", has the adjudication been removed? No D Yes D		
2 Are you afflicted with a transmissible disease? No Ves D	2. Are you afflicted with a transmissible disease? No Ves D		
3. Are you related to the female applicant closer than second cousin? No Ves D 4. Are you now under the influence of intoxicating liquor? No Ves D	Are you related to the male applicant closer than second cousin? No B Yes D Are you now under the influence of intoxicating liquor? No D Yes D		
5. Are you now under the influence of a narcotic drug? No D Yes D	Are you now under the influence of intoxicating liquor? No Yes No Yes No Ves		
6. List the full names of any dependent children.	6. List the full names of any dependent children.		
7. Are you required by any court order or orders to support the above			
dependent children' No Ves D	 Are you required by any court order or orders to support the above dependent children? No Yes 		
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any ourt order or orders usual for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with app_court order or orders issued for their support.		
8 Full name of father Market & Strate Lorald Annold	8. Full name of father Richard Lee Ibid		
Residence of father (if decensed so state) Decenced	Residence of father (if deceased so state) Ind pla. Ind.		
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)		
9. Full maiden name of mother Hatlange Aprile Klinger	9. Full maiden name of mother facture farman		
Residence of mother (if deceased so states Pill Sid	Residence of mother (if deceased so state) becoased		
Birthplace of mother 1 State or foreign country 1	Birthplace of mother (State or foreign country)		
State of Indiana. County of HENDRICKS as: I depose and state the information given in This application is true and correct.	State of Indiana. HENDRICKS County of HENDRICKS		
y to black	signed have bload		
New Address RR BOX 239-N PHTS BORD IN 46167	New Address RRI BOX239N Pittsboroff667		
Subscribed and sworn to before me this day of May	Subscribed and sworn to before me this day of 110, 1922.		
Mangane Russell Clerk HENDRICKS Circuit Court	Mary Jane Russell Clerk HENDRICKS Circuit Court		
	CONSENT OF PARENTS, PARENT OR GUARDIAN		
CONSENT OF PARENTS, PARENT OR GUARDIAN	We the parents, of this applicant hereby give consent for this marriage. If only one parent		
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary		
signs, state facts which render the consent of the other parent unnecessary			
State of Indiana,	State of Indiana, HENDRICKS		
County of HENDRICKS	County of Father		
Signed	Signed Mother		
Signed Mother	Signed		
Subscribed and sworn to before me this day of, 19,			
Clerk	having been refused to the above named parties, the		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the			
County	icense to the above name i		
authorizes and directs the local	CEPTIFICATE UENIDRICKS Circuit Court		
Be It Remembered there was filed in my office a marriage lice	nse issued by the clerk of the		
of Indiana dated the 13 day of May	SE AND MARRIAGE CERTIFICEN HENDRICKS.		
JAY BRENT ARNOLD Be it further remembered, the following marriage certificate was filed in my	KAREN LYNN CLOOD and office, to-wit: 13th		
I,WILLIAM R. CLAYTON	hereby certify that on the county of the cou		
State in State in State Stat	County, State of USUDPICKS		
I,WILLIAM R. CLAYTON one thousand nine hundred andS State of Indiana, GroomJAY BRENT ARNOLD and, BrideKAREN LYNN CLOUDof	t the Circuit Court of		
were by me units 1:	that purpose by the		
County.	85 /s/ WILLIAM R. CLAITE		
Dated this 13th day of MAY , 19	PASTOR		
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation		
and recorded in accordance with the laws of the State of Indiana this	Signed Mary		

Form Prescribed By	STATE OF			
Indiana State Board of Health under Authority of I.C. 31-1-3-2		MARRIAGE LICENSE	r	-85-
Effective July 1, 1977	HENDRICK	County	and the second se	Application
MALE		FEMALE Medical Examination Report	Dated ()()	
Medical Examination Report Dated	n fa	Bland	and Deat Wa	lit serie
Name of Physician Siles	Vest Wayser y	Name of Physician Mary	Jane Comer	ghalge
ALL QUESTIONS MUST BE ANSWERED. I.C. 31- shall be fined in any sum not exceeding five hundred	1-3-6 prescribed False statement-Who dollars (\$500.00)".			resentation or preter
shall be fined in any sum not exceeding the management			LE APPLICANT Middle	
Name First Middle	Last Last	Name First	A leinol	Last
Date of Birth Month Day	Year	Date of Birth Month	Day	27
Place of Birth (State or foreign country)	CAROL	Place of Birth (State or foreign country)	e but	
Residence Address Street or R.R. Cit		Residence Address Street or R. 2596 Madure	Rd apt CI P	LAN MALADA
and the formation of the	attadiona	Previous Marital Status: Never Married	OR	
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment		Last Marriage Ended By: Death Divorce	e 🖬 Annulment 🗆	
Date of birth verified by: Birth Certificate Judicial D		Date of birth verified by: D Birth Certificat	te 🛛 Judicial Decree	
Dther (Specify) dr. Lic		Other (Specify)	. Cail	
Other (Specify) Other (Specify) Are you now or have you ever been adjudged to be of unsoun	d mind? No Ves D	1. Are you now or have you ever been adjudg	ed to be of unsound mind?	No Ves
If answer is "yes", has the adjudication been removed?	No Ves	If answer is "yes", has the adjudication bee		No Ves
2. Are you afflicted with a transmissible disease?	No Ves No Yes	 Are you afflicted with a transmissible dise Are you related to the male applicant close 		No Yes
 Are you related to the female applicant closer than second co Are you now under the influence of intoxicating liquor? 	No 🖾 Yes 🗆	4. Are you now under the influence of intoxic	eating liquor?	No D Yes
5. Are you now under the influence of a narcotic drug?	No Ves D	5. Are you now under the influence of a narco		No C Yes
6. List the full names of any dependent children.		6. List the full names of any dependent child	ren.	
X				
		7. Are you required by any court order or ord	dore to support the shove	
Are you required by any court order or orders to support the dependent children?	No Ves	dependent children?		No D Yes
If answer is "yes", it is required that this Application be accor		If answer is "yes", it is required that this A		factory proof that you ar
compliance with any court order or orders issued for their su 8. Full name of father Autol and	upport.	s. Full name of father	Lano R	Joine
Residence of father (if deceased so state)	J.	Residence of father (if deceased so state)	becased	
Birthplace of father (State or foreign country) Mass	N .	Birthplace of father (State or foreign country	Canaihall ,	
R'id E		N.	111 111	Q S
7. Full maiden name of mother ' MAAULU	(alia)	9 Full maiden name of mother 110	ullalle ye	1 Maral
9. Full maiden name of mother Martin Residence of mother (if deceased so state)	ed be	9. Full maiden name of mother Residence of mother (if deceased so state)	Lesarad	replaced
1 Com	ed al.	Residence of mother (if deceased so state)	al. line	Mara
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Form Prescribed By Indiana State Board of Health under Authority A	
Health under Authority A of I.C. 31-1-3-2 Effective July 1, 1977	FROM THE DESK OF
Energy any 1, 1977	Mary Jane Russell
MALE	
Medical Examination Report Dated	County Clerk Siled
Name of Physician Siles	tion or pretense
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3 shall be fined in any sum not exceeding five hundred de	May 9, 1985
MALE APPLICAN	Last
Name First Middle	user and a second
Date of Birth Month Day	Dear Mr. & Mrs. Francis Narcizo;
Place of Birth (State or foreign country) .	
Residence Address Street or R. City	Upon recording your marriage license we found a
2596 Maduas Rd li	mistake was made on the date of birth on Clarabelle, we show a data for the date of birth on
Previous Marital Status: Never Married VOR Last Marriage Ended By: Death Divorce Annulment	Clarabelle, we show a date of birth on which if true, that would make her age 57.
Last Marriage Ended By: Death Divorce Annument	
	year of her birth 1913.
 Other (Specify) down, Lico Are you now or have you ever been adjudged to be of unsoun 	Please notify us of the correct date of birth
If answer is "yes", has the adjudication been removed?	as soon as possible so we can finish the recording No Yes D of your license. Thank you for your
2. Are you afflicted with a transmissible disease?	of your license. Thank you for your cooperation No Yes D
3. Are you related to the female applicant closer than second co	No BY Yes D
 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? 	No 🗗 Yes 🗆
6. List the full names of any dependent children.	Cindu on
	Cindy Spence Deputy Clerk, Hendricks CO.
	Danville, Indiana
 Are you required by any court order or orders to support t dependent children? 	No 🗆 Yes 🗆
If answer is "yes", it is required that this Application be ac	factory proof that you are in
compliance with any court order or orders issued for their	
8. Full name of father The an well 1 for	A second s
Residence of father (if deceased so state)	
Birthplace of father (State or foreign country)	R. Ja. D
9. Full maiden name of mother 1200	and march
Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country)	
	and state the information given application is true
Signed X Fra Rinces na	1 cuis
New Address 4217 Augracing	co. and
Subscribed and sworn to before me this	May 1953 Subscribed and sworn to before me this day of May 19
	HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for th	his marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other pare	ent unnecessary
anglis, state facts which relider the consent of the other par	

State of Indiana, County of HENDRICKS

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State of Indiana, HENDRICKS }ss: en antico antico

b 2 Armentaries

	County of
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	Clerk
in lerke office authorizes and directs the issuance of	T. A marriage license having been refused to the above named parties, the ourt by written order issued
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE ase issued by the clerk of the HENDRICKS , 19, authorizing the joining together as husband and wife
I,MARY JANE RUSSELL one thousand nine hundred and	hereby certify that on the
Dated this	Signed

m Prescribed By STATE OF iana State Board of APPLICATION FOR T	'INDIANA
lith under a p	MARRIAGE LICENSE
C. 31-1-32 ective July 1, 1977	County File
MALE Report Dated May 7, 1985	
Medical Examination Report Dated	FEMALE Date of Application
Name of Physician David M. Hadey	Medical Examination Report Dated May 3, 1985
Name of Party	Name of Physician David m about
L QUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement—Who Il be fined in any sum not exceeding five hundred dollars (\$500,000", MALE APPLICANT	ever procures the issuance of a license to many
MALE APPLICANT	incluse to marry by any false statement, representation or pretense
ne r First minate U. Last	Name FEMALE APPLICANT
e of Birth Month Day Year	Middle 2
ce of Birth (State or foreign country)	Date of Birth Month Day Butterfield
happen and	Place of Birth (State or foreign country) 23 49
dence Address Street or R. R. City County State	Residence Address Street P. Intig
happe and OR	High Lafer City County State
ious Marital Status: Never Married OR Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married O OR
of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death 🛱 Divorce 🗖 Arrest D
	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Arweis Pecense	Other (Specify) Urwers Light
Are you now or have you ever been adjudged to be of unsound mind? No 2 Yes	
fanswer is "yes", has the adjudication been removed? No Yes D	Are you now or have you ever been adjudged to be of unsound mind? Not Yes If answer is "yes", has the adjudication been removed? Not Yes
Are you afflicted with a transmissible disease? No 🗹 yes 🗆	2. Are you afflicted with a transmissibility in a
Are you related to the female applicant closer than second cousin? No Xes	3. Are you related to the male applicant closes the
tre you now under the influence of intoxicating liquor? No Ves D	4. Are you now under the influence of intoxicating ligner?
Are you now under the influence of a narcotic drug? No 🗹 · Yes 🗆	5. Are you now under the influence of a narcotic drug?
ist the full names of any dependent children.	6. List the full names of any dependent children,
Christopher Mechael Shorms	- Vicki Lynn Butterfield
Keven Unver Grooms	Brian Lee Butterfield
	Mullerfull.
re you required by any court order or orders to support the above	7. Are you required by any court order and
ependent children? No 🗆 Yes 🗹	 Are you required by any court order or orders to support the above dependent children? No D Yes D
answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
mpliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
ull name of father and here of the second se	8. Full name of father Odrand Allchart
esidence of father (if deceased so state).	Residence of father (if deceased so state)
irthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Interne
Full maiden name of mother Ruby Frecille Shelton	9. Full maiden name of mother Estelle Puline Stephens
A / A	C i i i
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
e of Indiana, hty of HENDRICKS } ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS County of
1.1.	A. A Buttolial
Signed Signed Grooms Th	Signed fame and the second
New Address 1731 RAMSey LN	New Address 1731 Ramsey Lane
day of Thuy, 1955	Subscribed and sworn to before me this day of HENDRICKS
Mary Jone Kuspell Clerk HENDRICKS Circuit Court	Mary Opre Kursell Clerk HENDRICKS Circuit Cour
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
of Indiana,	State of Indiana, HENDRICKS
ty of HENDRICKS } ss :	County of
Signed	Signed
Signed	Signed
ribed and sworn to before me this	Cler
Clerk	the share named parties, the
	T. A marriage license having been refused to the above named particles and files
HENDRICKS	T. A marriage license having been refused to the above and filed urt by written order issued
authorizes and directs the issuance of	f a marriage license to the above named parties.
Be It Remembered, there was filed in my office a marriage licent	se issued by the clerk of the
10 1 1 Printered there was flad in may other a marthuge tooth	Vo the joining together
dated the	JANICE A. BUTTERFIELD
further read ANVER GROOMS III	ffice, to-wit: 18 day of
t further remembered, the following marriage certificate was filed in my of DEWEY A. THACKSTON h thousand nine hundred and 85 e of Indiana Crease house and a the second and the second	ereby certify that on the pLAINFIELD , County of
thousand mine la training 185	County, State of
by ma with the	Let the Clerk of the Curr
ty a marriage as authorized by a marriage incense would f	THE OW CTON
	Laforda and COSPEL
d this 10	Signed MINISTER OF THE GOOL
d this 18 day of MAY, 19	85 Signed /s/ DEWEY A. THACKSTON MINISTER OF THE GOSPEL day of MAY Clerk

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	MARRIAGE LICENSE File
Health under Authority HENDRIC	
Health under Authority HENDRIC	
	CKSCounty
	Date of Application
	FEMALE
MALE Juning Report Dated	Medical Examination Report Dated 5-6-85
MALLE Medical Examination Report Dated	Name of Physician James Black
	Name of Physician
Name of Fillysteam	moever procures the issuance of a license to marry by any false statement, representation or prete
ALL QUESTIONS MUST BE ANSWERED, I.C. 51(10) dollars (\$500,00)". shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Last
Name First Middle Last	Mary Bathleen Jone
ames N- Year	Date of Birth Month Day Yest
12 1700	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) on we land Bhalley IN.	Residence Address Street or R. R City // County _ State
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County. State
77 24. End avenue North Flainfied M. F.	- Contract P OP
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married @ OR
ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Real Conner	Other (Specify) Alterretes Leaense
□ Other (Specify) <u>Althouse</u> <u>Joeffee</u> <u>No</u> <u>Yes</u> □	1. Are you now or have you ever been adjudged to be of unsound mind? No Y
Are you now or have you ever been adjudged to be of unsound mind.	1. Are you now or have you ever been adjudged to be of unsolid hind. No □ Y If answer is "yes", has the adjudication been removed? No □ Y
If answer is "ves", has the adjudication been removed?	
2. Are you afflicted with a transmissible disease?	
3. Are you related to the female applicant closer than second cousin? No Yes	3. Alte you related to the time off
Are you now under the influence of intoxicating liquor? No Ves	4. Are you now under the influence of intoxicating liquor? No T y
5. Are you now under the influence of a narcotic drug? No 🗹 Yes 🗆	o. Arc you now analy the
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	 Are you required by any court order or orders to support the above dependent children?
dependent children? No U Yes U If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you a
	compliance with any court-order or orders issued for their support)
compliance with any court order or orders issued for their support.	8. Full name of father Alabert Stee Street
8. Full name of father Cauche Muchan Spice	Daniella In.
Residence of father (if deceased so state) Cleveland Schmedde	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Sarah Elegabeth Ramsey	9. Full maiden name of mother Pheplle's Steene Holt
Plandend Spin and and	Daniel
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Nanvelle Sn.
Birthplace of mother (State or foreign country) leveland Senneasee	Birthplace of mother (State or foreign country)
State of Indiana,	State of Indiana,
County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	County of
Signed James David Life	small ary Kathloom Vones
	Signed, L. J. M. T. J. J. Marcel, March March and March and March
New Address	New Address
Subscribed and sworn to before me this 9th day of Malf 19.85	Subscribed and sworn to before me this 9 Th day of Melif 19
Mary and Russell Clerk HENDRICKS Circuit Court	Maret ane Russell Gerk HENDRICKS Circuit
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
	We, the parents, of this applicant hereby give consent for this marriage. If only one p
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana,

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Rate Harry An a man

SIZIO CICIC

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MINA INTA ANIA

County of HENDRICKS	State of Indiana, County of HENDRICKS
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me this	
	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	JRT. A marriage license having been refused to the above named parties, the Court by written order issuedand filed
of Indiana dated the 28th day of MAY JAMES D. LYLE Be it further remembered the following married and the following married the foll	NSE AND MARRIAGE CERTIFICATE cense issued by the clerk of the HENDRICKS , 19.85., authorizing the joining together as husband and wife and MARY KATHLEEN JONES y office, to-wit:
one thousand nine hundred and EIGHTY-FIVE	y office, to-wit: hereby certify that on the 15th day of JUNE at BROWNSBURG , County of HENDRICKS
and, BrideMARY KATHLEEN JONES	HENDRICKS
were by me united in marriage as authorized by a marriage license issued for County. Dated this	85
	Signed /S/REV. Donald Tyler Official Designation Baptist Minister 17th JUNE 19 85
	Signed / S/ Mary Jane Russell Clerk
	HENDRICKS Circuit Cour

	465
Form Prescribed By STATE OF	INDIANA
Indiana State Authority APPLICATION FOR	MARRIAGE LICENSE No. 181
Health under of I.C. 31-1-3-2 Effective July 1 1977	File
	CountyS- & &=
MALE Medical Examination Report Dated 4.26-85	FEMALE Date of Application
Name of Physician Williams a Edwards	Medical Examination Report Dated
Name of Physician	Name of Physician William a Pol
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)", MALE APPLICANT	ever procures the issuance of a license to marry be any fet
	Data any task statement, representation or pretense
Name Douglas Jusker. Last	Name First
Date of Birth Month Day Year 7110 31 1962	Date of Birth Month Achelle Richard Last
Place of Birth (State or foreign country) Indeand	Place of Birth (State or foreign country)
Residence Address F. Street or R. R. City County State	Residence Address Street Induand
Previous Marital Status Never Married OR	A 4 3 13 X 9 9 Manville Man Jon State
Annulment	Previous Marital Status: Never Married O OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Divorce Divorce Judicial Decree
L.	
Other (Specify) An All I. Are you now or have you ever been adjudged to be of unsound mind? No Pres D	Dother (Specify) Le Lec.
I. Are you now of marc judication been removed? No Ves V	1. Are you now or have you ever been adjudged to be of unsound mind? No Tes D
2. Are you afflicted with a transmissible disease" No P Yes D	If answer is "yes", has the adjudication been removed? No U Yes U 2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No Yes D	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor? No Pres	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Ves I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No 🗆 Yes 🗆
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sumothy Dans. Fusher	8. Full name of father Robert Clarence Richardson
Residence of father (if deceased so state) Indiand	Residence of father (if deceased so state) Quelland
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother_ Jaudith Gatton	9. Full maiden name of mother Jo-ann Jones
Residence of mother (if deceased so state) Indeand	Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indeance
State of Indiana,	State of Indiana, HENDRICKS County of HENDRICKS Bas: I depose and state the information given in this application is true and correct.
County of HENDRICKS } as: In this application is true and correct.	
Signed Buon D. Tisku	Signed L. Parchelle Rechardon
New Address 416 W. Centre St Apt 15 Plainfull De	New Address 1/6 71 Center St Opt 15 Place
Subscribed and sworn to before me this & day of May, 19.85	Subscribed and sworn to before me this 8 day of May, 19.85 HENDRICKS Grant Court
Mary Jane Quessel Clerk HENDRICKS Circuit Court	Mary Jane Russell Clerk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant interpret signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which felder
	and the second se
State of Indiana, County of HENDRICKS	State of Indiana, HENDRICKS
County of Bas :	County of Father
Signed	Mother
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to control Clerk
Clerk	to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	and filed and filed to the above named parties.
HENDRICKS County	ourt by written order issued
inauthorizes and directs the issuance of	F AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
RETURN OF MARRIAGE LICENS	E AND MARKING and wife
Be It Remembered, there was filed in my office a marriage licen	19 19 authorizing the joining together as husband
and dated the day of	DACHELLE RICHARDE
be it further remembered, the following marriage certificate was filed in my o	office, to-wit. Hendricks HENDRICKS
Be it further remembered, the following marriage certificate was filed in my of I	BROWNSBURG, County of IN
State is a state of the state o	At
I,	HENDRICKS HENDRICKS
were by me units ?	that purpose by the Clerk of the Circuit Court of
and, Bride	that purpose by the Clerk of the Contract of t
oulpd the	
the second second second second	Signed /s/ ROBERT RANDOLPH RICHIM Signed /s/ ROBERT RANDOLPH RICHIM Official Designation PREACHER 0 day of 30 day of Aug Clerk HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this	30 HENDRICKS Circuit Court
The asked Statements	Signed Mary Jun

Taxe of Birth Morels Day Cursty Flace of Birth (State or Forsign Country) Store (or K, K) Cursty Store Readence Address Store (or K, K) Cursty Store Previous Marial Status Never Married S-OR Anniment □ Lat Marrage Endel By: Dath _ Diverce Anniment □ Date of birth verified by: □ Since (or K, K) No □ 1 Are you now hav you ever been adjudged to be of unsound mind! No □ Yes □ 1. Are you now inder the influence of inaxicating liquer? No □ Yes □ 2. Are you now inder the influence of an accould crust? No □ Yes □ 3. Are you now inder the influence of an accould crust? No □ Yes □ 4. Are you now inder the influence of an accould crust? No □ Yes □ 7. Are you required by any court order or orders to support the above degendent thider? No □ Yes □ 1. Are you now inder the influence of an accould crust? No □ Yes □ 1. Are you now inder the influence of an accould crust? No □ Yes □ 1. Are you now inder the influence of an accould crust? No □ Yes □ 1. Are you now inder the influence of an accould crust? No □ Yes □ 1. Are you now inder the influence of an accould crust? No □ Yes □	County Date of Applicat FEMALE Medical Examination Report Dated <u>3-6-85</u> Name of Physician <u>uest</u>
Effective day 1. 1971 MALE Marine of Physician Mutual ALL QUESTIONS MIST BE ANSWERED. 10. 311 hit greenriked "False statement—Whoever shall be finded in any care de exvering fine hubbers (statum). Mutual Must be Answere the Answere the statement—Whoever shall be finded in any care de exvering fine hubbers (statum). Name Image: Answere the Answere th	FEMALE Medical Examination Report Dated 5-6-85 Name of Physician 1000000000000000000000000000000000000
Maine of Physician August All QUESTIONS MICH IE ANWERED IC 31-538 prescribed "False statement—Whoever All QUESTIONS MICH IE ANWERED IC 31-538 prescribed "False statement—Whoever Male Application Mare All QUESTIONS Mare All QUESTIONS Mare All QUESTIONS Date of Birth Male APPLICANT Name Ford in any sum one exceeding free handred indire is isomonol. Date of Birth (State or foreign fourtry) States Prevens Marial State. North Carling Prevens Marial State. North Carling Prevens Marial State. North Carling In this section by: Date of birth (State or foreign fourtry) In this section by: Date of birth (State or foreign fourtry) Are you are the majudged to be of unsound mind? No Carling 1 Are you are the adjudication been removed? No Carling 2 Are you are adder the influence of inducicating layor? No Carling 3 Are you are the adjudication been removed? No Carling 4 Are you are adder the influence of an acceled carling? No Carling 5 Are you are adder the influence of inducicating layor? No Carling 6 Lat the full amares of any	Medical Examination Report Dated
Mane of Physician Quest All QUESTION MINT HE ANWERED IC 31-3:8 prescribed "False statement—Whoever All QUESTION MINT HE ANWERED IC 31-3:8 prescribed "False statement—Whoever MALE APPLICANT Name File Market ANDE APPLICANT Name File Prove of Birth (State or Gorign County) State Proves Marial State New York of R. R. Proves Marial State New York of R. R. Proves Marial State New York of Annulnent II Int Maring Ended By: Data Convert Are you are the adjudged to be of unsend mind? No Q free II Are you are to the frait application been removed? No Q free II Are you are to the frait application been removed? No Q free II Are you are to the frait application been removed? No Q free II Are you are to the frait application been removed? No Q free III Are you are ander the influence of intoxiciting liquot? No Q free IIII Are you are ander the influence of an arcotic drog? No Q free IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	procures the issuance of a license to marry by any false statement, representation of the issuance of a license to marry by any false statement, representation of the issuance of a license to marry by any false statement, representation of the issue o
Malle APPLICANT Name Implified Date of Birth Module Date of Birth Module Date of Birth Module Date of Birth Module Date of Birth State Previous Marial State. Never UR. R. Date of Birth State Previous Marial State. Never Marriel B-OR Lent Marriage Ended By: Date of Dirth Certificate Date of birth verified by: Morth Certificate Date of birth verified by: Morth Certificate Are you now there the influence of an accolic dru? No Q free Are you now under the influence of a naccolic dru? No Q free Are you now under the influence of a naccolic dru? No Q free Are you now under the influence of a naccolic dru? No Q free If answer is "ye", has the adjudication be accompanied by astificatory proof data you are in complication water on an accolic dru? No Q free If answer is "ye", it is required that this Application be accompanied by astificatory proof data you are in complication water on accompanied by astificatory proof data you are in complication water on accompanied by astificatory proof data you are in complication water on accompanied by astificatory proof data you are in complicatin water con accompanies with any court order diredres i	procures the issuance of a license to marry by any false statement, representation of the issuance of a license to marry by any false statement, representation of the issuance of a license to marry by any false statement, representation of the issue o
Malle APPLICANT Name And LE APPLICANT Name And Le APPLICANT Name Market Date of Birth Market Pice of Birth Market Date of Birth Market Prevous Marial Statue Never Marinel BOB Date of Birth Market DoB Date of birth verified by Dath Childrea Judical Derree Date of birth verified by Dirth Certificate Judical Derree Date of birth verified by Dirth Certificate Judical Derree Are you now under the influence of intaxicating liquot? No Direc Direct Are you now under the influence of a narcotic dru? No Direc Direct Are you now under the influence of a narcotic dru? No Direct Are you now under the influence of a narcotic dru? No Direct 1 Are you now under the influence of a narcotic dru? No Direct 2 Are you now under the influence of a narcotic dru? No Direct 3 Are you now under the influence of a narcotic dru? No Direct 4 Are you now under the influence of a narcotic dru? No Direct 5 Are you now under the influence of a narcotic dru? No Direct 6 Last the full names of any dependent children. <td>Name First Middle Day Date of Birth Bionth Day Year Place of Birth Storet or freign country) Residence Address Street or F.R. City County Residence Address Street or F.R. City County Previous Marital Status: Never Married OR OR Last Marriage Ended By: Death Diyorce Annulment Date of birth verified by: Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) If answer is "yes", has the adjudication been removed? Are you afflicted with a transmissible disease? Are you afflicted with a transmissible disease? 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. It is the full names of any dependent children. It are you required by any court order or orders to support the above dependent children?</td>	Name First Middle Day Date of Birth Bionth Day Year Place of Birth Storet or freign country) Residence Address Street or F.R. City County Residence Address Street or F.R. City County Previous Marital Status: Never Married OR OR Last Marriage Ended By: Death Diyorce Annulment Date of birth verified by: Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) If answer is "yes", has the adjudication been removed? Are you afflicted with a transmissible disease? Are you afflicted with a transmissible disease? 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. It is the full names of any dependent children. It are you required by any court order or orders to support the above dependent children?
Malle APPLICANT Name Implified Date of Birth Module Date of Birth Module Date of Birth Module Date of Birth Module Date of Birth State Previous Marial State. Never UR. R. Date of Birth State Previous Marial State. Never Marriel B-OR Lent Marriage Ended By: Date of Dirth Certificate Date of birth verified by: Morth Certificate Date of birth verified by: Morth Certificate Are you now there the influence of an accolic dru? No Q free Are you now under the influence of a naccolic dru? No Q free Are you now under the influence of a naccolic dru? No Q free Are you now under the influence of a naccolic dru? No Q free If answer is "ye", has the adjudication be accompanied by astificatory proof data you are in complication water on an accolic dru? No Q free If answer is "ye", it is required that this Application be accompanied by astificatory proof data you are in complication water on accompanied by astificatory proof data you are in complication water on accompanied by astificatory proof data you are in complication water on accompanied by astificatory proof data you are in complicatin water con accompanies with any court order diredres i	Name First Middle Day Date of Birth Bionth Day Year Place of Birth Storet or freign country) Residence Address Street or F.R. City County Residence Address Street or F.R. City County Previous Marital Status: Never Married OR OR Last Marriage Ended By: Death Diyorce Annulment Date of birth verified by: Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) If answer is "yes", has the adjudication been removed? Are you afflicted with a transmissible disease? Are you afflicted with a transmissible disease? 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. It is the full names of any dependent children. It are you required by any court order or orders to support the above dependent children?
Name Implication Date of Birth Date of Birth Date Date Date Place of Birth Date Date Date Date Place of Birth Date Date Date Date Date Place of Birth Date	Name Month Day Year Place of Birth (State or foreign country) Previous Marital Status: Street, or E.R. Sity Country Previous Marital Status: Never Married OR Annulment Date of birth verified by: Date of birth verified by: Date of Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) Interview of the adjudication been removed? 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 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. It is the full names of any dependent children. It is the full names of any dependent children. 7. Are you required by any court order or orders to support the above dependent children? It is above dependent children?
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Place of Birth (State or foreign country) Place of Birth (State or foreign country) Prevous Marial Status Never Marred B OR Last Marriage Ended By Death _ Diverse Annulment Last Marriage Ended By Death _ Diverse Annulment Last Marriage Ended By Death _ Diverse Annulment Last Marriage Ended By Death _ Diverse Annulment Last Marriage Ended By Death _ Diverse Annulment Last Marriage Ended By Death _ Diverse Annulment Last Marriage Ended By Death _ Diverse Annulment No Yee Are you one where here adjudged to be of unacound mind! No Yee Are you one where here adjudged to be of unacound mind! No Yee Are you one where the influence of an accolic drug? No Yee Are you one under the influence of a narcotic drug? No Yee Are you one under the influence of an accolic drug? No Yee Are you one under the influence of a narcotic drug? No Yee Are you one under the influence of an accolic drug? No Yee Are you one under the influence of a narcotic drug? No Yee Are you one under the influence of an accolic drug? No Yee Are you one under the influence of an accolic drug? No Yee Are you one under the influence of a accolic drug? No Yee Are you one under the influence of an accolic drug? Are you required by any court order or orders to support the above No Yee Are you required by any court order or orders to support the above No Yee Are you required by any court order or orders to support the above No Yee Are you required by any court order or orders to support the above No Yee Are you are write the influence of anter. No Yee Readence of father (If deceased to state) Birthplace of mother Birthplace of mot	Residence Address Street, or FUR. City County Previous Marital Status: Never Married OR OR Last Marriage Ended By: Death Divorce Annulment Image: Divorce Date of birth verified by: Birth Certificate Judicial Decree Image: Other (Specify) Image: Divorce Image: Divorce Image: Divorce 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease? Image: Divorce Image: Divorce 3. Are you now under the influence of intoxicating liquor? Image: Divorce Image: Divorce 4. Are you now under the influence of a narcotic drug? Image: Divorce Image: Divorce Image: Divorce 5. Are you now under the influence of a narcotic drug? Image: Divorce Image: Divorce Image: Divorce 6. List the full names of any dependent children. Image: Divorce Image: Divorce Image: Divorce 7. Are you required by any court order or orders to support the above dependent children? Image: Divorce Image: Divorce Image: Divorce
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9. Full maiden name of mother	Residence of father (if deceased so state) Adple In-
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COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS	Signed
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COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County County County	
County Dup. It County	. A marriage license having been refused to the above named
In Although the second s	rt by written order issued 3- Day blice
of and diffects the issuance of	a marriage license to the above named parties.
RETURN OF MARRIACE LICENSE	
of Indiana dated the	e issued by the clerk of the HENDRICKS
Be it further remembered, the following marriage certificate was filed in my off I, Dennis L. Dodson	19, 19, authorizing the joining together as husb
I, Dennis L. Dodson he one thousand nine hundred and 85	creby certify that on the day of Max
State of Indiana, Groom Kobert K. Middloton	County of Hera
one thousand nine hundred and 85 State of Indiana, Groom Robert K. Middleton and, Bride Julie Ann Doyle	
were by me united in marriage as authorized by a marriage licence investor	Hendricks County, State of IN
Dated this day of May	County, State of
aay of	County, State of M
Filed and recorded in the second seco	County, State of
Filed and recorded in accordance with the laws of the State of Indiana this	hat purpose by the Clerk of the Circuit Court of HENDRIC Signed Service L. Dodson

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Form Prescribed By STATE OF Indiana State Board of APPLICATION FOR	FINDIANA
Health under	MARRIAGE LICENSE No. 183
of I.C. 31-1-32 HENDRIC	KSCounty File
MALE Devel Devel 27/285	5-9-85
Medical Examination Report Dated	FEMALE Date of Application
Name of Physician James Black	Medical Examination Report Dated 5-6-85
ALL QUESTIONS MUST IS: ANSWERED, LC. 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,000", MALE APPLICANT	Name of Physician James Black,
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	bever procures the issuance of a license to marry by any false statement
First Middle	FEMALES AND
Ronald a. Duran	Middle
Date of Birth Month Day Year Place of Birth (State or foreign country)	Date of Birth Month Day Mc Last
secondes 1	Place of Birth (State or foreign country) 24 Year 1963
Residence Address Street or Be R. Brownaburg Kadreeto	Residence Address Street Padeara
Previous Marital Status. Never Married D OR	6520 Lupine Derrace Saple Mating State
Lest Marriage Ended By Death Divorce Annulment	Previous Marital Status: Never Married DOR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
Other (Specify)	
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Other (Specify)
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compliance with any court order or order issued for their support.	compliance with any court order or orders issued for their support.
Augura there a day	8. Full name of father Relation Real Mr Bed
Residence of father (if deceased so state) And the second of the second	Residence of father (if deceased so state) 7005 6. 600 TT, Stawn Hourg on
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Shallana
9. Full maiden name of mother The Call and Call Shores	9. Full maiden name of mothe Wellyn Counce Sol
Residence of mother (if deceased so state) Procure Murg, In	Residence of mother (if deceased so state) DROWASherry, Sw.
Birthplace of mother (State or foreign country) Kentuckup	Birthplace of mother (State or foreign country)
State of Indiana, County of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
RAAQ	County of Mc Lo
Signed Marald al Iturian	Signed Jon 102
New Address	New Address 9th mart 1885
Subscribed and sworn to before me this the day of May, 1985.	Subscribed and sworn to before me this
Mary pue Reissell Clerk HENDRICKS Circuit Court	Mery prie Russell Clerk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the second signs and second s
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS	County of
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this day of, 19,	Subscribed and sworn to before me this
	and filed
HENDRICKS	and incertain an
County	to the above named parties.
authorizes and directs the issuance	HARBIACE CERTIFICATE HENDRICKS Circuit Court
Be It Bemembered the set of the s	use issued by the clerk of the
of Indiana dated the 15 days of Marries 1	, 19. J. , authorizing the joints of the
find the second s	JANGI D.
I, GEORGE M. Date following marriage certificate was filed in my o	hereby certify that on the 18 day of HENDRICKS
RONALD A. DUNCAN Be it further remembered, the following marriage certificate was filed in my o I,GEORGE W. DAVIS one thousand nine burded85	at County State of IN
State of Indiana Ca	of HENDRICKS County, State of
and, Bride	HENDRICKS HENDRICKS
ANALL DI PICIOPIO	
were by me united in many	that purpose by the Clerk of the
were by me united in marriage as authorized by a marriage license issued for County.	85 (c/ GEORGE W. DAVIS.
were by me united in marriage as authorized by a marriage license issued for County.	85 (c/ GEORGE W. DAVIS
were by me united in marriage as authorized by a marriage license issued for County.	85 (c/ GEORGE W. DAVIS
were by me united in manie	85 (c/ GEORGE W. DAVIS

	STATE OF	INDIANA	No. 189
Form Prescribed By Indiana State Board of	APPLICATION FOR M	ARRIAGE LICENSE	File
Health under Authority of I.C. 31-1-3-2	HENDRICK	S	May 10, 1985
Effective July 1, 1977	HEINDRICK	County	Date of Application
	2.05	FEMALE	4-24-85-
MALE Medical Examination Report Dated	5-3-89	Medical Examination Report Dat	ed
1/ 7/	Saudden Ind.	Name of Physician Mu.	no W. I-aker Ma
Name of Physician 4 - 44 - 6 ALL QUESTIONS MUST BE ANSWERED. LC. 31-1	1.3.6 prescribed "False statement-Whoes	ver procures the issuance of a license to marry by	any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED, IX, 314 shall be fined in any sum not exceeding five hundred of	dollars (\$500.00)"		APPLICANT
MALE APPLICAN	NT	Name Figst	Middle M. Last
Name First Middle	Brocker.	Sill.	Day Olson
Date of Birth Month Day	11 Year 1959	Abril	26 1961
Place of Birth (State or foreign country)	Burn for	Place of Birth (State or foreign country)	Boone &
Residence Address Street or R. R. City	County State	Residence Address Street or R. R.	City County State
J29 11. Jeffins	en P plus on -	TO SI Agraphic	a upr. at 1001
Previous Marital Status: Never Married OR	Aladrick	Previous Marital Status: Never Married D OR	Annulment D
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Dec		Date of birth verified by Birth Certificate	
Date of birth verified by: D Birth Certificate - Sourcai De	· /	du.	1. 1. 45
Other (Specify)	and felling	Other (Specify) Collinger	allace pestant
1. Are you now or have you ever been adjudged to be of unsound		1. Are you now or have you ever been adjudged to b	
If answer is "yes", has the adjudication been removed?	No Z Yes	If answer is "yes", has the adjudication been remo 2. Are you afflicted with a transmissible disease"	No □ Yes □ No □ Yes □
 Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second could be applied on the second be appli		 Are you afficted with a transmission disease Are you related to the male applicant closer than 	
 Are you related to the temate applicant closer than second cours. Are you now under the influence of intoxicating liquor? 	No DYes D	4. Are you now under the influence of intoxicating I	
5. Are you now under the influence of a narcotic drug?	No Ves D	5. Are you now under the influence of a narcotic dry	
6. List the full names of any dependent children.	and the second set	6. List the full names of any dependent children.	
 Are you required by any court order or orders to support the a dependent oblideon? 		7 Are you required by any court order or orders to	
dependent children? If answer is "yes", it is required that this Application be accomp	No Yes	dependent children? If answer is "yes" it is required that this Applicati	No Yes on be accompanied by satisfactory proof that you are in
compliance with any court order/or orders issued for their sup		compliance with any court order or orders issued	
8. Full name of father Adriald file	Brocker	8. Full name of father A Walfree	Varia lson
Residence of father (if deceased so state) <u>B'Bu</u>	14 hr.	Residence of father (if deceased so state)	Braymaking In
Birthplace of father (State or foreign country) 7224	Elevin		mane
9. Full maiden name of mother Musellie Cle	Steth Gensler	Birthplace of father (State or foreign country)	Junneary Di
B. A.	and a constant	9. Full maiden name of mother	efine form qualle
Residence of mother (if deceased so state)	up H.	Residence of mother (if deceased so state)	Durg to 0
Birthplace of mother (State or foreign country)	Cyen	Birthplace of mother (State or foreign country)	Minnisota
HENDPICKS I depd	is application is true and correct.	State of Indiana, County of HENDRICKS	I depose and state the information given in this application is true and correct.
and att UR		1:00 (2 01
Signed peters	1.00 T 200 1. 100	Signed ffl (1. gloon
New Address 6415 Wake	The Soa thaps	New Address 6415 W	Refueld Apt 302 Indplos
Man for the day	HENDRICKS	Subscribed and sworn to before me this	day of Illeff 19
	Circuit Court	Mary the Kusel	Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN		10	
We, the parents, of this applicant hereby give consent for	this marriage. If only and	CONSENT OF PARENTS, PARENT OR GUA	
signs, state facts which render the consent of the other p		We, the parents, of this applicant hereby give	
the other p	arent unnecessary	signs, state facts which render the consent of	the other parent unnecessary
		All the second	and have seen a second of the second
State of Indiana, County of HENDRICKS		State of Indiana,	
		County of HENDRICKS	1
Signed	Father	Signed	Father
Signed	Mother		Mother
Subscribed and sworn to before me this	of		
	Clerk	Subscribed and sworn to before me this	
			Clerk
COMPLETE IF MARRIAGE LICENSE ISSU HENDRICKS	JED BY ORDER OF COURT.	A marriage license having been refus	ed to the above named parties, the
in	Court	t by written order issued.	and filed
	arreets the issuance of a	a marriage license to the above named n	arties.
Be It Remembered them	RN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE	
of Indiana dated the	a success a marriage license	issued by the clerk of the.	ENDRICKS Circuit Court
of Indiana dated the day SCOTT_BROCKER Be it further remembered, the following marriag I,GEORGE_W, DAVIS	1.41	, 19 20, authorizing the jo	vining together as husband and wife
one thousand nine hundred and 95	1007	eoy certify that on the	law of
SCOTT BROCK	KER	DROWNSBURG	County of HENDRICKS
JILL A. OLSON		Cou	nty State of IN
and, BrideJILL A. OLSON. were by me united in marriage as authorized by County.	a marriage line	MARION	nty, State of
were by me united in marriage as authorized by County. Dated this	a marriage license issued for tha	it purpose by the Clerk of the Circuit Co	urt of HENDRICKS
8th day of			
(), (), (), (), (), (), (), (),	JUNE, 19		
Dated this8thday of		Signed /s/ GEOR	GE W. DAVIS
Filed and recorded in accordance with the laws of		Signed /s/ GEOR	GE W. DAVIS

V

100

E. Long

Prescribed By STATE OF	
Prescribed By a State Board of ander Authority 31-1-3-2, 1077 STATE OF APPLICATION FOR M	APPLACE No. 185
Inder 1. 31-1-3-2 ive July 1, 1977	File
(F. Dav	County
MALE intig Report Dated 5/8/85	FEMALE Date of Application
Medical Examination Report Duted	Medical Examination Report Dated 5/7/85
Name of Physician James Black	Name and A A - OA
QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoes be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	er procures the issuance of a license
be fined in any sum and estern	sance of a neense to marry by any false statement, representation or pretense
First Middle Last	Name First
Birth Month Day Year	Date of Pint Lerenzy (Middle) () Last
of Birth (State or foreign country)	Month Day Sono
	Place of Birth (State or foreign country) 9 1984
ence Address Street or R. R. City County State	Residence Address Street or R. R. City Gounty State
ous Marital Status: Never Married OR	Previous Marital Status New Y
Mawinge Ended By: Death Divorce Annulment	Last Marriage Ended By: Death D Divorce Annulment
of birth verified by:	Date of birth verified by: Birth Certificate Judicial Decree
(Other (Specify) wey icense	& Other (Specify) Divers Ling
re you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be down in the
answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
re you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
re you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
re you now under the influence of a narcotic drug? No Yes	 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug?
ist the full names of any dependent children.	Are you now under the influence of a narcotic drug? No Yes No Yes
re you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
ependent children? Mover Yes used that this Application be accompanied by satisfactory proof that you are in	dependent children?
ompliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are compliance with any court order or orders issued for their support.
"ull name of father Deter Colly Treat	8. Full name of father anold Jacob Long for
Residence of father (if deceased so state)	Residence of father (if deceased so state) Ma Saleme
Sirthplace of father (State or foreign country) Wash.	Birthplace of father (State or foreign country)
Full maiden name of mother Serlice Christy	9. Fullmaiden name of mother Marcia fore Decker
Residence of mother (if deceased so state) and	Residence of mother (if deceased so state)
Parts	Birthplace of mother (State or foreign country)
e of Indiana,	State of Indiana, HENDRICKS County of
hty of HENDRICKS } sa: in this application is true and correct.	2 9
Signed David arthur Tramm	I signed Teresa Marie Jong
New Address 6401 Consulate At apt #1720	New Address 6401 \$ Consulate Ct Apt #17
scribed and sworn to before me this 10 day of Mary 185.	Subscribed and sworn to before me this day of July 198
Clerk HENDRICKS Circuit Court	Clerk Clerk Circuit Co
CIEFA	and the second s
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
s, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
e of Indiana,	State of Indiana, HENDRICKS
nty of HENDRICKS ss:	County ofFat
Signed	Signed
Jighed.	Signed
Signed Mother	Signed
scribed and sworn to before me thisday of	
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUF HENDRICKS	I license having been refused to the above named parties, t
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUF HENDRICKS County	T. A marriage needse meda
HENDRICKS County	our by written of the above named parties.
authorizes and directs the ta-	HENDRICKS CERTIFICATE HENDRICKS Circuit Con
RETURN OF MARRIAGE LICENS	E AND interest of the second and with the seco
We It Remembered, there was filed in my office a marriage lice	, 19.05, authorizing the joining togethe
aday of	IndTERESA_MARIE_LIGHN
it further remembered, the following marriage certificate was filed in my	office, to-wit:
JOE D. STIIMP	DANUTLIE IN Chate of IN
it further remembered, the following marriage certificate was filed in my of JOE D. STUMP e thousand nine hundred and 85 ate of Indiana, Groom DAVID ARTHUR TRAMM d, Bride TIDDEE MADLE LONG	MARION County, State of IN
d David ARTHUR TRAMM	HENDRICKS HENDRICKS
e thousand nine hundred and	that purpose by the Clerk of the Circuit Courter
unty.	that purpose by the Clenter 5 /s/ JOE D. STUMP 5 Signed PASTOR 85.
	5
ted this 18th day of MAY	Signed PASTOR 85
led and recorded in accordance with the laws of the State of Indiana this	5 <u>Signed</u> <u>/s/ JOE D. STUMP</u> Official Designation <u>19</u> 85.

Form Prescribed By	FINDIANA No. 186
Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File
Health under Authority HENDRIC	
Effective July 1. 1977	Date of Application
	FEMALE
MALE 5- 7-85	Medical Examination Report Dated 3 - 7 - 85
MALE Medical Examination Report Dated 5-7-85	Name of Physician Wm Edwards MD.
Name of Physician Um. Collwardes Torio	
Name of Thystoleten	oever procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED. LC. 5171536 precinited and shall be fined in any sum not exceeding five hundred dollars (\$500,000)",	
MALE APPLICANT	FEMALE APPLICANT
Name (First) Middle Last	Name First Middle At Last
John yflery rent	Date of Birth Month Day Year
Date of Birth Month 95 195.7	5 10 1950
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Referent Addreed Street or B. B. (a City County State	Residence Address Street or R. R. Aty County State
Residence Address Street for R. R. City County State	Coatisvelle on
	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Dudicial Decree
Date of birth verified by: Birth Certificate Dudicial Decree	Date of birth vernied by Dirth octanicate - ordinal Derte
	Other (Specify)
Other (Specify) No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or nave you ever been aujudged to be of disording initial	
	100 AC3-
2. Are you attricted with a transmission discust.	
3. Are you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor? No Yes D	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No 🖉 Yes 🗆	5. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	6. List the full names of any dependent children.
	Jaryn 10 yrs
· · · · · · · · · · · · · · · · · · ·	
7 Are you required by any court order or orders to support the above dependent children? No Ves	7. Are you required by any court order or orders to support the above
	dependent children? No 🛛 Yes 🗆
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father ATT ADEPH X LAR	8. Full name of father Claude Wellow almming
Residence of father (if deceased so state) Nanvelle, m.	Residence of father (if deceased so state) Malanapolis
Birthplace of father (State or foreign country) malana,	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Q. Foreman	Birthplace of lather (State of loreign country)
9. Full maiden name of mother	9. Full maiden name of mother 1 / afend Co legabeth Culliss
Residence of mother (if deceased so state) Residence of mother (if d	Residence of mother (if deceased so state) Malanapolis m.
Birthplace of mother (State or foreign country) Andlana)	Shade and
State of Indiana,	Birthplace of mother (State or foreign country) In Alama State of Indiana,
County of HENDRICKS As: I depose and state the information given in this application is true and correct.	County of HENDRICKS Ss: I depose and state the information given in this application is true and correct.
O O O T	A D D I
Signed for f. Min #	Signed Connel Stewart
New Address R.R.V/BOX 74 CONTSUINE	New Address RR Boy 24/outavella Ind
Subscribed and swagn to before me this 10 day of MAY 1055	
	Subscribed and sworn to before me this day of day of
HENDRICKS Circuit Court	Mary Jan Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary

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The second secon

International Action of the second se

Anna an An

State of Indiana, County of HENDRICKS ss: State of Indiana, County of HENDRIC Signed Signed Father Signed	CKS }ss:
County of HENDRIC	CKS
	CK3 58:
Digited	Father
Mother	Mother
day of	ore me this
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license ha	wing been refused to the above named parties, the
inCountyCountyCourt by written order issued	and filed
authorizes and directs the issuance of a marriage license to the	uand new
RETURN OF MARRIAGE LICENSE AND MARRIAGE CER	RTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of t	the HENDRICKS Circuit Court
10 0 3	uthorizing the joining together as hushand and wife
Be it further remembered, the following marriage and CONNIE SUP	action is the forking together as hasoand and the
Be it further remembered, the following marriage certificate was filed in my office, to-wit:	STEWART
	10+b day of heart
one thousand nine hundred and 85 State of Indiana, Groom JOHN JEFFREY LEHR and Bride CONNIE SUE STELLAR	18-EA
State of Indiana, Groom JOHN JEFFREY LEHR at COATESVILLE and, Bride CONNIE SUE STEWART of HENDRICKS were by me united in of HENDRICKS	, County of
and, Bride CONNIE SUE STEWART of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that marries held of the	
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of Dated this	
Dated this 2011	of the Circuit Court of HENDRICKS
Dated this 20th day of MAY, 1985,	
	IC / MADY ADD COURS
Filed and recorded in Official Desires in the	/s/ MARY LEE COMER
Official Designation.	JUDGE
day of mataka this	МАУ, 1985
Signed 11 and	pue Russell Clerk
	HENDRICKS Circuit Court

Form Presc Indiana Sta		FINDIANA No. 186
Health under of I.C. 31-1-	er Authority APPLICATION FOR 3-2	MARRIAGE LICENSE File
Effective Ju	IIY I. 1977	County Date of Application
	e of Physician Wm. Edwards, MD	FEMALE Medical Examination Report Dated 5-7-85 Name of Physician Wm Cdurards mD.
		aver procures the issuance of a license to marry by any false statement, representation or pretense
	MALE APPLICANT	FEMALE APPLICANT
Name	First Middle Last	Name First Annia Middly At last
Date of Birt	the Month July Year	Date of Birth Month Day Year
and the second	th (State of foreign country)	Place of Birth (Statyper toreign country)
Residence Ad	ddread Streetfor R. R. City County State	Residence Address Out Street or R. R. On County State
	ital Status: Never Married OR	Previous Marital Status Never Married D OR
	e Ended By: Death Divorce Annulment Decree	Last Marriage Ended By Death Dovorce Annulment D Date of borth verified by Borth Certificate D Judicial Decree
	ther (Specify)	Other (Specify)
	ow or have you ever been adjudged to be of unsound mind? No Yes is "yes", has the adjudication been removed? No Vys O	I Are you now or have you ever been adjudged to be of unsound mind? No Firs D If answer is 'yes' has the adjudication been removed? No D Yes D
2. Are you af	fflicted with a transmissible disease? No Ves O	2 Are you afflicted with a transmissible disease' No 🖗 🌾 D
	elated to the female applicant closer than second cousin? No D Yes D ow under the influence of intexicating liquor? No D Yes D	Are you related to the main applicant closer than second cousin ⁹ No STec D Are you now under the influence of interacting liquor ⁹ No STec D
5. Are you no	ow under the influence of a narcotic drug? No Ves D	5 Are you now under the influence of a narootic drug? No D Yes D
List the ful	Il names of any dependent children.	6. Lost the full names of any dependent children.
		Daryn Toype
7. Are you req dependent of	quired by any court order or orders to support the above	7 Are you required by any court order or orders to support the above
	children? No Ves "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children" No 🗆 Yes 🗆
compli-	All the second s	If answer is "yes" g is required that this Application be accompanied by satisfactory most that you are in
8. Full na Reside		9
Birthpl		
9. Fullma		FILED
Resider	Form No. 7-4-145	FILED
Birthpl		CC unit of a
State of I County of		CC MAY 2 3 1985
	APPOINTMENT OF ATTORN	EY AS JUDGE PROTEMPORE
		liene .
Subscribec		
Ma	ATRONTO COURS	
CONSENT	IN THE CIRCUIT COURT	COURT, MARION COUNTY, INDIANA
We, the p		*
signs, stat	MAY	TERM, 19.85
	STATE OF INDIANA, COUNTY OF MARION, ss:	
State of In County of		
County of	I,HONORABLE JOHN EYARYAN	, Judge of said Court (because of sickness or other
Subscribed	duties), which will necessitate my absenting myself	from the said CIRCUIT COURT
COMPLE	Court, Room	point JOHN C. MOWRER
		B
in	competent and disinterested attorney of said Court,	as Judge Pro Tem. thereof during my absence
of Indiana un		QUIP
Be it further	JOHN JEFFREY LEHR	. 19 , authorizing the joining together as husbana ana wye
***************************************	MARYLEECOMER	e, to-wit:
one thousand	nine hundred and	e, to-wit: eby certify that on the 18th day of MAY
State of India and, Bride	ana, Groom JOHN JEFFREY LEHR	HENDRICKS County of HENDRICKS
	y - r	purpose by the Clerk of the Circuit Court of HENDRICKS
	Office Office	Signed /s/ MARY LEE COMER vial Designation JUDGE
Filed and record	raea in accordance with the land of it.	
Filed and recor	the State of Indiana this	20th day of MAY
Filed and recor	the State of Indiana this	20th day of

APRELS.

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Form Prescribed By STATE OF	INDIANA
Health under Authority APPLICATION FOR	MARRIAGE LICENCE No. 185
of LC 31-1-3-2 Effective July 1, 1977	S County To
MALE Depart Dated 5/7/85	May 10, 1985
Medical Examination Report Dated	FEMALE Pate of Application Medical Examination Report Dated 5/7/85
Name of Physician A. W. Authy Md.	Name of Physician R.W. Karth
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statementWhow shall be fined in any sum not exceeding five bundred dollars (\$500.00)". MALE APPLICANT	ever procures the issuance of a license to many hours in the
MALE APPLICANT	the the marry by any false statement, representation or pretense
Name In Walphe Pickeye Last	Name D First
Date of Birth 1/2 1930	Date of Birth Morth Day Runnello
Place of Birth (State or foreign control) Bulleville (Und) Sh	Place of Birth (State or English country) /2 /2 /945
Residence Address Streyt or R. R. City' Planty State	Residence Address Street or R. R. altracing Co. St.
Previous Marital Status. Never Married D OR	10 11 Carr Rd. Dounty State
ast Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Dudicial Decree	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
1. 1. 1. 1	Date of birth verified by: Birth Certificate Judicial Decree
& Other (Specity) Millio Munch Pleline	Other (Specify) Armie his hit
Are you now or have you ever been adjudged to be of unsound mind? No Ves If answer is "yes", has the adjudication been removed? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind?
Are you afflicted with a transmissible disease" No Yes	If answer is "yes", has the adjudication been removed? No Ves
Are you related to the female applicant closer than second cousin? No Yes D	3. Are you related to the male applicant of
Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of intoxicating liquor?
List the full names of any dependent children	5. Are you now under the influence of a narcotic drug? Not rest Not rest Not rest Not rest
Jahn Curtic Pickerel	- dara Dianes Cristing
1	Kentusly Portan and the
	Honne Matthew Brune.
Are you required by any court order or orders to support the above dependent children? No Ves	7. Arc 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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
Full name of father Alaction Wittple I where I	8. Full name of father flen Aussell Auganelle
Birthplace of father (State or foreign country)	Residence of father (if deceased so state)
Full maiden name of mother Marlovie Marie Junoan	Birthplace of father (State or foreign country) Allegue
Residence of mother (if deceased so state)	9. Full maiden name of mother 11 14 14 14 1 1 1 1 1 1 1 1 1 1 1 1 1
Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state)
ate of Indiana.	Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS BS: I depose and state the information given in this application is true and correct
HENDRICKS	County of As i in this application is true and correct
Signed Jon W. Fickerel	signed followly and plannelles
New Address 718 N. CARR RD. PLANRIED IND.	New Address 118 11, Care Ta Plainfuld of
And the sworm to before methins day of May , 19.	Subscribed and sworn to before me this for day of HENDRICKS Circuit Cour
Mul par Sussell Clerk HENDRICKS Circuit Court	fruit Curcuit Cour
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
ns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
te of Indiana, Inty of HENDRICKS	State of Indiana, HENDRICKS
	Signed
Signed	Mother
SignedMother	Signed
	the marriage license having been refused to the above named parties, the
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS	A marriage license having been refused to the above and filed a marriage license to the above named parties.
County	icense to the above named parties.
RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage licens Indiana dated the	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court e issued by the alerk of the
and a second s	DEVERI, Y AND ASSAULT
JON. WAYNE PICKEREL an it further remembered, the following marriage certificate was filed in my off JOHN C. MOWRER hu thousand nine hundred	ice, to-wit:
h	County Of and the county of another the coun
te of Indiana G	HENDRICKS County, State of IN
JOHN C. MOWRER thousand nine hundred and 85 te of Indiana, Groom JON WAYNE PICKEREL 0) b Bride BEVERLY ANN RUNNELLS of e by me united in marriage of of	HENDRICKS HENDRICKS
b BrideBEVERLY ANN RUNNELLS	at purpose by the Clerk of the Clerk and the Clerk of the
ted this 26 MAY 10	/s/ JOHN C. MOWRER /s/ JOHN C. MOWRER DECTEM MARION CIRCUIT COURT
ed and recorded in accordance with the laws of the State of Indiana this	ficial Designation MAX Clerk
0	ficial Designation MAX Clerk 30 day of MAX Clerk HENDRICKS Circuit Court
d and me	30 day of 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	F INDIANA MARRIAGE LICENSE KS County Date of Application
MALE Medical Examination Report Dated 5-2-85 Name of Physician A.E. Clutter MD.	FEMALE Medical Examination Report DatedH-28-85Name of Physician M.Acobson MO.
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement-Who	bever procures the issuance of a license to marry by any false statement, representation or pretense
shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT	FEMALE APPLICANT
Name First Middle H Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State/or foreign country)
Residence Address Street or B. R. (City County State)	Residence Address Street or R. R. Gity County State
Previous Marital Status: Never Married B OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: D Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Dudicial Decree
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No FYes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No \Box Yes \Box A re you afflicted with a transmissible disease? No \Box Yes \Box	If answer is "yes", has the adjudication been removed? No Yes 2. Are you afflicted with a transmissible disease? No Yes
 Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second cousin? No Yes I 	3. Are you related to the male applicant closer than second cousin? No □ Yes □
4. Are you now under the influence of intoxicating liquor? No 🖾 Yes 🗆	4. Are you now under the influence of intoxicating liquor? No 🗗 Yes 🗆
5. Are you now under the influence of a narcotic drug? No Ves	5. Are you now under the influence of a narcotic drug? No Pres
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. 8. Full name of father	s. Full name of father amuse haves
Residence of father (if deceased so state) Indianapoles m.	Residence of father (if deceased so state) alclased
Birthplace of father (State or foreign country) Indiana	.011
Raslas I Amish	Birthplace of father (State or foreign country)
9. Full maiden name of mother Dublic and a United	9. Full maiden name of mother 10 / Little
Residence of mother (if deceased so state) Station apples, St.	Residence of mother (if deceased so state) Washington, -1.
Birthplace of mother (State or foreign country) <u><i>State</i></u> of Indiana,	Birthplace of mother (State or foreign country)
County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.
signed Robert W Juloth	signed Mary Supan Since
New Address 1090 Sharm Pr.	New Address 1096 Sharon Or. Pla
Subscribed and sworn to before me this 10 day of May	Subscribed and sworn to before me this 10th day of May 1985
Mary Jane Pusselik HENDRICKS Circuit Court	Mary Jane Russell Clerk HENDRICKS Circuit Court
	- party participation Cierk Cierk
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS ss:	State of Indiana, Cructure HENDRICKS }ss:
	County of
Signed	Signed
Signed	SignedMother
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
County	urt by written order issued
inauthorizes and directs the issuance o	f a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MADDIAGE CERTIFICATION
BOBERT N CREETTIN	, 19. 22, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my o	fice, to-wit:
one thousand nine hundred and	hereby certify that on the
State of Indiana, Groom ROBERT W. GRIFFITH	at
were by me united in marriage as authorized by a marriage license issued for County.	HENDRICKS County, State of IN
County.	that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this	
	Signed

in the second

No.

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	47
rm Prescribed By STATE O Itiana State Board of APPLICATION FOR	FINDIANA
alth under Authority AFFLICATION FOR	MARRIAGE LICENSE
I.C. 31-1-4-2 fective July 1, 1977	KSCounty
	5-13-85
MALE Medical Examination Report Dated 5-7-85	FEMALE Date of Application
Name of Physician D. C. Narcoli	Medical Examination Report Dated 5-7-85
OUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Wh	Name of Physician D.C. Dascoli
LL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Wh all be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	If the statement, representation or next of a license to marry by any false statement, representation or next of
First O Middle Last	FEMALE ADDITIONS
me Kenneth J. Steaster	Middle
the of Birth 1 5 30 55	Date of Birth Month Day Westowey
ace of Birth (State or foreign country)	Place of Birth (State or Opeign country)
sidence Address Street or R. R. City County Spate	Residence Address Street or R. R. City County Street
Marital Status: Never Married OR	anguard Rd. Brownals on and
Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
te of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
& Other (Specify) dr. lie	
Are you now or have you ever been adjudged to be of unsound mind? No Yes D	A Other (Specify) <u>db</u> . <u>leo</u>
If answer is "yes", has the adjudication been removed? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease? No DYes D	2. Are you afflicted with a transmissible disease? No Tres D
Are you related to the female applicant closer than second cousin? No Ves Are you now under the influence of intoxicating liquor? No Ves Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin? No BY Yes D
Are you now under the influence of a narcotic drug? No B Yes D	4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Dres D No Dres D
List the full names of any dependent children.	6. List the full names of any dependent children.
	Cual Cual Cualty
	Gast
	tion
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Ves If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Q Yes Q If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father lass & starter	8. Full name of father Hoyd Nounto
Residence of father (if deceased so state) 1/200 beek Wirefunia	Residence of father (if deceased so state) blees and
Birthplace of father (State or foreign country) D. Vuguies	Birthplace of father (State or foreign country) Indiana
Full maiden name of mother Kathlen C. Kolsbaugh	9. Full maiden name of mother Lepras R. Catt
Residence of mother (if deceased so state) Deceased	Residence of mother (if deceased so stated they estown Undrance)
Birthplace of mother (State or foreign country) Williams	Birthplace of mother (State or foreign country) Indiana
ate of Indiana.	State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.
ounty of HENDRICKS	County of The Control of the The The The The The
Signed X Genneth L. Loader	Signed X Debter The Writer a
New Address \$ 1020 Edgewood RA-	New Address 1020 ldgtword Tod
ubscribed and sworn to before me this 13 day of May 1983	Subscribed and sworn to before me this day of HENDRICKS
Jany Jone Kerssell Clerk HENDRICKS Circuit Court	Mary Jana Kussell Clerk MENDACION Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
INSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	we, the parents, of this approach signs, state facts which render the consent of the other parent unnecessary
ms, state facts which render the consent of the other parent unnecessary	signs, state facts which the
ate of Indiana,	State of Indiana, HENDRICKS
unty of HENDRICKS } ss :	County of
Signed	Round State
Signed	Signed
bscribed and sworn to before me this	Subscribed and sworn to before me the company Clerk
	the above named parties, the
OMPLETE IE MADELLE	JRT. A marriage license having been refused to the above named parties, the and filed Court by written order issued
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	Court by written order issued
County	of a marriage license to the above numeric
authorizes and directo	CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage lin	cense issued by the clerk of authorizing the joining together as husbana and we
Indiana dated the day of May	NSE AND MARRIAGE Clerk of the
e it further man fEASTER	and <u>VIOLET M. WESTOVER</u> <i>and</i> <u>VIOLET M. WESTOVER</u> <i>y office, to-wit:</i> <i>hereby certify that on the 18th day of</i> <u>MAY</u> <i>hereby certify that on the 18th day of</i> <u>IN</u> <i>hereby certify that on the 18th day of MAY</i> <i>hereby certify that on the 18th day of MAY</i> <i>MAY</i>
a further remembered the following maning as certificate was filed in my	HENDRICAS
te thousand nine hundred and	y office, to-wit: hereby certify that on the 18th day of MAY hereby certify that on the 18th day of MAY
tate a second and and and and and and and and and a	County, State of USUDDICKS
ere by me united in marriage as authorized by a marriage license issued from function of the second	HENDER of the Circuit Court of
ere by me united in marriage as authorized by a marriage license issued for	5 Signed /s/ JERRY R. NASH
ated this	5 Signed /s/ JERRY R. NASH PASTOR 19 85
18day ofMAY	Official Designation PASION 19 85
iled and me	21 day of Russel HENDRICKS Circuit Cour
and recorded in accordance with the laws of the State of Indiana this.	5 Signed PASTOR Official Designation PASTOR 2.1 day of MAY Signed GAME Cler HENDRICKS Circuit Court

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			NDIANA	No190	2
Form Prescribed By)	STATE OF I	NDIANA		
ndiana State Board of	APPLICA'	TION FOR M.	ARRIAGE LICENSE	File	202
Health under Authority of I.C. 31-1-3-2		HENDRICKS	County	/_	1-85
Effective July 1, 1977	/		County	Date of Ap	plication
1			FEMALE	5-6-	85
MALE	5-6-85	>	Medical Examination Re	eport Dated	
Medical Examination Report Dated	in homic.		Name of Physician	Sinhovic	
Name of Physician	mava		i up of a license	to marry by any false statement, repre-	sentation or pretense
Name of Physician ALL QUESTIONS MUST BE ANSWERED.	. I.C. 31-1-3-6 prescribed "F	False statement—Whoeve	r procures the issuance of a ficense		
ALL QUESTIONS MUSI BE ANSW Live b shall be fined in any sum not exceeding five b MALE APP	function distribution of the		F	EMALE APPLICANT	
	Middle	Last	Name P First	Middle Junne, J	On Last
Name Rout U	Illiam &	Joaln -	Date of Birth Month	Day	Year
Date of Birth Month	Bay	1952	Marci		1961
Place of Birth (State or foreign country)			Place of Birth (State or foreign co	a, Rebrasha	1
Residence Address Street or R. R.	1/ /City Gounty	/ State	Residence magi for	or/R.R. City Cour	nty State
Residence Address Street or H. R.	5 burg ten	am-	428 run	Dury Sta	ash
Previous Marital Status: Never Married OR			Previous Marital Status: Never Marr	ied OR	
Previous Marital Status: Never Married - OR Last Marriage Ended By: Death Divorce Ar	nulment 🗆		Last Marriage Ended By: Death	Divorce Annulment	
Date of birth verified by: Birth Certificate J	Fudicial Decree		Date of birth verified by: D Birth C	ertificate Judicial Decree	
Date of birth vermed by Dirth contained			d1	Inc	/
D Other (Specify) M. All	1.		Other (Specify) M.		No Yes D
1. Are you now or have you ever been adjudged to be	of unsound mind?	No Yes	1. Are you now or have you ever been		No Ves
If answer is "yes", has the adjudication been remov		No Ves	If answer is "yes", has the adjudica		No D Yes D
2. Are you afflicted with a transmissible disease?		No Pres	2 Are you afflicted with a transmissi		No Yes
3. Are you related to the female applicant closer than	second cousin?	NoD Yes	3. Are you related to the male applica		Not Yest
4. Are you now under the influence of intoxicating liq	quor?	No Yes	4. Are you now under the influence of		Not Yes
5. Are you now under the influence of a narcotic drug	χ ?	No Yes	5. Are you now under the influence of		100-100-
6. List the full names of any dependent children.			6. List the full names of any depender	nt children.	
			7. Are you required by any court orde	or or orders to support the above	
7. Are you required by any court order or orders to su dependent children?	upport the above	No Ves	dependent children?	er of orders to support the above	No 🗆 Yes 🗆
If answer is "yes", it is required that this Applicatio	n be accompanied by satisfactor	ry proof that you are in	If answer is "yes", it is required that	t this Application be accompanied by satisfac	tory proof that you are in
compliance with any court order or orders issued for	1 1 1		compliance with any count order or	orders issued for their support.	Dott : 1
8. Full name of father pland	J. Hoal	h	8. Full name of father	is anest u	Outrins
Residence of father (if deceased so state)	gared		Residence of father if deceased so sta	ater Elpland, M	essouri
5	Appa ha	1	Ŭ	nomasha	
Birthplace of father (State or foreign country)	my fil	5 Provente	Birthplace of father (State or foreign	country for the for	the Alitah
9. Full maiden name of mother	e paine	Penned	9. Full maiden name of mother	any annepine	manune
Residence of mother (if deceased so state)	ping.		Residence of mother (if deceased so s	tate) Alasia	
<	S. Lako	La l		Melanha	1
Birthplace of mother (State or foreign country)			Birthplace of mother (State or foreig State of Indiana,		the information since
State of Indiana, County of HENDRICKS	I depose and state the in this application is		County of HENDRICKS	ss: I depose and state t in this application	the information given is true and correct.
VA	att. I A	///	1	1 and and him	o Mother
Signed.	as W A	adde	Signed	a unge nyn	e mari
New Address	Mua	St	New Address	438 Julian	
Subscribed and sworn to before me this	day of MA	1985	Subscribed and sworn to before m	e this the day of	BAAL 19
Man June Kunnel	HENDRICK	S	Mai tur	Angle HENDRIC	KS
for the for th	Clerk	Circuit Court	1 fl y fine	Clerk Clerk	Circuit Court
CONSENT OF DADENIES, DADENIE OF	PDIAN				
CONSENT OF PARENTS, PARENT OR GUA			CONSENT OF PARENTS, PARE		
We, the parents, of this applicant hereby give	consent for this marriage.	If only one parent	We, the parents, of this applicant	t hereby give consent for this marriag	e. If only one parent
	the other parent unnecessa			ne consent of the other parent unneces	

POLI

V

County of	State of Indiana, County of HENDRICKS ss:
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	RT. A marriage license having been refused to the above named parties, the ourt by written order issuedand file of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
are an enterior enterior was filed in my office a marriage licer	nse issued by the clerk of the HENDRICKS Circuit Cour
of Indiana dated the	
one thousand nine hundred and 95	hereby certify that on the
and the numerica and	at INDIANADOLIC
were by me united in marriage as authorized by a marriage in the second by the second	County, State of
County.	that purpose by the Clerk of the Circuit Court of
Dated this	5
	Signed /s/ ARTHUR R. BURKMAN
Filed and your lab	Official Decimation
Filed and recorded in accordance with the laws of the State of Indiana this	20th
	Signed Alany Anna Russell Clerk
	HENDRICKS Circuit Cour

	475
Form Prescribed By STATE OF Indiana State Board of Indiana Authority APPLICATION FOR	FINDIANA
Health under Authority APPLICATION FOR	MARRIAGE LICENSE No. 191
of LC 31-1-22 HENDRICE	KSCounty File
MALE Medical Examination Report Dated 5-5-85	FEMALE Date of Application
Name of Physician Steven R. Smith	Medical Examination Report Dated 5-5-85
Name of Targeten	Name of Physician Staven 2 Site
ALL QUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license to marry by any false statement see
Name First Middle Last	FEMALE ADDITO
Date of Birth Month Day Year 20 103	Date of Birth Month Ruth Licant
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Addrew Street or R. R. City County State	Residence Address Street or R. P. Hudiana
Previous Marital Status. Never Married OR	State Country State
Iast Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by Chirth Certainate - Southeas Decree	Date of birth verified by: Birth Certificate Dudicial Decree
Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Note Yes D	Other (Specify)
I. Are you now or mate you that you that you have been removed? If answer is "yes", has the adjudication been removed? No U Yes U	1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes D
2. Are you afflicted with a transmissible disease? No Yes D	Are you afflicted with a transmissible disease?
Are you related to the female applicant closer than second cousin? No Pres No Pres No Pres	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug? No Pres D	Are you now under the influence of intoxicating liquor? No Yes D Are you now under the influence of a narcotic drug? No Yes D No Yes D
6. List the full names of any dependent-children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes D	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Ves If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state)	8. Full name of father Junes, Florally, Kobbbs
Birthplace of father (State or foreign country)	Residence of father (if deceased so state)
9. Full maiden name of mother Hail E. Reamed	9. Full maiden name of mother Shirley & ucille Marquere
Residence of mother (if deceased so state) haple. And	Residence of mother (if deceased so state) Build U.S.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Norsachusette
County of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana. HENDRICKS County of HENDRICKS
signed Ant E. Hindle	Signed Paula Ruth Sillis
New Address 403-D W ZZND DALS	New Address 5403-D W 22nd Indels
Subscribed and sworn to before me this 13 day of May , 1983.	Subscribed and sworn to before me this day of
- Mary Jane Mallel Clerk HENDRICKS Circuit Court	- Mury flore Misselle Gerk Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS	County of
Signed	Signed
Signed Mother Subscribed and sworn to before me this day of, 19,	Signed
	A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS	rt by written order issued
Be It Bemerkanski in RETURN OF MARRIAGE LICENSE	e issued by the clerk of the
of Indiana dated the	, 19 \$3, authorizing the joining toget
of Indiana dated the day of day of day of and day of day of and andand andand andandand andandandandandandandandandandandand	dPAULA RUTH GIBBO fice, to-wit: 25th day of MAY
Be it further remembered, the following marriage certificate was filed in my of I,JOSEPH D. STUMP	ereby certify that on the HENDRICKS
One thousand nine hundred and 85 State of Indiana, Groom KURT ERIC HINKLE and, Bride PAULA RUTH GIBBS	County, State of IN MARION
State of Indiana, Groom KURT ERIC HINKLE of And Bride PAULA RUTH GIBBS of Mere by me united in marriage and the indiana for the state of the state o	HENDRICKS
were by me united in mani-	hat purpose by the Clerk of the other
Suid this. 17th May 10 85	at and a second s
0J	ficial Designation PASTOR , 19 85 Clerk
Filed and recorded in accordance with the laws of the State of Indiana this	30 HENDRICKS Circuit Court
	Signed 14 Willy 1

		INDIANA	No.	12
Form Prescribed By	STATE OF	INDIANA	1211	
Indiana State Board of Health under Authority	APPLICATION FOR M	ARRIAGE LICENSE	File	3,005
of I.C. 31-1-3-2 Effective July 1. 1977	HENDRICK	SCounty	Date	of Application
Enective study in terre			Part -	a supposed of
MALE	E I CE	FEMALE Medical Examination Repo	ort Dated 5.8-8	- 5
MALE Medical Examination Report Dated	5-1.85	Name of Physician K.	R ht and	
and B	. mammel			
Name of Physician ALL QUESTIONS MUST BE ANSWERED. LC.	31.1.3.6 prescribed "False statement-Whoe	ver procures the issuance of a license to i	marry by any false statement.	representation or prete
shall be fined in any sum not exceeding five hund	red dollars (\$500.00)".	FEM	ALE APPLICANT	
MALE APPLIC	CANT	Name First	Middle	DI 1 Last
Name First R.M.	iddle Wagner	Sherry	Day	Phillips
Date of Birth Month D	ay Year	Date of Dirth //	17	62
Place of Birth (State or foreign country)		Place of Birth (State or foreign count	(ry) Cal.	
Jupples It	City County State	Residence Address Street or	R. R. City	County State
Residence Address Street or R. R.		Drowna	aung sance	n.n.
Previous Marital Status: Never Married 🖾 OR		Previous Marital Status: Never Married	OR	
Last Marriage Ended By: Death Divorce Annulm	aent 🗆	Last Marriage Ended By: Death D Div	orce Annuiment	
Date of birth verified by: D Birth Certificate D Judici		Date of birth verified by: D Birth Certi	ficate U Judicial Decree	
Principal Mainers	Ling	D Other (Specify)	vero Lices	se.
U Other (Specify)	No Yes	1. Are you now or have you ever been adj	udged to be of unsound mind?	No E Y
1. Are you now or have you ever been adjudged to be of un		If answer is "yes", has the adjudication		No D Y
If answer is "yes", has the adjudication been removed?	No Er Yes	2. Are you afflicted with a transmissible		No PY
 Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second se	2	3. Are you related to the male applicant of		No D Y
 Are you related to the female applicant closer than second. Are you now under the influence of intoxicating liquor? 		4. Are you now under the influence of int		No 🖻 Y
 Are you now under the influence of a narcotic drug? 	No 🛛 Yes 🗆	5. Are you now under the influence of a r		No C Y
6. List the full names of any dependent children.		6. List the full names of any dependent c	hildren	
		7. Are you required by any court order of	r orders to support the above	
Are you required by any court order or orders to support dependent children?	No Yes	dependent children*		No 7
If answer is "yes", it is required that this Application be	accompanied by satisfactory proof that you are in	If answer is "yes", it is required that th	is Application be accompanied by s	atisfactory proof that you a
compliance with any court order or orders issued for the	eir support.	compliance with any court order or on	ders issued for their support.	+ A11.
8. Full name of father Older St.	ances Magner III	8. Full name of father	seg alber	c alles
Residence of father (if deceased so state)_/decd	Co Sadiara	Residence of father (if deceased so state)	Drownsbu	eg lad.
Birthplace of father (State or foreign country)	Aplo In	Birthplace of father (State or foreign con	antry phplo.	adera
9. Full maiden name of mother Miriam	Road Farley	9 Full maiden name of mother	nt bee No	Una
How I	Ca Delina		Bringster	ra On
Residence of mother (if deceased so state)	La Di	Residence of mother (if deceased so state	Alie	J. Co
Birthplace of mother (State or foreign country)	tplo. Int.	Birthplace of mother (State or foreign of	ountry tappes.	den .
State of Indiana, County of HENDRICKS	I depose and state the information given in this' application is true and correct.	State of Indiana, HENDRICKS	as: I depose and in this applic	state the information a stion is true and cor
1	PIL		Larry JD	Lillin
Signed any	r Wagner	digned 1	nevoja. ra	my
New Address PO BOX 9	21 BROWNSBURG IN	New Address	0	
Subscribed and sworn to before me this	day of, 19,	Subscribed and sworn to before me t	his day of	1/ay 19
Mary & Kussel	Clerk HENDRICKS Circuit Court	Mary B. Kuss	all Gerk HEN	IDRICKS Circuit (
CONSENT OF PARENTS, PARENT OR GUARDL	AN	CONSENT OF PARENTS, PARENT	OR GUARDIAN	
We, the parents, of this applicant hereby give cons	ent for this marriage. If only one parent	We, the parents, of this applicant h	ereby give consent for this m	arriage. If only one pa
signs, state facts which render the consent of the	other parent unnecessary	signs, state facts which render the	consent of the other parent u	nnecessary
			ите нато прав и на водина и и у хакоха и че на бите со конструкцион и на объекта на водина на водина на водина На помит и на	
	and a second			
		andar ya a an ang c (manan e - an the) days or improved the physical dynamics and the first	the billing of the state of the second s	
State of Indiana, HENDRICKS		State of Indiana,	1	
County of		County of HENDRICKS	585 ;	
Signed	Father	Signed		Fi
Signed				
Subscribed and sworn to before me this	Mother	Signed		
	day of	Subscribed and sworn to before me t	his	
contraction and contract the time international				
	Clerk		<pre>0) *****(*******************************</pre>	
COMPLETE IF MARRIAGE LICENSE	ISSUED BY ORDER OF COUR	RT. A marriage license having b	een refused to the abo	ve nemed nerties
COMPLETE IF MARRIAGE LICENSE HENDRICKS	ISSUED BY ORDER OF COUR	ourt by written order issued		ve nemed nerties
COMPLETE IF MARRIAGE LICENSE HENDRICKS in	ISSUED BY ORDER OF COUR y	ourt by written order issued of a marriage license to the above	e named parties.	ve nemed nerties
COMPLETE IF MARRIAGE LICENSE HENDRICKS in	ISSUED BY ORDER OF COUR authorizes and directs the issuance of RETURN OF MARRIAGE LICENS	ourt by written order issued	e named parties.	ve named parties, and
COMPLETE IF MARRIAGE LICENSE HENDRICKS in	E ISSUED BY ORDER OF COUR authorizes and directs the issuance of RETURN OF MARRIAGE LICENS was filed in my office a marriage line	ourt by written order issued of a marriage license to the above E AND MARRIAGE CERTIFIC	a named parties.	ve named parties, and
COMPLETE IF MARRIAGE LICENSE HENDRICKS County in	E ISSUED BY ORDER OF COUR 	ourt by written order issued of a marriage license to the above EE AND MARRIAGE CERTIFIC nse issued by the clerk of the , 19 J., authoriz	e named parties. CATE HENDRICKS	ve named parties, and
COMPLETE IF MARRIAGE LICENSE HENDRICKS in Be It Remembered, there of Indiana dated the LARRY WAGNER Be it further remembered, the following	E ISSUED BY ORDER OF COUR 	ourt by written order issued of a marriage license to the above EE AND MARRIAGE CERTIFIC nse issued by the clerk of the , 19 J., authoriz	e named parties. CATE HENDRICKS	ve named parties, and
COMPLETE IF MARRIAGE LICENSE HENDRICKS in Be It Remembered, there of Indiana dated the LARRY WAGNER Be it further remembered, the following r I, MARY LEE COMER	E ISSUED BY ORDER OF COUR authorizes and directs the issuance of RETURN OF MARRIAGE LICENS was filed in my office a marriage licen day of	ourt by written order issued of a marriage license to the above SE AND MARRIAGE CERTIFIC nse issued by the clerk of the , 19 Jet, authoriz and SHERRY WAGNER office, to-wit:	e named parties. CATE HENDRICKS ing the joining together	ve named parties, and
COMPLETE IF MARRIAGE LICENSE HENDRICKS in Be It Remembered, there of Indiana dated the LARRY WAGNER Be it further remembered, the following r I, MARY LEE COMER one thousand nine hundred and	E ISSUED BY ORDER OF COUR authorizes and directs the issuance of RETURN OF MARRIAGE LICENS was filed in my office a marriage licer day of	ourt by written order issued of a marriage license to the above E AND MARRIAGE CERTIFIC nse issued by the clerk of the 19 J., authoriz and SHERRY WAGNER office, to-wit: hereby certify that on the 23	e named parties. CATE HENDRICKS ing the joining together and day of MAY	ve named parties, and <i>Circuit C</i> as husband and
COMPLETE IF MARRIAGE LICENSE HENDRICKS in Be It Remembered , there of Indiana dated the LARRY WAGNER Be it further remembered, the following r I, MARY LEE COMER one thousand nine hundred and State of Indiana, Groom LARRY W	E ISSUED BY ORDER OF COUR authorizes and directs the issuance of RETURN OF MARRIAGE LICENS was filed in my office a marriage licen 	ourt by written order issued of a marriage license to the above E AND MARRIAGE CERTIFIC nse issued by the clerk of the , 19 J., authoriz and SHERRY WAGNER office, to-wit: .hereby certify that on the .at DANVILLE	e named parties. CATE HENDRICKS ing the joining together and day of MAY County of	ve named parties, and Circuit C as husband and HENDRICKS
COMPLETE IF MARRIAGE LICENSE HENDRICKS in Be It Remembered , there of Indiana dated the LARRY WAGNER Be it further remembered, the following r I, MARY LEE COMER one thousand nine hundred and State of Indiana, Groom LARRY W	E ISSUED BY ORDER OF COUR authorizes and directs the issuance of RETURN OF MARRIAGE LICENS was filed in my office a marriage licen 	ourt by written order issued of a marriage license to the above E AND MARRIAGE CERTIFIC nse issued by the clerk of the , 19 J., authoriz and SHERRY WAGNER office, to-wit: .hereby certify that on the .at DANVILLE	e named parties. CATE HENDRICKS ing the joining together and day of MAY County of	ve named parties, and Circuit C as husband and HENDRICKS
COMPLETE IF MARRIAGE LICENSE HENDRICKS County in Be It Remembered, there of Indiana dated the LARRY WAGNER Be it further remembered, the following r I, MARY LEE COMER one thousand nine hundred and State of Indiana, Groom LARRY W and, Bride. SHERRY WAGNER	E ISSUED BY ORDER OF COUR authorizes and directs the issuance of RETURN OF MARRIAGE LICENS was filed in my office a marriage licer day of	ourt by written order issued of a marriage license to the above E AND MARRIAGE CERTIFIC nse issued by the clerk of the 19 J., authoriz and SHERRY WAGNER office, to-wit: hereby certify that on the 23 at DANVILLE of HENDRICKS HENDRICKS	e named parties. CATE HENDRICKS ing the joining together and day of MAY 	ve named parties, and Circuit C . as husband and HENDRICKSININ
COMPLETE IF MARRIAGE LICENSE HENDRICKS County in	E ISSUED BY ORDER OF COUR authorizes and directs the issuance of RETURN OF MARRIAGE LICENS was filed in my office a marriage licen day of	ourt by written order issued of a marriage license to the above E AND MARRIAGE CERTIFIC nse issued by the clerk of the 19 J., authoriz and SHERRY WAGNER office, to-wit: hereby certify that on the 23 at DANVILLE of HENDRICKS HENDRICKS that purpose by the Clerk of the	e named parties. CATE HENDRICKS ing the joining together and day of MAY 	ve named parties, and Circuit C as husband and HENDRICKS IN
COMPLETE IF MARRIAGE LICENSE HENDRICKS County in Be It Remembered, there of Indiana dated the LARRY WAGNER Be it further remembered, the following r I, MARY LEE COMER one thousand nine hundred and State of Indiana, Groom LARRY W and, Bride. SHERRY WAGNER	E ISSUED BY ORDER OF COUR authorizes and directs the issuance of RETURN OF MARRIAGE LICENS was filed in my office a marriage licen day of	ourt by written order issued of a marriage license to the above E AND MARRIAGE CERTIFIC nse issued by the clerk of the 19 J., authoriz and SHERRY WAGNER office, to-wit: hereby certify that on the 23 at DANVILLE of HENDRICKS HENDRICKS that purpose by the Clerk of the 85	e named parties. CATE HENDRICKS ing the joining together and day of MAY 	
COMPLETE IF MARRIAGE LICENSE HENDRICKS County in	E ISSUED BY ORDER OF COUR authorizes and directs the issuance of RETURN OF MARRIAGE LICENS was filed in my office a marriage licen day of	ourt by written order issued of a marriage license to the above SE AND MARRIAGE CERTIFIC nse issued by the clerk of the , 19 St, authoriz and SHERRY WAGNER office, to-wit: .hereby certify that on the .at DANVILLE .of HENDRICKS HENDRICKS that purpose by the Clerk of the .85 Signed //	e named parties. CATE HENDRICKS ing the joining together and day of MAY 	ve named parties, and
COMPLETE IF MARRIAGE LICENSE HENDRICKS County in Be It Remembered , there of Indiana dated the LARRY WAGNER Be it further remembered, the following r I, MARY LEE COMER one thousand nine hundred and State of Indiana, Groom LARRY W and, Bride SHERRY WAGNER were by me united in marriage as authoric County. Dated this 23rd day of	C ISSUED BY ORDER OF COUR authorizes and directs the issuance of RETURN OF MARRIAGE LICENS was filed in my office a marriage licen day of	ourt by written order issued of a marriage license to the above E AND MARRIAGE CERTIFIC nse issued by the clerk of the 19 J., authoriz and SHERRY WAGNER office, to-wit: .hereby certify that on the 23 .at DANVILLE of HENDRICKS HENDRICKS that purpose by the Clerk of the 85 Signed /s	e named parties. CATE HENDRICKS ing the joining together and day of MAY 	ve named parties,
COMPLETE IF MARRIAGE LICENSE HENDRICKS County in	C ISSUED BY ORDER OF COUR authorizes and directs the issuance of RETURN OF MARRIAGE LICENS was filed in my office a marriage licen day of	ourt by written order issued of a marriage license to the above E AND MARRIAGE CERTIFIC nse issued by the clerk of the 19 J., authoriz and SHERRY WAGNER office, to-wit: .hereby certify that on the 23 .at DANVILLE of HENDRICKS HENDRICKS that purpose by the Clerk of the 85 Signed /s	e named parties. CATE HENDRICKS ing the joining together and day of MAY 	ve named parties,

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	47
Form Prescribed By STATE OF Indiana State Board of APPLICATION FOR	INDIANA
Health under	MARRIAGE LICENSE
of I.C. 31-1-5-2 HENDRICK	County File
MALE A Report Dated S/7/85	5/13/85
Medical Examination Report Dated PD_D	FEMALE Medical Examination Report Dated
Name of Physician fames Black	
ALL QUESTIONS MUST BE ANSWERED, L.C. 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license in the black
shall be fined in and MALE APPLICANT	a license to marry by any false statement, representation or pretense
Name Jones Marin hast	Name First
Date of Birth Day 14 Year 1940	Date of Birth Month Month Last
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) 17 Year 1945
Residence Address Street or R. R. City County State	Residence Address Street or R. R. Oll .
Previous Marital Status: Never Married OR	-AT DOY 470 Clayter County State
Les Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married D OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Divorce Annulment Date of birth verified by: Dirth Certificate Divide Judicial Decree
Agher (Specify) Multiplicense	
Y. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? Nov Yes	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?	 Are you related to the male applicant closer than second cousin? Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Yes	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.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Janes Mady Makan	8. Full name of father Willie Walton Mabrey
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Alabama	Birthplace of father (State or foreign country) Yenn.
9. Full maiden name of mother Lucy Clinabeth Latimer	9. Full maiden name of mother Dora Ethel Kennedy
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) alabama	Birthplace of mother (State or foreign country)
State of Indiana, County of HENDRICKS }ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.
1 An anit the loop	Signed Greniee M. Kennedy
Signed Signed and al guard	New Address RRI Box 470 Clayton
New Address of the The Country in 25	Subscribed and sworn to before me this 13 day of May 1985.
Subscribed and sworn to before me this	HENDRICKS / Circuit Court
Clerk Clerk Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other r
State of Indiana, County of HENDRICKS	State of Indiana, HENDRICKS
	County of Father Signed
SignedFather	
Signed	Signed
Subscribed and sworn to before me thisday of	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	ourt by written order issued 3. day war
in a la a la county county	of a marriage license to the above named r
	HENDRICK CERTIFICATE HENDRICKS CITCULE
Be It Remembered, there was filed in my office a marriage licen	nse issued by the clerk of the the solution of
be it further remembered the following marriage certificate was filed in my o	office, to with the 17th any of HENDRICKS
,LARRY R. HESSON	DANVILLE
State 1	County, State of inspectos
I,LARRY R. HESSON one thousand nine hundred and 85 State of Indiana, Groom JAMES DAVID MAHAN and, Bride	HENDRICKS HENDRICKS
were by me unit. I is a served for	that purpose of the
county.	85 /s/ LARRI K.
Dated this 17th day of MAY , 19	Official Designation JUDGE 19 85 Clerk
Filed and recorded in accordance with the laws of the State of Indiana this	20th uENDRICKS Circuit Court
and recorded in accordance with the laws of the State of Indiana this	Signed

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		No. 194
STATE OI	FINDIANA	
Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE	File
Health under Authority of 1.C. 31-1-3-2 HENDRIC		5-14-85 Date of Application
Effective July 1, 1977		Date of Application
	FEMALE Medical Examination Report Da	ted5-10-85
MALE Medical Examination Report Dated 5-10-85		all Marker mo
makere. Tephy The.	Name of Physician M uch	and Harry Me
When the ANSWERED 1 (1 31-1-3-6 prescribed "False statement-When	ever procures the issuance of a license to marry	by any false statement, representation or pretense
shall be fined in any sum not exceeding fire trans-	FEMALE	APPLICANT
MALE APPLICANT	Name First	Middle Last
Name First Middle Middle Alar	Date of Birth Month	Day Year
Date of Birth Month Day Year	Date of Dirth 4	13 1960
Place of Birth (State or foreign country)	Place of Birth (State or foreign country).	. In.
Serve grance State	Residence Address Street or R. R.	City County State
Residence Address Street or R. R. City country M.	-367 12 West 9.	ave barbens In
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce D	Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Dirth Certificate	
	Other (Specify) Wrivers	(License)
Other (Specify) Arwers License No Yes	1. Are you now or have you ever been adjudged to	o be of unsound mind? No 🖻 Yes 🕻
1. Are you now or have you ever been adjudged to be of unsound minute.	If answer is "yes", has the adjudication been re	
If answer is "yes", has the adjudication been removed? No Trespondent 2. Are you afflicted with a transmissible disease? No Yes D	2. Are you afflicted with a transmissible disease?	
 Are you attricted with a transmissible discussion. Are you related to the female applicant closer than second cousin? No P Yes D 	3. Are you related to the male applicant closer th	
4. Are you now under the influence of intoxicating liquor? No Yes	4. Are you now under the influence of intoxication	
5. Are you now under the influence of a narcotic drug? No 🗹 Yes 🗆	5. Are you now under the influence of a narcotic	drug? No. Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.	1. maite 2
	Samantha,	Suc Merallo
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders	to support the above
dependent children?	dependent children?	No U Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in		cation be accompanied by satisfactory proof that you are i
compliance with any court order or orders issued for their support.	compliance with any court order or orders issu	and for their support.
8. Full name of father A logo 6. Sman	8. Full name of father	Description
Residence of father (if deceased so state) Multuran M.	Residence of father (if deceased so state)	A m.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	Indiana
9. Full maiden name of mother Ulme Winn	9. Full maiden name of mother	Egene Cassety
Residence of mother (if deceased so state) Sullivan In	Residence of mother (if deceased so state)	Wannelle, In.
Dar dia ina)		Indiana)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country). State of Indiana,] I denose and state the information size
State of Indiana, County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	County of HENDRICKS	ss: I depose and state the information give in this application is true and correct
Maty & Whear	18-	with A ALONT
Signed A ZCZ III Manal	Signed J.V.S.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Address.	New Address 30	a w. pan
Subscribed and sworn to before me this 4th day of 1 Jang 19 5.	Subscribed and sworn to before me this	4th day of 11/ay, 198
Mary Jane Russell Clerk HENDRICKS Circuit Court	Mary Jone Russe	Clerk HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR O	GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent		give consent for this marriage. If only one pare
signs, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent	
and the construction of the other parent unnecessary	signs, state facts which render the consent	or the other parent unnecessary

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WHERE BER AND

State of Indiana, County of HENDRICKS

State of Indiana, County of HENDRICKS

HENDRICK

 \mathcal{K}

County of	State of Indiana, County of HENDRICKS ss:
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	Clerk
in Ulifo Pfico authorizes and directs the issuance	RT. A marriage license having been refused to the above named parties, the court by written order issued $\frac{\partial}{\partial a_{44}} \frac{\partial}{\partial a_{4}} \frac{\partial}{\partial a_{4$
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the
MONTY EDWIN SHEAD	, 19
o the	
DONALD R. PEYTON	hereby certify that on the
og	TEDANON
	of HENDRICKS
of	HENDRICKC
County.	r that purpose by the Clerk of the Circuit Court of
Dated this	
	Signed /s/ DONALD R. PEYTON
Filed and recorded in accordance with the	Official DesignationJUDGE
in accordance with the laws of the State of Indiana this	Official Designation JUDGE
	Signed Mary Jone Russell Clerk
	HENDRICKS Circuit Court

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Form Prescribed By STATE OF	'INDIANA
Health under Authority APPLICATION FOR 1	MARRIAGE LICENCE No. 195
Health under a first second se	S File
	County5-14-95
MALE Medical Examination Report Dated 5-7-85	FEMALE Date of Application
Name of Physician Andrews D. Algh	Medical Examination Report Dated 5-7-85
Name of Felse statement, Wi	Name of Physician Indrew D. Dick
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license to marry by any false statement
First Middle	FEMALE ADDATES
Name Bradley Kent Hunter	Name First Middle
Date of Birth	Date of Birth Month Day Montes
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street of R. R.
Previous Marital Status: Never Married O OR	Drownsburg, M. County State
ter Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married B OR Last Marriage Ended By: Death D Divorce D Annulment D
Date of birth verified by: PBirth Certificate UJudicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No PYes D	1. Are you now or have you area have add in the
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	If answer is "yes", has the adjudication been removed? No C Yes C
2. Are you afflicted with a transmissible disease? No □ Yes □ 3. Are you related to the female applicant closer than second cousin? No □ Yes □	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No Vyes	3. Are you related to the male applicant closer than second cousin? No D 1 = D
5. Are you now under the influence of a narcotic drug? No Ves D	4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? 8. D 3 D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Ves D	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	If answer is "yes", it is required that this Application be accompanied by satisfactury proof that you are in
compliance with any sourt order or orders issued for their support.	compliance with any court order or orders issued for their support
8. Fullname offather forest for for the former	8. Full name of father Shomas Thomas Thomas
Residence of father (if deceased so state)	Residence of father (if deceased so state) T for the
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Schipping fee harffin	9. Full maiden name of mother Occurs Hindary of Dearder
Residence of mother (if deceased so state) & Danle	Residence of mother (if deceased so state) Thomas The
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) 10 10 10 10 10 10 10 10
County of MENDRICKS BS: I depose and state the information given in this application is true and correct.	State of Indiana. HENDRICKS } as: I depose and state the information gives in this application is true and eccevet.
Signed K. Hunty	Signedy disa a morley
New Address 2219 EAGLE VIEW DRIVE APT. & SPEEDWA	and a second a second a second a second as
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of
Clerk HENDRICKS Circuit Court	Clerk HENDRICKS Consist Courts
CIEFK	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give content for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give contact the parent concreasing signs, state facts which render the consent of the other parent concreasing
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the state
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS } ss:	County of Fether
Signed	Signed
Signed	Subscribed and sworn to before me this day of
Subscribed and sworn to before me this	and the second
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	here refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been returned and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	burt by written order issued.
HENDRICKS	of a marriage incense to the HENDRICKS Correct Court
RETURN OF MARRIAGE LICENS	E AND MARRIAGE Clerk of the
The DI Remembered, there was filed in my office a much age the	a X authorizing the joining
of Indiana dated the day of Main BRADLEY K. HUNTER Be it further remembered, the following marriage certificate was filed in my of	IndLISA A. MORAL.
Be it further remembered, the following marriage certificate was filed in my	fice, to-with that on the 18 day of hor wENDRICKS
BRADLEY K. HUNTER Be it further remembered, the following marriage certificate was filed in my of I,MARTIN A. PETER one thousand nine hundred and 85	at BROWNSBURG County, State of 118
State of Indiana G	of County, State of LENDRICKS
she thousand nine hundred and	HENDRICKS
were by me units is in the second for	the chu the ciert of
County. Dated this	85. different different and di
Dated this	Official Designation PRIEST
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Asy the second

	No. 196
Form Prescribed By	OF INDIANA
nearth under ridered	E-15-85
of I.C. 31-1-3-2 Effective July 1, 1977	ICKS County Date of Application
	FEMALE 5-9-85
MALE Madical Examination Report Dated 5-9-85	Medical Examination Report Dated
Medical Examination Report Data	Name of Physician Welms C. Parke
Name of Physician Welm C. Tanke	
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-W shall be fined in any sum not exceeding five hundred dollars (\$500,000".	'hoever procures the issuance of a license to marry by any false statement, representation or
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Pricket
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
state state	Residence Address Street or R. R. City Couper S
Residence Address . Street or R. R. City County State	314 E. Jon yorannelle, Sel
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: D Birth Certificate D Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
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 Other (Specify) OL, SEO , Are you now or have you ever been adjudged to be of unsound mind? No Yes D 	Outer to be of unsound mind? No
 Are you now or have you ever been adjudged to be of unsound finite. No □ Yes □ 	If answer is "yes", has the adjudication been removed? No
2. Are you afflicted with a transmissible disease? No Ves	2. Are you afflicted with a transmissible disease" No
3. Are you related to the female applicant closer than second cousin? No Ves	
4. Are you now under the influence of intoxicating liquor? No Ves V	4. Are you now under the influence of intoxicating liquor? No 5. Are you now under the influence of a narcotic drug? No
5. Are you now under the influence of a narcotic drug? No 🕑 Yes	5. Are you now under the influence of a narcotic drug? No 6. List the full names of any dependent children.
6. List the full names of any dependent children.	
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	Marshel
	Dave
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above dependent children" No
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Marshall	8. Full name of father autoria H. Belarias
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Mary Ellen Shephard	ustand Child
	9. Full maiden name of mother 19 (2000) Control of the second
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, County of	State of Indiana. County of HENDRICKS as: I depose and state the information is true and in this application is true and
and Marchael	here is the
Signed Conus Contractor Signed	Signed & forance more
New Address Die WEIL DR. Pheatersour 6 5	New Address 66 Well Du Drow
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this 13 day of 11 Aug
Mary Jame Kinsell Clerk HENDRICKS Circuit Court	Many Jone Kussell derk HENDRICKS Circ
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only or
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	
County of HENDRICKS	State of Indiana, County of HENDRICKS
Signed	
Signed	Signed
Signed Mother	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPPOP OF	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CON HENDRICKS	JRT. A marriage license having been refused to the above named parti Court by written order issued.
inauthorizes and directs the issuanc	e of a marriage light to the state of the
RETURN OF MARRIAGE AND	s of a marriage license to the above named parties.
interest and they and a marriage h	SE AND MARRIAGE CERTIFICATE
of Indiana dated the	cense issued by the clerk of the HENDRICKS
Pa it further JAMES E. MADEUAL	and and
Be it further remembered, the following marriage certificate was filed in my	office, to-wit:
HADALDUNE	homehouse the start of the star
one thousand nine hundred and	atBEAVER DAM LAKE County of
State of Indiana, Groom JAMES E. MARSHALL and, Bride JOANNY M. PRICKETT	of
County.	It that purpose by the Clerk of the Cinquit Count of HENDRICKS
Dated this	85
19	Signed
	PLA MI II
Filed and recorded in accordance with the laws of the State of Indiana this.	

1210

S B C B E G E C D E C B E O C B E O C B E waither print Artis

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Preservice Reard of an and state Reard of and event of the second cousts? APPLICATION FOR HENDRIC MALE Medical Examination Report Dated	S County 5-15-85 Date of Application Date of Application Medical Examination Report Dated 5-4-85 Name of Physician Anual Maddle hever procures the issuance of a license to marry by any false statement. representation or preterm FEMALE APPLICANT Name First Middle Last Date of Birth Moath Date of Birth Moath Place of Birth Moath Date of Birth Moath Place of Birth Moath Date of Birth Moath Date of Birth Street or R. E. City County State Descree Andress Street or R. E. Previous Marital Status: Never Married OR Last Marriage Ended By: Desth Divore A ther (Specify) Date 1 Are you now or have you ever been adjudged to be of ansound mind? Nod Yes 3 Are you afflicted with a transmissible disease? Nod Yes 4 Are you now under the influence of a narcotic drug? Nod Yes 5 Are you no
Medical Examination Report Dated Name of Physician QUESTIONS MUST RE ANSWERED. LC 31-1-3-6 prescribed "False statement—Whe fined in any sum not eveceding five hundred dollars (\$500,00)". MALE APPLICANT Marial Status Marial Status New Married Other (Specify) e you now or have you ever been adjudged to be of unsound mind? No W Yes new of the finale applicant closer than second cousin? No W Yes e you now under the influence of intoxicating liquor? e you now under the influence of a narcotic drug?	State of Application Medical Examination Report Dated 5-4-85 Name of Physician Maddle Network procures the issuance of a license to marry by any false statement, representation or pretent Name First Middle Last Date of Birth Moath Date of Birth Street or R. R. Other of Birth Street or R. R. Place of Birth verified By: Street or R. R. Other (Specify) State Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divore A re you now or have you ever been adjudged to be of unsound mind? No Trest A re you afflicted with a transmissible disease? No B. Trest A re you now under the influence of intoxicating liquor? No D. Trest A re you now under the influence of an accout drug? No D. Trest A re you now under the influence of a naccout drug? No D. Trest A re you now under the influence of an accout drug? No D. Trest <
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sidence of father (if deceased so state) PDd Jud	1 6 7 - 00
X	Residence of father (if deceased so state)
thplace of father (State or foreign country)	Birthplace of father (State or foreign country)
I maiden name of mother glattly lung while ace	9. Full maiden name of mother Many C. Cult
idence of mother (if deceased so state)	Residence of mother (if deceased so state)
thplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Q. Carolina
of Indiana,	State of Indiana, J I depose and state the information give
of HENDRICKS	County of HENDRICKS ss: in this application is true and corre
Sout Waller Rain Arenos -	signed / any Elizabeth Settler
1 12 STUDOO TRAILER PARK BOX#46	New Address WEST GOOD TEANER PARK BOT
New Address DESTWOOD TRAILER PARK UPON TO	PLAINFIELD TO MON
ibed and sworn to before me this 5 day of 1909, 1909	Subscribed and sworn to before me this day of HENDRICKS Circuit Ce
ary fine Mussell Clerk HENDRICKS Circuit Court	Mary flue receiver Clerk
	CONSENT OF PARENTS, PARENT OR GUARDIAN
ENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one par
e parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant nereby give content the narent unnecessary
state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
of Indiana,	State of Indiana, HENDRICKS
of	County of Fat
Signed	SignedMot
Signed	Signed
ibed and sworn to before me this day of	Signed day of 19
Clerk	heap refused to the above named parties, t
PLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUF HENDRICKS	RT. A marriage license having been retuined and fil
HENDRICKS	RT. A marriage license having been refused to the above manual and fill Court by written order issued 3-0000 have and fill of a marriage license to the above named parties.
CountyCOUNT	of a marriage license to the above named part
auchorizes and directo	HAPPIAGE CERTIFICATE HENDRICKS Circuit Con
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Chapters and the day of	MARY ELIZABETH SHIA
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y.	/e/ KEVIN W. HINLD
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and recorded in accordance with the laws of the State of Indiana this	Official Designation JUNE 19 Clean Clean Clean Signed (Q.M.) Que Clean C

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County of MENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS County of
Vint Palil know	Signed Monica Lynn Wichardson
Signed July Champel Hill Dr IN 46224	New Address 636 W. Chaple Hell Lr. Indiana
New Address 670 00 Chappy Hill OF The Bost	Subscribed and sworn to before me this day of Mul 19
Subscribed and sworn to before me this day of HENDRICKS	Mary Vone Russell Clerk HENDRICKS Circuit Court
Hary for Missell Clerk Clerk Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana	State of Indiana, HENDRICKS
State of Indiana, County of	County of Father
Father	SignedMother
Signed	Signed
Subscribed and 19	Signed
Subscribed and sworn to before me thisday of	
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county.	that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 8th day of JUNE , 19.8	of <u>County</u> , Star HENDRICKS <u>HENDRICKS</u> that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u> /s/ CLARENCE E. HOPKINS
and the second sec	of <u>County</u> , Star HENDRICKS <u>HENDRICKS</u> that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u> /s/ CLARENCE E. HOPKINS
Filed and recorded in accordance with the laws of the State of Indiana this	of <u>County</u> , Star HENDRICKS <u>HENDRICKS</u> that purpose by the Clerk of the Circuit Court of <u>HENDRICKS</u> (s/ CLARENCE E. HOPKINS
484 200 No ... STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 File. 5-17.85 HENDRICKS County Date of Application FEMALE 5-14-85 Medical Examination Report Dated. 5-8.85 Medical Examination Report Dated 5-8.85 Name of Physician Houst a Mc Dree Acama Nr. Name of Physician_ ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement-Whoever procures the issuance of a license to marry by any false statement, representation or pretent shall be fined in any sum not exceeding five hundred dollars (\$500,00)". Weblan Anna Anna MALE APPLICANT First Name Last Name Eirst Date of Bin Date of Birth Place of Birth tary Place of Birth (State of foreign country) State Martinevelle Residence Addre Previous Marital Status: Never Married D OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce & Annulment D Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: D Birth Certificate D Judicial Decree Date of birth verified by:
Birth Certificate
Judicial Decree Arvero decen Other (Specify)_ Arwers Alc Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind No Yes D No Ves D 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 D No Yes If answer is "yes", has the adjudication been removed? No Yes 2 Are you afflicted with a transmissible disease No Yes 2. Are you afflicted with a transmissible disease? No PYes D 3. Are you related to the male applicant closer than second co No VYes D 3. Are you related to the female applicant closer than sec No Yes 4. Are you now under the influence of intoxicating liquor? No Yes 4. Are you now under the influence of intoxicating liquor? No Ves D 5. Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug 6. List the full names of any dependent children List the full names of any dependent children Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No Ves D dependent children! No Yes dependent children If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court onder or compliance with any court order or orders issued for their supp theret 8. Full name of father Mederic Full name of father_ Residence of father (if deceased so state). Residence of father (if deceased so state) N Birthplace of father (State or foreign c Birthplace of father (State or foreign country)_ august Full maiden name of mother 9. Full maiden name of mother_ del Residence of mother (if deceased so state). Residence of mother (if deceased so state)_ Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country) State of Indiana, State of Indiana, information given true and correct. state the information given cation is true and correct. HENDRICKS HENDRICKS County of County of a lego Signed Signed New Address RX5 BOIJOTB, DAN UTLLE, TH New Address 19.85 may Muy Subscribed and sworn to before Subscribed and sworn to before me this day of ... Mary HENDRICKS HENDRICKS Man Circuit Court Ane Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... signs, state facts which render the consent of the other parent unnecessary.

'n

State of Indiana,

State of Indiana,

County of	County of HENDRICKS 88 :
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this
Clerk	Clerk
CountyCountyCounty	RT. A marriage license having been refused to the above named parties, the ourt by written order issuedand filed
inauthorizes and directs the issuance of	of a marriage license to the above named parties.
be it further remembered, the following marriage certificate was filed in my of the following marriage	SE AND MARRIAGE CERTIFICATE nse issued by the clerk of the
, manual, groom many in R. HEISE	MORGAN C INDIANA
were by me united in marriage as authorized by a marriage license issued for County.	HENDRICKS County, State of INDIANA that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this	
	Signed /S/ JAMES G. E. WILLIAMS
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER
, , and State of Indiana this	Signed Albary Que Russell Clerk HENDRICKS Circuit Court

m Prescribed of iana State Board of alth under Authority	TION HID	ADDI	No. 201
IC 31-1-3-2 ective July 1, 1977	HENDRICK	MARRIAGE LICENSE	File
Petite of a		County	5.12.0-
MALE Medical Examination Report Dated 5-14-	85	FEMALE	Date of Application
Medical Examination Report Dates Black		Medical Examination Report	Dated Salut Ba
Name of Physician			the second se
L QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed " I QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed " I be fined in any sum not exceeding five hundred dollars (\$500,00)" MALE APPLICANT	False statement—Who	ever, procures the issuance of a license to me	June Black
MALE APPLICANT		a neerse to ma	rry by any false statement, representation or pretense
First Middle	Last	Name First	LE APPLICANT
te of Birth Month Day	Year	Date of Birth	Middle Land
ee of Birth (State or foreign country)	65	0 months	Part Ten
iter Address Street or R. R. City County	y State O	Place of Birth State or foreign country Residence Address	in lete
079 C. Maiseritti Me	bull. bfler	2 1006 Edge	R. City County State
avious Marital Status: Never Married 🗹 OR	Sale and mercening of	Previous Marital Status: Never Married	Develacional procession
st Marriage Ended By: Death Divorce Annulment	And Barris State	Last Marriage Ended By: Death D Divort	The D American D
te of birth verified by: Birth Certificate Judicial Decree		Date of birth verified by: Rirth Certified	ate D Judicial Decree
R Other (Specify) dr. lie>		Other (Specify)	
Are you now or have you ever been adjudged to be of unsound mind?	No 🔽 Yes 🗆	1. Are you now or have you ever been adjud	sed to be of unserved what
If answer is "yes", has the adjudication been removed?	No Yes D	If answer is "yes", has the adjudication be	een removed?
Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second cousin?	No Yes	2. Are you afflicted with a transmissible dis	sease? No W You U
Are you related to the female applicant closer than second cousin. Are you now under the influence of intoxicating liquor?	No Yes	 Are you related to the male applicant close Are you now under the influence of intox 	
Are you now under the influence of a narcotic drug?	No Yes D	5. Are you now under the influence of a nar	
List the full names of any dependent children.		6. List the full names of any dependent child	
			a the second second second
	-		and the second
Are you required by any court order or orders to support the above dependent children?	No Yes D	7. Are you required by any court order or o	
If answer is "yes", it is required that this Application be accompanied by satisfacto		dependent children? If answer is "yes", it is required that this	No Cl. Yes C Application be accompanied by satisfactory proof that you are a
compliance with any court order or orders issued for their support.		compliance with any court order or order	
Full name of father former former	Cuo	8. Full name of father Wesle	to Joe Start
Residence of father (if deceased so state)		Residence of father (if deceased so state)	Brainered , genterinered
Birthplace of father (State or foreign country)		Birthplace of father (State or foreign count	Caracharge in
Full maiden name of mother Sundas Slave &	Jray	9. Full maiden name of mother Ka	trall enquit wer
Residence of mother (if deceased so state)	s. s	Residence of mother (if deceased so state)	- Del pouterward
Birthplace of mother (State or foreign country Indiana		Birthplace of mother (State or foreign cour	consibile m
ate of Indiana,	e information given	State of Indiana, HENDRICKS	} as: I depose and state the information give
unty of HENDRICKS	s true and correct.	County of	Jun la Mar
Signed Steven S. Evan	<u>0</u>	Signed X	prrefer Jufk Doute
New Address		New Address	No 30
bscribed and sworn to before me this day of May	1985	Subscribed and sworn to before me this	Lay of HENDER'S
Lasy Jong Kussel Clerk HENDRICKS	Circuit Court	Mary Jone Kuss	Circuit Cere
		O -	OR GUARDIAN
INSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT	eby give consent for this marriage. If only one pare
e, the parents, of this applicant hereby give consent for this marriage.	. If only one parent	We, the parents, of this applicant nerv signs, state facts which render the cor	eacht of the other parent summerserary
ms, state facts which render the consent of the other parent unnecess	ary	signs, state facts which render the con	the second se
			and the second
		******	S. Carlo M. C. Martin
ate of Indiana,		State of Indiana, HENDRICKS	And the second s
HENDRICKS		County of	Fath
Signed		Signed	Mole
Signed	Mother	Signed	day of
bscribed and sworn to before me this		Subscribed and sworn to before me this	Creating and the second se
		and the second se	A REAL PROPERTY AND ADDRESS OF TAXABLE PARTY.
		and marriage license having bee	in refused to the above named partner, is
MPLETE IF MARRIAGE LICENSE ISSUED BY O	RDER OF COU	KT. A marriage incurrent for a state of the	
County		of a marriage license to the above I	lames P
authorizes and di	irects the issuance	CERTIFICA	TE HENDRICKS Circuit Con
RETURN OF MA Be It Remembered, there was filed in my off Indiana dated the	ARRIAGE LICENS	nse issued by the clerk of the	a the joining together as husband and wi
2 DI Trememberen there was filed in my ou	ice a marriade	authorizin	y tree and the second sec
Indiana dated the <u>3866</u> day of <u>day of</u> <u>steven scort evan</u> tit further remembered, the following marriage certificat	1	and JENNIFER LIN D	Annal JUNE and Anna Anna
u further remembered, the following marriage certificat	te was filed in my	hereby certify that on the	h
e it further remembered, the following marriage certificat MARTIN A. PETER		at BROWNSBURG	County, State of
e it further remembered, the following marriage certificat MARTIN A. PETER te thousand nine hundred and	EVAN	HENDRICKS	County. State of 100000000
d D :: STEVEN SCOTT	LI VIN	HENDRICKS	reait Court of
in, Bride		that purpose by the Clerk of the Ci	
ere by me united in JENNIFER. LYN. STOUT	license issued for		
te thousand nine hundred and			
ated this	, 19	35 Signed /st MARTIN	A. PETER PRIEST IF ES
unty.	, 19	35 Signed /st MARTIN	A. PETER PRIEST 18 85

	NO. 202
Form Prescribed By	INDIANA
Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR	MARRIAGE LICENSE File
of I.C. 31-1-3-2 Effective July 1, 1977	County Date of Application
Effective sult in the second sec	
MALE	FEMALE Medical Examination Report Dated
Medical Examination Report Dated	Name of Physician Joseph Shampson
Name of Physician (222ph) Monpson	Name of Thyprotect
Whoe we were the statement - Whoe were the statement - Whoe	ever procures the issuance of a license to marry by any tase statement, representation or pret
ALL QUESTIONS MUST BE ANSWERED. LC. M. dollars (\$500,00)". shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Tail Edward Mark Year	Date of Birth Month Day Year
Date of Birth Month Day 59	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Canally allenad
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State RR 5, Box 565 Dauxelles U.d.
10105 Lake of Spartene N. Nr. Maple.	Previous Marital Status: Never Married O OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: D Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Dudicial Decree	
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Dr
If answer is ##es", has the adjudication been removed? No Ves	If answer is "yes", has the adjudication been removed? No V
2. Are you afflicted with a transmissible disease? No Ves	2. Are you afflicted with a transmissible disease? No □ Y 3. Are you related to the male applicant closer than second cousin? No □ Y
3.' Are you related to the female applicant closer than second cousin? No Yes No Yes No Yes Yes No Yes Yes Yes Yes No Yes	3. Are you related to the male applicant closer than second cousin. No - 1 4. Are you now under the influence of intoxicating liquor? No - 1
4. Are you now under the influence of monitoring industry	Are you now under the influence of a narcotic drug? No you now under the influence of a narcotic drug?
5. Are you now under the influence of a harcotic drug.	 Are you now under the initialities of a value of a va
6. List the full names of any dependent children.	
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above dependent children? No I Y
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Paul. E. St. Month St. of	8. Full name of father Jeanie How young
Residence of father (if deceased so state) Maplewood Burille Und	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Kentuckey
2 J. Co Make	Bat to Sail R
9. Full maiden name of mother	9. Full maiden name of mother Sectory of the Sector and a contraction of the sector of
Residence of mother (if deceased so state) Carbony & . Dock	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS	State of Indiana, HENDRICKS
County of Manufacture And Correct.	County of
Signed All C. MARY 4/0.	Signed Y hore geen you
New Address 10150 LAKE OF HANA ErNSN	New Address 1015 Lake of Apt
Subscribed and sworn to before me this day of 115 IN. 46234, 19.55	Subscribed and sworn to before me this day of Man 19
Man Jane, Russon HENDRICKS	HENIDPICKS
Clerk Clerk Circuit Court	Clerk HEINDRICKSS Circuit (
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parents
signs, state facts which render the consent of the other parent unnecessary	
and other parent uniteessary	signs, state facts which render the consent of the other parent unnecessary

HENOR:

ANNIA BAR AN

YI

V

State of Indiana, County of HENDRICKS ss:	State of Indiana, County of HENDRICKS ss:
Signed	
	SignedFather
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	URT. A marriage license having been refused to the above named parties, the
County	Court by written order issuedand filed
inauthorizes and directs the issuance	e of a marriage license to the above named parties.
of Indiana dated the	hereby certify that on the 26th day of MAY at DANVILLE, County of HENDRICKS, of HENDRICKS HENDRICKS County, State of IN HENDRICKS County, State of IN Or that purpose by the Clerk of the Circuit Court of HENDRICKS
	Signed /s/ JOHN P. ROOF Official Designation EPISCOPAL PRIEST 29
	Signed Mary Jane Russel Clerk HENDRICKS Circuit Court

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Form Prescribed By STATE OF Indiana State Board of APPLICATION FOR T	F INDIANA
Form Prescribed and of Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	MARRIAGE LICENSE No. 203
Effective and a	County File
MALE Medical Examination Report Dated 5-11-85	FEMALE Date of Application
Name of Physician 200 4 Physician	Medical Examination Report Dated
Name of Physician	Name of Physician (000000) K. N.
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license to marry by any false status
D'ad Middle	FEMALE AF
Name Manage des Bruntos	FEMALE APPLICANT Name First Middle
Date of Birth	Date of Birth Month Day Stevens
Place of Birth (State or foreign country)	Place of Birth (State or fareign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. (Malala)
Previous Marital Status: Never Married D OR	the shall suppose the
Last Marriage Ended By Death Divorce Annulment	Previous Marital Status: Never Married O OR Last Marriage Ended By: Death O Divorce Annulment O
Date of birth verified by Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify)	A Other (Specify) do lin
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D If answer is "yes", has the adjudication been removed? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind? No Tes D
If answer is yes, has the adjusticities disease?	If answer is "yes", has the adjudication been removed? No D Yes D
3. Are you related to the female applicant closer than second cousin? No PYes D	3. Are you related to the male applicant alcost the
 Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of a narcotic drug? No Yes 	4. Are you now under the influence of intoxicating liquor? No P you D
Are you now under the influence of a function drug, Roc 1 es d List the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children.
Castruras In courd	Slaunar M. Stevens)
7. Are you required by any court order or orders to support the above dependent children? No Yes	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	dependent children? No Ves If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father	8. Full name of father Carl Cappe
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother	9. Full maiden name of mother la line of the line of t
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) State of Indiana. I depose and state the information given	Birthplace of mother (State or foreign country) State of Indiana. HENDRICKS County of Bas: I depose and state the information given in this application is true and correct.
County of HENDRICKS	HENDRICKS as: in this application is true and correct
Signed X Thomas her Brunten	Signed Kendra R. Alevens
New Address 360 hisa ann Planfield In.	New Address 360 Ribar Barre, Flainfield, 5
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of HENDRICKS
Mary Jone Prissell Clerk HENDRICKS Circuit Court	Montane Russell Clerk Clerk Circuit Cour
CONSENT OF REPENTS DEPENTS OF OUR PRIME	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS. PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
signs, state facts which render the consent of the other parent unncessary	signs, state facts which render the consent of the other parent unnecessary
and the consent of the other particular	
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS	County of Father
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of Cleri
Clerk	the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage license having been refused to the above and file
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	ourt by written order issued
authorizes and ureen	CIPCUIT CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage lice	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the the ioining together as husband and wife
of Indiana dated ii	, 19 25., authorizing the joining together
day of	and JUNE
Be it further remembered, the following marriage certificate was filed in my I,	hereby certify that on the 8th day of
	Plat Int and State of manual
State of I and the state of the	of HENDICLOS
and, BrideSANDRA KAY STEVENSof	HEINDALE at the Circuit Court of
and, BrideSANDRA KAY STEVENSof	that purpose of the
	Signed
SthJUNE	Official DesignationJUNE
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER 19 85- Official Designation JUNE Clerk 11 day of JUNE Clerk Signed HENDRICKS Circuit Cour
in accordance with the laws of the State of Indiana	Signed

	Health under Authority	MARRIAGE LICENSE File
	Health under Automy of I.C. 31-1-3-2 Effective July 1, 1977	County Date of Application
TR H		FEMALE Medical Examination Report Dated 5-11-85
S	MALE Medical Examination Report Dated 5-11-89	Name of Physician Manuet Harris
C	Name of Physician Marnot Harris	
Annaly will will	ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-who shall be fined in any sum not exceeding five hundred dollars (\$500,000".	ever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
n market	MALE APPLICANT	Name First Middle Last
C .	Name First Milale Milland	Date of Birth Manth Day Year
	Date of Birth Month Day 32	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country) Residence Address Street or R. R. City County State	Residence Address Street or R. R. City . County State
	Residence Address Street or R. R. City and Address Street or R. R. City and Address Ad	335 P. Marine Downed and Star
U.	Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
6	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
6	P Other (Specify) dr. lie	& Other (Specify) dr. lie).
C.	Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves D
	If answer is "yes", has the adjudication been removed? No Ves No Yes	If answer is "yes", has the adjudication been removed? No D Yes D 2. Are you afflicted with a transmissible disease? No D Yes D
	2. Are you related to the female applicant closer than second cousin? No Tes	3. Are you related to the male applicant closer than second cousin?
	4. Are you now under the influence of intoxicating liquor? No Yes	 Are you now under the influence of intaxicating liquar? No [™] Yes [™] S. Are you now under the influence of a narcotic drug? No [™] Yes [™]
1	 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 	 Are you not since the full names of any dependent children.
>		
KA		
	7. Are you required by any court order or orders to support the above dependent children?	7 Are you required by any court order or orders to support the above dependent children? No 🛛 Yes 🗋
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their augport.
	8. Full name of father All May Article All All All All All All All All All A	8. Full name of father Howsed W Male
	Residence of father (if deceased so state)	Residence of father (if deceased so state)
SI	Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	9. Full maiden name of mother	9. Full maiden name of mother bastly K. U.M. Manap
	Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
F .	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given
	County of	County of HENDRICKS as: in this application is true and correct.
2	Signed Server to Dellau	Signed Ja. Land fifting alaring John Statistica Second
	New Address Box & North Jalen 100	New Address Lat he 20 At the South and the the the the
	Subscribed and sworn to before me this day of LENIDDICKS	Subscribed and sworn to before me this day of the power
P + F - F	HENDRICKS Circuit Court	Mary Jane Russelle alerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana,	
	County of	State of Indiana, County of HENDRICKS
	Signed	Signed
	SignedMother	Signed
	Subscribed and sworn to before me this day of, 19,	Subscribed and sworn to before me this day of 19
	Clerk	Clerk
	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the above named parties, the
TT	County	ourt by written order issued and filed
	authorizes and directs the issuance	
	are a arriage lice	SE AND MARRIAGE CERTIFICATE nse issued by the clerk of the HENDRICKS Circuit Court
	of Thatana autea the day of 1100m	19 authorizing the joining together as hushand and wife
	Be it further remembered, the following marriage certificate was filed in my	andPEGGY ANN MILLER
	CHRIS-WYNN	hereby sertify the set
1 1 1	State of Indiana, Groom JAMES LEE GILHAM	.at
	and, BridePEGGY ANN MILLER	HENDRICKS County, State of IN
	County.	that purpose by the Clerk of the Circuit Court of HENDRICKS
	Dated this 29 day of MAY , 19.8	5
		Signed/s/REVERAND_CHRIS_WYNN
	Filed and recorded in accordance with the laws of the State of Indiana this	
	, and other of Indiana this	30 day of MAX 19 85 Signed Alany Angell Clerk
		HENDRICKS Circuit Court

Tates at

488

rm Prescribed By STATE OF fiana State Board of alth under Authority IC. 31-13-22 triane July L. 1977 HENDRICK	MARRIAGE LICENSE No. 205
LC. 31-1-3-2 feetixe July 1, 1977	CSCounty
MALE Medical Examination Report Dated 5-16-85	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination
Name of Physician	
Name of Fast LL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whow all be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license t
all be thred in any MALE APPLICANT	a decise to marry by any false statement, representation or prelense
me First Middle Last	Name First
te of Birth Month Day Year	Date of Blue Middle Ch Last
ace of Birth (State or foreign country)	Bay Malt
sidence Address Street or R. R. City County State	Place of Birth (State or foreign country)
O. Dox 10 - walescalle and.	RR2, Box 280C Plust County State
evious Marital Status: Never Married OR	Previous Marital Status: Never Married D OR
st Marriage Ended By: Death Divorce Annulment Leof birth verified by: Arthur Certificate Judicial Decree	Last Marriage Ended By: Death Divorce D Anni D
te of birth verified by $-$ birth contract	Date of birth verified by: Birth Certificate D Judicial Decree
Other (Specify)	Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Tes D	1. Are you now or have you ever been ediaded to be
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆 Are you afflicted with a transmissible disease? No 🖓 Yes 🗋	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissione disease. No 2 Yes 2 Are you related to the female applicant closer than second cousin? No 2 Yes 2	2. Are you afflicted with a transmissible disease?
Are you now under the influence of intoxicating liquor? No Ves D	 3. Are you related to the male applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug? No Ves D	5. Are you now under the influence of a narcotic drug? No D Yes D 5. Are you now under the influence of a narcotic drug? No D Yes D
List the full names of any dependent children.	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 Ves Ves	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father allow Speek	8. Full name of father Jewis P. Sharp
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Michigon	Birthplace of father (State or foreign country)
Fullmaiden name of mother Clause Kay Costin	9. Full maiden name of mother Mary M. Case
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	State of Indiana, I depose and state the information gives
HENDRICKS ss: in this application is true and correct.	County of HENDRICKS
Signed X Markh Speck	Signed Jamela M. Starp
New Address P.O. Box 103 Costesuille IN 46121	New Address PO Box 103 Coate soulle 114
bscribed and sworn to before me this day of May 195	Subscribed and sworn to before me this day of
Mary Jong Russell Clerk HENDRICKS Circuit Court	Mary Jone Kussell Clerk HENDRICKS Circuit Cour
C C C C C C C C C C C C C C C C C C C	
INSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
ms, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
ate of Indiana,	State of Indiana, HENDRICKS
unty of	County of
SignedFather	Signed
No.	Signed
bscribed and sworn to before me this	Subscribed and sworn to before me this day of
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	Il license having been refused to the above named parties, the
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	RT. A marriage license license and lice
HENDRICKS	ourt by written order the above named parties.
authorizes and direct	HENDRICKS CERTIFICATE HENDRICKS Circuit Court
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice	se issued by the clerk of the
including dated the	STATIA M. STATAS
EVERETT V SMOCK	INDIANA INDIANA
EVERETT V. SMOCK te thousand nine hundred and 85 State of Indiana, Groom MARK ALLEN SPECK td, Bride PAMELA M. SHARP of	HENDRICKS County, State of INDIANA
ate of Indiana, Groom MARK ALLEN SPECK	HENDRICKS HENDRICKS
Rech. PAMELA M. SHARP	that purpose by the Clerk of the Circuit Court of
ounty.	/e/ EVERETI
ated this, 19	SignedMINISTER
	a reight Designation MAY
^{iled and recorded in accordance with the laws of the State of Indiana this}	28th day of RussellenDRICKS Circuit Cours
ued and more it is the	

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Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR	F INDIANA No. 206 MARRIAGE LICENSE File
early distributed and the second seco	CKS County Date of Application
MALE Medical Examination Report Dated 5-13-85 Dama	FEMALE Medical Examination Report Dated 5-14-85 Name of Physician Dlach
Name of Physician P. D. C. 31-1-3-6 prescribed "False statement-When	oever procures the issuance of a license to marry by any false statement, representation or pre
shall be fined in any sum not exceeding international	FEMALE APPLICANT
MALE APPLICANT Name First Middle Last Date of Birth Month Day Year Place of Birth (State or foreign country)	Name First - Middle Last Date of Birth Month Day Vegr Place of Birth (State or foreign country) ANDUL Middle
Residence Address Street/or R/R City County State	Residence Address Street or R. H. City County State
Previous Marital Status: Never Married 10 OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment Divorce Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify M. MC	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No-
If answer is "yes", has the adjudication been removed? No Ves No Yes	If answer is "yes", has the adjudication been removed? No 2. Are you afflicted with a transmissible disease? No
2. Are you afflicted with a transmission disease.	Are you related to the male applicant closer than second cousin?
3. Are you related to the female applicant closer than second cousin? NoU Yes 4. Are you now under the influence of intoxicating liquor? NoU Yes	4. Are you now under the influence of intoxicating liquor?
 Are you now under the influence of anarcotic drug? No □ Yes □ 	5. Are you now under the influence of a narcotic drug?
 List the full names of any dependent children. 	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes	 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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you
compliance with any court order or orders issued for their support. 8. Full name of father Anthe Ruy Swails	compliance with any court order or orders issued for their support. 8. Full name of father Alexand Shut
Residence of father (if deceased so state)	Residence of father (if deceased so state)
9. Full maiden name of mother Burning Kose Cashnel Residence of mother (if deceased so state)	9. Full maiden name of mother Ace Rebecca ros Residence of mother (if deceased so state) D'Dung
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS 88: I depose and state the information in this application is true and c
Signed Hory R. Success New Address 2420 LAKE OF LAMDERNS	Signed Cypthia L. Shutt New Address 2420 Lake O Saturo Dr
Subscribed and sworn to before the this 17+4 day of MAY ,1985 Hang Hell Hendricks Circuit Court	Subscribed and sworn to before me this 17th day of May , 1 May June Russell Clerk HENDRICKS Circuit
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parents, state facts which render the consent of the other parent unnecessary.

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State of Indiana, HENDRICKS }ss:	State of Indiana,
County of	County of HENDRICKS ss:
SignedFather	
	SignedFather
Signed	SignedMother
Subscribed and sworn to before me this	
10	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMP	
HENDRICKS County	RT. A marriage license having been refused to the above named parties, the
inCountyCo	ourt by written order issued
inauthorizes and directs the issuance of	of a marriage license to the above named parties.
RETURN OF MARRIACE LICENCE	
fille in the office a marriage lies	
of Indiana dated the day of Man	Circuit Curcuit
Be it further remembered, the following marriage certificate man field in a	nse issued by the clerk of the
be a further remembered, the following marriage certificate	and Alla Lou Shutt
ADICAL MARKEN	
one thousand nine hundred and	hereby certify that on the day of day of tendricks,
State of Indiana, Groom Gary Ray South	at Danville, County of Herdricks, of Hendrick County, State of FP
and, Bride Custore La Stall	of Hendrick County State of IN
were by me united in me i	of <u>Hendricks</u> <u>County</u> , State of <u>FP</u> <u>Hendricks</u> <u>County</u> , State of <u>IN</u>
were by me united in marriage as authorized by a marriage license issued for County.	that purpose by the Clerk of the Circle is Grade & HENDRICKS
Dated this day of 1955	put pose by the Clerk of the Circuit Court of
ady of	
	Signed ISI Larry R. Hesson
Filed and recorded in accordance with the	Official Designation Judge
Filed and recorded in accordance with the laws of the State of Indiana this	2801 day of here was
	Signed Carry Jone Crasel Clerk
	HENDRICKS Circuit Court

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Filed

ana State Authority APPLICATION FOR N	INDIANA MARRIACE LIGTE No. 200
C. 31-1-3-2 ctive July 1, 1977 HENDRICK	
	SCounty
MALE Deemination Report Dated 5-10-85	5-17-85 Date of A-11
Medical Examination Report Dated	FEMALE Date of Application Medical Examination
Name of Physician Dastreta	Medical Examination Report Dated 5-9-85
OUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement - Who	Name of Physician Batesta
Name of the ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoe UESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoe I be fined in any sum not exceeding five hundred dollars (\$500,000".	ever, procures the issuance of a license to marry by any false stat
	Transe statement, representation or pretense
e Michael Maine Roberson	Name Fürst
of Birth Month Day Year	Date of Birth Month Curry Ko - Last
e of Birth (State or foreign country)	Day Herry
and .	Place of Birth (State or foreign/country)
tend Address Street or R. R. Pittsbord State	Residence Address A Street or R. R. City
ious Marital Status: Never Married D OR	Previous Marinel Suit
Marriage Ended By: Death Divorce Annulment	Marrial Status: Never Married ODP
of birth verified by: Birth Certificate Dudicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify)	Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Pyes D	1. Are you now or have you ever been adjudged to be of unsound mind?
f answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	If answer is "yes", has the adjudication been
Are you afflicted with a transmissible disease? No Ves	2. Are you afflicted with a transmissible di
Are you related to the female applicant closer than second cousin? No Ves D	3. Are you related to the male applicant closes the
Are you now under the influence of intoxicating liquor? No Ves	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug? No Yes D	5. Are you now under the influence of a narcotic drug?
ist the full names of any dependent children.	6. List the full names of any dependent children.
	and the second
are you required by any court order or orders to support the above	7. Are you required by any approximation to
ependent children? No 🗆 Yes 🗆	 Are you required by any court order or orders to support the above dependent children? No
f answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
ompliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
'ull name of father Aurel at A allenon	8. Full name of father formes W, Bline
Residence of father (if deceased so state Tittsbore 4.	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Pann
ull maiden name of mother Mary & Valentini	Janut / Bedwill
	9. Full maiden name of mother.
lesidence of mother (if deceased so state)	Residence of mother (if deceased so state)
iirthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
HENDRICKS	State of Indiana, HENDRICKS County of HENDRICKS
ity of it this application is true and correct.	County of
Signed Mechael D. Labruson	Signed Auto and Day
New Address RI Box 231	New Address.
cribed and sworn to before me this 17 day of Man 1985	Subscribed and sworn to before me this 19 day of Mary 1953
AND A PHONE HENDRICKS	Clerk HENDRICKS Circuit Cour
field dette desdelf Clerk	
SENT OF RAPENTS, RAPPART OF CHARDEN	CONSENT OF PARENTS, PARENT OR GUARDIAN
SENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
the parents, of this applicant hereby give consent for this marriage. If only one parent	we, the parents, of this upperturbed signs, state facts which render the consent of the other parent unnecessary
s, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of an
	and a findiana
e of Indiana, http://www.com/actionality.com/a	State of Indiana, HENDRICKS
hty of Ss:	A DAY
Signed	Signed
Signed	Signed
cribed and sworn to before me this day of, 19,	Signed
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	the in the set of the above named parties, the
APLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been related
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	urt by written order issued
HENDRICKS	f a marriage license to the above names r
authorizes and directs the in-	HENDRICKS CERTIFICATE HENDRICKS Circuit Cour
RETURN OF MARRIAGE LICENSI	ise issued by the clerk of the
Be It Remembered, there was filed in my office a marriage licen	, 19.85, authorizing the jointing tog
manuful dated the	A ATAT IVE M
MICHAEL DWAYNE ROBINSON it further remembered, the following marriage certificate was filed in my o DONALD. TYLER thousand nine hundred and 85	fice, to-wit:
DONALD THE DO	hereby certify that on the
thousand nine hundred and BE	atBROWNSBORGCounty, State of
e of Indiana and MICHARL DHAVNE POBINSON	county, State of USADDPICKS
by me united in marriage as authorized by a marriage license issued for inty.	HENDRICKS
e by me united i	that purpose by the Clerk of the Circuit
nty.	LA DONALD TYLER
ady of	Official DesignationMINISTER
ed this25thday ofMAX, 1982	29th day of MAX Russell HENDRICKS Circuit Cour

	STATE OF	INDIANA	No.	00
Form Prescribed By	STATE OF	MARRIAGE LICENSE	File	
Health under Authority				-20-85
of I.C. 31-1-3-2 Effective July 1, 1977	HENDRICK	County		of Application
		FEMALE	-	0 00
MALE	5-7-85	Medical Examination Report		- 1-15
MALE Medical Examination Report Dated		Name of Physician	tesser M.	Dinkeley
Name of Physician Stress Stress	LASSING When	ever procures the issuance of a license to mar	ery by any false statement.	representation or pre-
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3 shall be fined in any sum not exceeding five hundred do	l-6 prescribed "Faise statement - frids illars (\$500,00)".	EPM AI	LE APPLICANT	
shall be fined in any sale and MALE APPLICANT	r	Name First	Middle	DO Last
Name First Middle	K n or OD	Canle W man	Oliv	12 aspin
Date of Birth Month Day	Year	Date of Birth Month	18	57
Place of Birth (State or foreign country)		Place of Birth (State or foreign country)	Dud.	
Residence Address Street or R. R. City	County State	Residence Address Street & R.	R. City	County State
441 Strast Dr. BN	all grulaness	- Hant Mark		the second
Previous Marital Status: Never Married OR	2	Previous Marital Status: Never Married	Annulment D	2
Last Marriage Ended By: Death Divorce Annulment D		Date of birth verified by: Death - Birth Certificat	te D Judicial Decree	
Date of birth verified by: Birth Certificate Dudicial Decr	ee	Date of other termine by pro-		
Other(Specify)		Other (Specify)		~
 Are you now or have you ever been adjudged to be of unsound m 	mind? No Ves	1. Are you now or have you ever been adjudg		No D
If answer is "yes", has the adjudication been removed?	No Yes	If answer is "yes", has the adjudication bee 2. Are you afflicted with a transmissible dise		No D
2. Are you afflicted with a transmissible disease"	No 🗹 Yes 🗆 No 🖾 Yes 🗆	 Are you afflicted with a transmission dise Are you related to the male applicant close 		No P
 Are you related to the female applicant closer than second coust of interview of the influence of interviewing liquor? 	No Pres D	4. Are you now under the influence of intexic		No O
 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? 	No BYes D	5. Are you now under the influence of a narco		Not
 Are you now under the influence of a influence of a second second		6. List the full names of any dependent child		
Sensiger and		James Rodn	ser	
Carry Junes			0	
when the diam				
 Are you required by any court order or orders to support the al 	bove	7. Are you required by any court order or on	ders to support the above	
dependent children?	No U Yes U	dependent children"		No O
If answer is "yes", it is required that this Application be accomp		If answer is "yes", it is required that this A compliance with any court order or orders		satisfactory proof that you
compliance with any court order or orders issued for their supp 8. Full name of father Denal R. K	MARR	8. Full name of father A Allas	and the car	
D)	B.C.	Residence of father (if deceased so state)	heroard	
Residence of father (if deceased so state)	and server		. Canof.	
Birthplace of father (State or foreign country)	1+10	Birthplace of father (State or foreign countr	g. M.	albace
9. Full maiden name of mother Dorochy V	Jaino	9 Full maiden name of mother 28 202	a include	Contractor
Residence of mother (if deceased so state)	- bull grulla	Residence of mother (if deceased so state)	Geralday	<u> </u>
Birthplace of mother (State or foreign country)	2	Birthplace of mother (State or foreign count	. bul .	and the second second
HENDRICKS (18 th)	ose and state the information given is application is true and correct.	State of Indiana, HENDRICKS	} as: I depose and in this spull	state the information
County of		County of		
Signed Kart	2/1-	Signed	M. Compel	anchm)
New Address 441 STUART	DR BROWNSBURG IN.	New Address 44	Stuart D	ic provonb
Subscribed and sworn to before me this day	der. yall to	Subscribed and sworn to before me this.	D day of	1.11 aug 11
Allang Jane Kissell Clerk	HENDRICKS Circuit Court	Mang man Ken	AADO Gerk HEN	IDRICKS Circuit
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT O	R GUARDIAN	
We, the parents, of this applicant hereby give consent for	this marriage. If only one parent	We, the parents, of this applicant hereb	by give consent for this m	arriage. If only one p
signs, state facts which render the consent of the other ;	parent unnecessary	signs, state facts which render the cons	ent of the other parent w	in necessary
	and a second			AND AVABBLAIDADA AVAILABA AVAILABA
			00000000000000000000000000000000000000	D-13-66-4 + 1-46-87-4 H - 1-2-19 (1-7-89) - 1-2-19 (1-7-89) - 1-2-19 (1-7-89)
State of Indiana,				
County of HENDRICKS	-	State of Indiana, County of HENDRICKS	} ** :	
Signed				
Cineral	Father	Signed	na para na mandro ni apinali na dana mina papa na ina panila apina ina pana na ina panila na pana panila na pa	F
	Mother	Signed		
Subscribed and sworn to before me this day	of, 19,	Subscribed and sworn to before me this	day of	
	Clerk	17/70-077-078-00-00-07-0-0-00-07-0-0-00-07-0-0-00-07-0-0-00-0		ala an ann an Star a gu ann an Agus a' agus a daraithe
COMPLETE IF MARRIAGE LICENSE 199	UED BY ORDER OF THE			
COMPLETE IF MARRIAGE LICENSE ISS HENDRICKS County	OUD DI ONDER OF COUR	c1. A marriage license having been	refused to the abor	ve named parties,
inauth	orizes and directs the issues	ourt by written order issued	**************************************	and
Be It Remembered, there was fi	JRN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICAT	HENDRICKS	
of Indiana dated the 24th da	nea in my office a marriage licer	E AND MARRIAGE CERTIFICAT	HENDKICKS	Circuit (
of Indiana dated the 24 th day CHARLES G.	KNAPP	, 19.00, authorizing	the joining together	as husband and
be it further remembered, the following marrie	age certificate was filed in may	MILMA J. MARC	CUM	
MAUREEN E.	GADDY	Laure La	ath day of TUN	F
and, Bride	ARCUM	HENDRICKS		IN
County.	a marriage neense issued for	that purpose by the Clerk of the Cin	cuit Court of	HENDRICKS
	TIME .			
Dated this	UNE	85		
Dated this	UNE	85. Signed /s/ M	AUREEN E. GADD	Y
Filed and recorded in accordance with the laws		Signed		

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	493
Form Prescribed By STATE OF APPLICATION FOR MARKED APPLICATION FOR APPLICATION FOR APPLICAT	INDIANA
Health under Authority Health under Authority	MARRIAGE LICENSE
of I.C. 31-1-5-2 Effective July T. 1977	File
	County
MALE Medical Examination Report Dated 5-1385	FEMALE Date of Application
Name of Physician U. M. Greece mil	Medical Examination Report Dated 5-16-85
Name of 145	Name of Physician Michael Niely W.D
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whow shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever procures the issuance of a license to marry by any false statement
Middle	FEMALE Approx
Name Scot allen Hlick	Name Neulie First Middle
Date of Birth	Date of Birth Month Month Day bock
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) 13 1962
Residence Address Street or R. Re City County Obh State	Residence Address Street or R. R. Budeand
Previous Marital Status: Never Married OR	STIS & 350 N. Brownshus West State
Merriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married DOR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
V Other (Specify) Dr. Rc	
Other (Specify) Other (Specif	Other (Specify)_ 1l- her.
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	 Are you now or have you ever been adjudged to be of unsound mind? No Yes O If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Ves D	2. Are you afflicted with a transmissible diage 2
3. Are you related to the female applicant closer than second cousin? No Ves D	3. Are you related to the male applicant closer than second cousin? No D Yes D
4. Are you now under the influence of intoxicating liquor? No Yes □ 5. Are you now under the influence of a narcotic drug? No Yes □	4. Are you now under the influence of intoxicating liquor? No C Yes C
Are you now under the initiative of a flattene drug. No y Tes C List the full names of any dependent children.	 5. Are you now under the influence of a narcotic drug? No Ves 0 6. List the full names of any dependent children.
and the second	and a second condition of the second s
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No 🗆 Yes 🗆	dependent children? No D Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Mid Lee Fileck	compliance with any court order or orders issued for their support. 8. Full name of father Willeam Kurta meeboer
Residence of father (if deceased so state) Indiana	Residence of father (if deceased so state) Incleance
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country)
9. Full maiden name of mother Dorbthon Mal Crow	9. Full maiden name of mother Ursula Stark
2 Saling	yer.
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Mollando	Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS Bas: I depose and state the information given in this application is true and correct.
County of HENDRICKS as: I depose and state the information given in this application is true and correct.	County of
Signed Satal	Signed Feide C. Meeber
New Addres 3 CAKS MODILE MANOR S9788 SR 15 Box 262	New Address & oaks mobil Manor 58188 SR 15 601263
Subscribed and sworn to before me this 20 day of Marg 185.	Subscribed and sworn to before me this 20 day of Marg 1985
Mary Jone Russelferk HENDRICKS Circuit Court	Mary Jane Russel Clerk HENDRICKS Circuit Court
John Course Clerk Circuit cours	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS ss:	County of Father
Signed	SignedMother
SignedMother	Signed
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of IP
	the second parties, the
	and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL HENDRICKS	ourt by written order issued
in	of a marriage license to the above named p
authorizes and uncert	HENDRICKS CERTIFICATE HENDRICKS Circuit Course
RETURN OF MARRIAGE LICENS Be It Remembered, there was filed in my office a marriage lice	SE AND MARRIAGE COMPARIANCE Comparison of the interview of the insection o
of Indiana dated the 2 Stk day of Mary	HEIDI EMILIA MEEBOER
a fuller romand and it is in a sentificate was	HDINKAS TIDINKS
one thousand nine hundred and 85 State of Indiana, Groom SCOT ALLEN FEICH and, Bride	at 1:30 P.M. County, State of IN
State of the number of and	of ELKHART County, State of UENDRICKS
and, Bride	HENDRICKS
were by me united in many in the interview of the service of the s	that purpose of the
County. Dated thislstday ofJUNE, 19.8	5
1st day of JUNE	Official Designation JUNE Clerk
Filed	Official Designation JUNE Clerk 6th day of JUNE HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Might J

STATE OF	INDIANA No. 210	
orm Prescribed By Idiana State Board of APPLICATION FOR M	ARRIAGE LICENSE File	
ealth under Authority	3-20-83	
I.C. 31-1-3-2 ffective July 1, 1977	County Date of Applic	ation
	FEMALE S-18-8	5
MALE Medical Examination Report Dated 5-18-85	Medical Examination Report Dated	
Medical Examination Report Dated	Name of Physician Warred &. Maggard	
Name of Physician , Wild D., Hauggauss	ver procures the issuance of a license to marry by any false statement, represent	ation or pretense
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed raise statement hall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT	
MALE APPLICANT	Name Fjrst Middle	Last
Name First Middle Wheeler	Tracy A unn Day	ar
Day Day	Date of Dittin 2 26 19	63
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	
Indianapoles In. County State	Residence Address Street of R. R. City County	State M.
Lesidence Address Street/or R. R. City and the maple m.	1110 sucamore rate rage	
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married DOR Last Marriage Ended By: Death Divorce Annulment	
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce - Amandment Date of birth verified by: Birth Certificate - Judicial Decree	
Date of birth verified by: Birth Certificate Dudicial Decree	Date of birth vertiled by	
	Other (Specify)	
Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?	No Yes
No Yes	If answer is "yes", has the adjudication been removed?	No Yes
Are you afflicted with a transmissible disease?	 Are you afflicted with a transmissible disease? Are you related to the male applicant closer than second cousin? 	No Ves D
3. Are you related to the female applicant closer than second cousin? No Ves No Yes No Yes Ves No Yes Ves No Yes N	 Are you related to the male applicant closer than 1 and 1. Are you now under the influence of intoxicating liquor? 	No Yes D
4. Are you now under the influence of intoxicating inquot.	5. Are you now under the influence of a narcotic drug?	No Yes
 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 	6. List the full names of any dependent children.	
6. List the full names of any dependent children.		-
	7. Are you required by any court order or orders to support the above	
7. Are you required by any court order or orders to support the above dependent children?	dependent children?	No Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory	proof that you are in
compliance with any court order, or orders issued for their support.	compliance with any court order or orders issued for their support.	rtley
8. Full name of father William Co. Wallet	8. Full name of father 1 0 Putter + ungene +	2.
Residence of father (if deceased so state) Indianapolis, M.	Residence of father (if deceased so state 7 and manual states)	
Birthplace of father (State or foreign country) malana	Birthplace of father (State or foreign country) Malana	
9. Full maiden name of mother & Ungbette J. Stuffen	9. Full maiden name of mother Alerry L. 100ma	n)
Residence of mother (if deceased so state) Indianapolis In	Residence of mother (if deceased so state). Placefield, S	7
Birthplace of mother (State or foreign country) Detrasta	Birthplace of mother (State or foreign country) Indiana)	
State of Indiana	State of Indiana.	information given
County of	County of HENDRICKS	and correct.
Signed & William E Cherly	Signed Lacy L. Bart	ly
New Address.	New Address 2553 S. Bridgeport	Rd. Indp
Subscribed and sworn to before me this 20 day of May	Subscribed and sworp to before me this 20 th day of Ma	4 19.85
Mary Jame, Russell HENDRICKS	Subscribed and swart to before the discussion of the HENDRICKS	Circuit Court
I Clerk Clerk Circuit Court	1. Milling galde of Marceto Clerk	Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage.	if only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessar	The second

1900(3

V

County of	County of HENDRICKS
Signed	SignedFeth
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the
	ourt by written order issuedand fil
inauthorizes and directs the issuance of	of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
The DI themembered, there was filed in my office a marriage line	HENDRICKS Circuit Con
of Indiana dated the 24th day of May	nse issued by the clerk of the
generation was filed in my c	o pice, to-wit:
I,WILLIAM P. HENDRICKS	hereby certify that on the
one thousand nine hundred and 85	at WASHINGTON TOWNSHIP County of HENDRICKS
State of Indiana, GroomWIEDIAN E. WHEELER	of MARION County State of IN
TRACY LYNN BARTLEY of	HENDRICKS County State of IN
were by me united in marriage as authorized by a marriage license issued for County.	that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this	
	Signed /s/ WILLIAM P. HENDRICKS
	Official Designation PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this	29th
, , , State of Indiana this	al Max , 19.85
	Signed Mary Jane Kussell Ch HENDRICKS Circuit Co
	HENDRICKS Circuit Co

	495
Form Prescribed By STATE OF Indiana State Board of APPLICATION FOR	INDIANA
Health United	MARRIAGE LICENSE
of I.C. 31-1-3-2 Effective July 1, 1977	County File
MALE 5-111-St	
MALE Medical Examination Report Dated 5-14-85	FEMALE Medical Examination Report Dated 5-14-85
Name of Physician	
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whow shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT	ever, procures the issuance of a light the
shall be tined in any MALE APPLICANT	of a recense to marry by any false statement, representation or protonor
Name First Richard Dervell O	Name First
Date of Birth Month Day Year (3 1917)	Date of Birth Month Louise Appint
Place of Birth (State or foreign country)	Place of Birth (State or toreign country)
Residence Address Greet or R. R. City County State	Residence Address R Street or R. R
Previous Marital Status: Never Married OR	LICIE DOX 143 Dulle Dans State
Let Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
B Other (Specify) Dr. lic	
1. Are you now or have you ever been adjudged to be of unsound mind? Note Yes	1. Are you now or have you ever here added a date
If answer is "yes", has the adjudication been removed? No Ves	Are you now or have you ever been adjudged to be of unsound mind? No Table If answer is "yes", has the adjudication been removed? No Database
2. Are you afflicted with a transmissible disease? No Ves No Yes 3. Are you related to the female applicant closer than second cousin? No Ves Ves	2. Are you afflicted with a transmissible disease?
Are you related to the lemate applicant closer than second cousin: No D Yes	 Are you related to the male applicant closer than second cousin? Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No 🖓 Yes 🗆	5. Are you now under the influence of intoxicating liquer?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Deanna April Heurel	
7. Are you required by any court order or orders to support the above dependent children? No U Yes D	 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	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders (issued for their support. 8. Full name of father Ann Achard Huvell, S	compliance with any court order or orders issued for their support allow
Residence of father (if deceased so state) H. Meyers, Horida	Besidence of father lif deceased so states H. Myors Blach, Ha
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Altatia May Denny	9. Full maiden name of mother alma foreise Saralas
H Mins Brach fer	Besidence of mother (if deceased so states H. Mughs Blach, Ha.
Residence of mother (if deceased so state)	Birthplace of mother (State or foreign country
Birthplace of mother (State or foreign country) State of Indiana, State of Indiana, I depose and state the information given	State of Indiana. HENDRICKS County of
County of HENDRICKS ss: in this application is true and correct.	County of VO to the Lott
signed that ? Newell I	Signed Roberta a latter TAD 46122
New Address RK1 30C143 Dowelle.	New Address M 1,015 Mary 182
Subscribed and sworn to before me this day of 19.2	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
A HENDRICKS O Circuit Court	- Jan Jake marine
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent un necessary
State of Indiana,	State of Indiana. HENDRICKS
County of HENDRICKS } ss:	County of
Signed	
Signed	Signed Subscribed and sworn to before me this day of Is Cart
Subscribed and sworn to before me this	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUF HENDRICKS	having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUF	T. A marriage license naving beau
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	burt by written order to the above named parties.
authorizes and directs the issuer	HENDRICKS CERTIFICATE HENDRICKS Circuit Court
authorizes and directs the issuance of Indiana dated the	nse issued by the clerk of the
20 JI Is emembered there was filed in my once a man was	authorizing and
of Indiana dated the <u>JUHN RICHARD NEWELL</u> , JR. Be it further remembered, the following marriage certificate was filed in my of I, <u>MYRON BARNARD</u>	office, to-wit: 1st day of JUNE
a further remembered, the following marriage certificate was filed in my	Longhy certify that on the County of MARION
I, <u>MYRON BARNARD</u> one thousand nine hundred and <u>85</u> State of Indian	at INDIANAPOLIS County, State of IN
one thousand nine hundred and	HENDRICKS County, State of HENDRICKS
and, BrideROBERTA_LOUISE_ALLEN	mane by the Utern y
County.	85 /s/ MYRON BARNARD
JUNE JUNE 19	Signed
	Official Designation JUNE Quert
Filed and recorded in accordance with the laws of the State of Indiana this	4th Mary Aue Heronico Corrent court
	Signed

Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File
Health under Authority of LC 31-1-3-2 HENDRICK	
Effective July 1, 1977	Date of Application
	FEMALE Medical Examination Report Dated 5-11-85
MALE Medical Examination Report Dated <u>B-11-85</u>	Name of Physician Classence H. Ohamas
12 HI MONDA	
	ever procures the issuance of a license to marry by any false statement, representation or pr
ALL QUESTIONS MUST BE ANSWERED. I.C. 51(15) 0 pression of the second sec	FEMALE APPLICANT
Middle Last	Name First Middle Last
Name First Rakens	Date of Birth Month Day Wear
Date of Birth Month Day	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Judple. Jud.
Julanan Sulando City County State	Residence Address Street or R. R. City County Stat
Residence Address Street or R. R. Brownshing D.d.	
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
Let Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death D Divorce Annument D Date of birth verified by: 🖗 Birth Certificate 🗆 Judicial Decree
Date of birth verified by: Birth Certificate Dudicial Decree	Date of Dirth vertiled by. To birth outside
	Other (Specify)
Other (Specify) No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound mind.	If answer is "yes", has the adjudication been removed? \sim a similar \sim No \sim
If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin?
 Are you related to the female applicant closer than second cousin? Are you now under the influence of intoxicating liquor? No Yes I 	4. Are you now under the influence of intoxicating liquor?
 Are you now under the influence of intexticating index. Are you now under the influence of a narcotic drug? 	5. Are you now under the influence of a narcotic drug?
 Are you now under the influence of a narcoule drug. List the full names of any dependent children. 	6. List the full names of any dependent children.
0. List the full failles of any dependent sind en	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Yes	dependent children? No
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that y
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Cually Adres	8. Full name of father portable contemport
Residence of father (if deceased so state) Some real ty.	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Koutuckey	Birthplace of father (State or foreign country) Judiana
Canental un Q (200)	S. C. Stone D
9. Full maiden name of mother 200 5 14 10 10 10 10 10 10 10 10 10 10 10 10 10	9. Full maiden name of mother
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS }ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS ss: I depose and state the informatio in this application is true and
County of HENDRICKS	County of
Signed & Tandy Aldrue	Signed X Chris Cottey
Jal VI PRAIT R-BUR TUD	224 N Granturgenia
New Address As 1 A SKAN D PULS IN SKAN D PULS	New Address CO 1 11 - Stally Optily
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of
Mary Jac Nussell Clerk HENDRICKS Circuit Court	Mary Jane Kussell Clerk HENDRICKS Circu
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one
	we, the parents, of this applicant hereby give consent for this marriage. If only one
signs, state facts which render the consent of the other parent uppecessary	the second secon

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Antitud and Anti

State of Indiana, County of HENDRICKS ss:	State of Indiana, County of HENDRICKS }ss:
SignedFather	County of
Signed	
	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
inauthorizes and directs the issuance	of a marriage license to the above named parties.
of Indiana dated the	SE AND MARRIAGE CERTIFICATE nse issued by the clerk of the HENDRICKS , 19. 5, authorizing the joining together as husband and wife and CHRISTINE G. COFFEY
I,DAVID.BERTHOLD. one thousand nine hundred and	hereby certify that on the25thday ofMAY
and, Bride CHRISTINE G. COFFEY	of
County.	that murpose by the Clore of the Circuit Court of HENDRICKS
Dated this 25thday of MAY , 19.85	5
	Signed /S/ DAVID BERTHOLD
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER
	Signed May of MAY Clerk HENDRICKS Circuit Court

	497
Form Prescribed By STATE OF	INDIANA
Indiana State Board of APPLICATION FOR I	MARRIAGE LICENSE
Health under Alexandree Hendrick Hendrick Hendrick Hendrick	S International International International File
	County 5-20-95
MALE Medical Examination Report Dated 5-14-85	FEMALE Date of Application
Nome of Physician (chael Jakabaan)	Medical Examination Report Dated 5-14-36
ALL QUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Name of Physician Michael Openhand
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	everyprocures the issuance of a license to marry by any faise statement, representation or resource
First Middle OD & Last	FEMALE APPLICANT
Name Pour Month Day Year	Date of Birth Month Last
Place of Birth (State or foreign country)	Day
JANK .	Place of Birth (State or foreign country)
Residence Juices parma the Plid. Ind.	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married O OR
Previous Marital Code Last Marriage Ended By: Death Divorce Annulment Divorce Divorce Judicial Decree	Last Marriage Ended By: Death D Divorce D Annulment D
Date of birth verified by: D Birth certaincate Contactant Decree	Date of birth verified by: Birth Certificate Judicial Decree
V Other (Specify) (1) . (10)	Other (Specify) do lie)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes	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 🗆	If answer is "yes", has the adjudication been removed?
 Are you afflicted with a transmission disease. Are you related to the female applicant closer than second cousin? No Yes D 	2. Are you afflicted with a transmissible disease? 3. Are you related to the male applicant closer than second cousin? No D to D
4. Are you now under the influence of intoxicating liquor? No 🛡 Yes 🗆	Are you retailed to the male applicant closer than second cousin? No D Te D A. Are you now under the influence of intoxicating liquor? No D Te D
5. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆	5. Are you now under the influence of a narcotic drug? Not the D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Suranda M. M. Cours	
7. Are you required by any court order or orders to support the above dependent children? No Ves V	7. Are you required by any court order or orders to support the above dependent children? No C Tes C
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory growf that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father	8. Full name of father Raymond Diace
Residence of father (if deceased so state)	Residence of father (i) deceased so state
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother 1 2 1902 200	9. Full maiden name of mother
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
Signed Vaul m. mc Coun	signed & Alanzie R. Rice
TO TO THE OF PRINTING	New Address 1595 Joanna Ct. Plainfuld
New Address	Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Marine Jane Russell ark HENDRICKS " Circuit Court
Clerk Clerk Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unberenary
	the second s
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS ss:	County of
Signed	Signed
Signed	Signed day of 18
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of
	and a shore named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS	RT. A marriage license having been refused to the above and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU HENDRICKS in	Court by written order issued
County	of a marriage license to the above
authorizes and directs and	CERTIFICATE HENDRICKS CHEMIN
RETURN OF MARRIAGE LICEN Be It Remembered, there was filed in my office a marriage lic of Indiana dated the	ense issued by the clerk of the solution to be the solution to a harbana and the solution to a solution to be a solution to b
of Indiana dated the	TEANNIE RICE
Be it further remembered, the following marriage certificate was filed in my	office, to-wit: 7th day of JUNE
I,E. PAUL ALBRECHT	hereby certoys TANDIANA
one thousand nine hundred and	at LYNHURST BAPTIST County, State of Invited
Star nine hundred and	HENDRICKS
State of Indiana, Groom PAUL MCCOUN and, Bride JEANNIE RICE of	marion that the Circuit Court of
were by me united in marriage as authorized by a marriage license issued fo	T that purpose of
Dated this	85. Signed /5/ E. PAUL ALBRECHT Signed ASSOCIATE PASTOR
I.L. day of JUNE	
Filed and my this	14th day of the Head HENDROGS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this	Signed

STATE OF	INDIANA No. 214
Form Prescribed By ndiana State Board of APPLICATION FOR M	ARRIAGE LICENSE File
APPLICATION FOR M Health under Authority of LC. 31-1-3-2 Effective July 1. 1977	S County May 21, 1985 Date of Application
	FEMALE Detail 5-11-85
MALE Second Dated 5-11-85	Medical Examination Report Dated 3-11-83
Medical Examination Report Dated 5-17-0 Medical Examination Report Dated 9. Howell M.D.	Name of Physician Ray W. Howell M.R.
Name of Physician Kay V: 100000000000000000000000000000000000	ever, procures the issuance of a license to marry by any false statement, representation or preter
shall be fined in any sum not exceeding the	FEMALE APPLICANT
MALE APPLICANT First Middle / Last	Name First Middle Bell
Name Jerry L. Ourthey	Date of Birth Month Day Year
Date of Birth Month Day 1946	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Carthredge 10'
Residence Address Street or B/R. City County State	Residence Address Street or R. R. Aty Junit State
Dog 4, Track Bound,	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by:
Date of birth verified by:	Other (Specify) A twens License
B Other (Specify) Nowers a cerese	1. Are you now or have you ever been adjudged to be of unsound mind? No Dry
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you even been hading to be the second seco
If answer is "yes", has the adjudication been removed? No Ves No Yes	2. Are you afflicted with a transmissible disease? No □ Y
2. Are you afflicted with a transmissible disease?	 Are you related to the male applicant closer than second cousin? No V Y
3. Are you related to the female applicant closer than second cousin.	 Are you needed to the influence of intoxicating liquor? No TY.
4. Are you now under the influence of intoxicating inquor.	5. Are you now under the influence of a narcotic drug? No □ Y.
5. Are you now under the influence of a narcould undg.	6. List the full names of any dependent children.
6. List the full names of any dependent children.	
-Rimberly 13	
Clint 12	
Kelly 7	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No 🗆 Y
dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you
If answer is "yes", it is required that this Application be accompanied by automation proof that yes and the support.	compliance with any court order or orders issued for their support.
8. Full name of father fatrick f. Courtmey	8. Full name of father Carroll a. Robertson
Dorth Jalamas Son	Residence of father (if deceased so state) Alclased
Residence of father (if deceased so state)	moland
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Should have
9. Full maiden name of mother Aggariet 6. Th " Wonald	9. Full maiden name of mother Plart A. Pallow
Residence of mother (if deceased so state) North Salem, M.	Residence of mother (if deceased so state) Brownstown, In.
	Minampin
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana. County of	County of
or P7 F.	Simal & Sharon L. Bell
Signed A. Jerge h. Courting	New Address
New Address 21st May 85	New Address.
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of HENDRICKS
Mary Jane Russell Clerk HENDRICKS Circuit Court	Mary Jane Russell Clerk HENDRICKS Circuit
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one p
	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	

Denne an I DNSIM 01 K. S. Saver Sb. saver 14

ONPLET N

stati ni and Arra Keri na n County

ANTIN DRA ATA

Ĩ

State of Indiana, County of HENDRICKS ss:	State of Indiana, County of HENDRICKS
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Clerk
	URT. A marriage license having been refused to the above named parties, the Court by written order issuedand filed e of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN Be It Remembered, there was filed in my office a marriage lic of Indiana dated the 28 day of May	SE AND MARRIAGE CERTIFICATE tense issued by the clerk of the HENDRICKS , 1985, authorizing the joining together as husband and wife
Earl G D in my	office, to-wit:
one thousand nine hundred and eighty-five	hereby certify that on the 7th day of June at Sky Valley, Hillsboro, County of Fountain
and, BrideSharon L. Bellof	of Hendricks County, State of Indiana Hendricks County State of Indiana
County.	or that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 7th June, 19.8	35
	Signed /S/Earl C. Davis
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Pastor Counselor 17th day of June ,19 85.
	Signed /S/Mary Jane Russell Clerk
	HENDRICKS Circuit Court

	499
Prescribed By STATE OF 1	NDIANA
	APPLACE No. 215
Holana State Board of Authority Health under Authority of IC 31 1:52 HENDRICKS	ARRIAGE LICENSE
of IC. 31 1-3-2 Effective July 1: 1977	County
50.000	-2-1-5-
MALE Medical Examination Report Dated	FEMALE Date of Application
	Medical Examination Report Dated 5-8-85-
Name of Physician LUPLCA	Name of Physician Ohin
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Whoes all be fined in any sum not exceeding five hundred dollars (\$500,00)", shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	er procures the issuance of a license to more the
shall be fined in any sum not et MALE APPLICANT	
The First And Middle - Last -	Name // FEMALE APPLICANT
Name Michael Clinton Purvis	Pathicen VolMiddle D Latt
Date of Birth Month 24 01	Date of Birth Month Month Day Planett
Place of Birth (State or foreign country)	Place of Birth (State or Horeign country) / 964
Residence Address M. State or R. R. Chydple Coupty State	Residence Addres Street or, R. R. City
The male of the super su	5 1339 Sugar Store nd Used State
Previous Marital Status. Never Married D' OR	Previous Marital Status: Never Married D OR
Last Marriage Ended By Death Divorce C Annulment C	Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by Birth Certificate Judicial Decree	Date of birth verified by: D Birth Certificate D Judicial Decree
D Other (Specify)	Other (Specify)
Other (Specify) No Yes	1 Are you now as have you over here all a large a
I answer is "yes" has the adjudication been removed? No Ver	
2 Are you afflicted with a transmissible disease? Not Yes	Are you afflicted with a transmissible disease? No Ver
3. Are you related to the female applicant closer than second cousin? No 2 Yes	3. Are you related to the male applicant closer than second cousin? No yes D
4. Are you now under the influence of intoxicating liquor? No resp	4. Are you now under the influence of intoxicating liquor? Not Yest
5. Are you now under the influence of a narcotic drug? No Yes D	5. Are you now under the influence of a narcotic drug? No Yes D
6. List the full names of any dependent children	6. List the full names of any dependent children.
	and the second
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children" No U Yes U	dependent children? No Ves D
If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any compt order or orders issued for their support.
compliance with any court order or orders insued two their support. Puria	8. Full name of father Wind and Order of orders is ded to their support. Dennett
8. Full name of father for the father of the	Pland
Residence of father i if deceased so state A A A A	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) 7 4 mm my mith
9. Full maiden name of mother her fill gullow COOK	9. Full maiden name of mother Althe With Anterio
Residence of mother (if decreased so state) Praps.	Residence of mother (if deceased so state)
ha.	Birthplace of mother (State or foreign counting)
Birthplace of mother (State or foreign country) I depose and state the information given	State of Indiana, HENDRICKS County of
County of HENDRICKS	County of VID+1' Killion Bon - 07
Michael Clinton Unio	Signed Latrica Kathleen Denner
Signed Signed	New Address
New Address Man St	subscribed and sworn to before me this day of uchindle (KS
Subscribed and sworth to before me this day of 1. (100 , 19.5)	Mary And Allost Cierk HENDRICKS Circuit Court
They fine Alissell Clerk HENDRICKS Circuit Court	1 1/1st lif function
CIC	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	of this applicant hereby give consent for this marriage. It only
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this approved the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which the
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