

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 216
File _____
Date of Application 5-22-85

MALE
Medical Examination Report Dated 5-7-85
Name of Physician Frederick Bailey

FEMALE
Medical Examination Report Dated 5-7-85
Name of Physician Frederick Bailey

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

MALE APPLICANT
Name Douglas Alan Boggs
Date of Birth 10-28-59
Place of Birth New Jersey
Residence Address 32 Roosevelt Rd. Maplewood, NJ 07040
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name Nancy Diane Bray
Date of Birth 12-30-61
Place of Birth Indiana
Residence Address 32 Roosevelt Rd. Maplewood, NJ 07040
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

8. Full name of father: Nancy Boggs III
Residence of father (if deceased so state): Maplewood, NJ
Birthplace of father (State or foreign country): New Jersey
9. Full maiden name of mother: Charlotte Helen Busing
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): New Jersey

8. Full name of father: Robert Earl Bray
Residence of father (if deceased so state): Pittsburg, Ind
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Leota Rochelle Oberchain
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Douglas A. Boggs
New Address PO Box 1040 Maplewood, NJ 07040
Subscribed and sworn to before me this 22 day of May, 1985.
Mary Jane Russell Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Nancy Diane Bray
New Address PO Box 1040 Maplewood, NJ 07040
Subscribed and sworn to before me this 22 day of May, 1985.
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of May, 1985, authorizing the joining together as husband and wife DOUGLAS ALAN BOGGS and NANCY DIANE BRAY.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, CHRIS E. WYNN hereby certify that on the 25th day of MAY, one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom DOUGLAS ALAN BOGGS of ESSEX County, State of IN and, Bride NANCY DIANE BRAY of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 25th day of MAY, 1985.
Signed /s/ REV. CHRIS E. WYNN
Official Designation PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this 24th day of OCTOBER, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 217

File

May 22, 1985
Date of Application

MALE
Medical Examination Report Dated 5-14-85
Name of Physician James Black Md.

FEMALE
Medical Examination Report Dated 5-14-85
Name of Physician James Black Md.

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

MALE APPLICANT

Name First Alan Middle Paul Last
Date of Birth Month Feb Day 3 Year 1963
Place of Birth (State or foreign country) Shelby Co.
Residence Address Street or R. R. 1 Mellon Ct. City Shelby County State IN
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Donald Frank Pohl
Residence of father (if deceased so state) Shelby Co. Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Marie Will
Residence of mother (if deceased so state) Shelby Co. Indiana
Birthplace of mother (State or foreign country) Indiana

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

Signed Jerry A Pohl
New Address One Mellon Ct., Indianapolis, IN 46222

Subscribed and sworn to before me this 22 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name First Brenda Lynn Middle Marie Last
Date of Birth Month March Day 20 Year 1962
Place of Birth (State or foreign country) IN
Residence Address Street or R. R. 515 N. Shila PO. Box 24 Brownsburg City Brownsburg County State IN
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Kenneth Carl Magee
Residence of father (if deceased so state) Brownsburg IN
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Boudy Jean Lister
Residence of mother (if deceased so state) Brownsburg, IN
Birthplace of mother (State or foreign country) Indiana

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

Signed Brenda Lynn Magee
New Address One Mellon Court and 46222

Subscribed and sworn to before me this 22 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 31st day of May, and _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____
I, MARTIN A. PETER, hereby certify that on the 29th day of JUNE, 1985, County of HENDRICKS IN, one thousand nine hundred and 85, of HENRIEKS MARION County, State of IN and, Bride BRENDA L. MAGEE of HENDRICKS County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, _____
Dated this 29th day of JUNE, 1985

Signed /s/ MARTIN A. PETER
Official Designation CATHOLIC PRIEST, 1985
2nd day of JULY
Signed Mary Jane Russell HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 218
File 5-22-85
Date of Application

MALE
Medical Examination Report Dated 5-8-85
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-9-85
Name of Physician Thomas Walipaska

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

MALE APPLICANT
Name Timothy Russell Daylar
Date of Birth 5/9/1966
Place of Birth Indianapolis, Ind.
Residence Address 29 E. College Apt #C Brownsburg, In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name Michele Lee Hollingsworth
Date of Birth May 7 1967
Place of Birth Greenfield, Indiana
Residence Address 2314 Shoal Creek Ave, Brownsburg, In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

8. Full name of father Michael Matthew Taylor
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Jo Denout
Residence of mother (if deceased so state) Brownsburg, In.
Birthplace of mother (State or foreign country) Indiana

8. Full name of father James Paul Hollingsworth
Residence of father (if deceased so state) Indianapolis, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Suzanne Berwick
Residence of mother (if deceased so state) Brownsburg, In.
Birthplace of mother (State or foreign country) Indiana

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

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

Signed Timothy R. Taylor
New Address 29 E College #C Brownsburg

Signed Michele Lee Hollingsworth
New Address 29 E College Apt #C Brownsburg

Subscribed and sworn to before me this 22nd day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 22nd day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

State of Indiana, HENDRICKS } ss:

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, _____ at _____, County of _____, State of Indiana, Groom _____ of _____ County, State of _____ and, Bride _____ of _____ County, State of _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this _____ day of _____, 19____.

Signed /s/ JERRY L. WILLIAMS
Official Designation MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this 4th day of JUNE, 1985
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-1-3-6
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 219
File
5-22-85
Date of Application

MALE
Medical Examination Report Dated 5-15-85
Name of Physician Glenn Baker, M.D.

FEMALE
Medical Examination Report Dated 5-15-85
Name of Physician Thomas Moretto

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

MALE APPLICANT

Name Duane E. King
Date of Birth 12/1/1958
Place of Birth Indianapolis, Indiana
Residence Address R.R. #1, Box 87, Lizton, In. 46149
Previous Marital Status Never Married
Last Marriage Ended By
Date of birth verified by Birth Certificate

FEMALE APPLICANT

Name Loretta E. Dillow
Date of Birth 8/31/1960
Place of Birth Indianapolis, Indiana
Residence Address R.R. #1, Box 87, Lizton, In. 46149
Previous Marital Status Never Married
Last Marriage Ended By
Date of birth verified by Birth Certificate

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

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

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

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

8. Full name of father: Duane E. King
Residence of father: Deceased
Birthplace of father: Indiana
9. Full maiden name of mother: Virginia Ruth Stevens
Residence of mother: Indianapolis, In.
Birthplace of mother: Indiana

8. Full name of father: John William Sullivan
Residence of father: Deceased
Birthplace of father: Indiana
9. Full maiden name of mother: Dorothy Louise Pappitt
Residence of mother: Indianapolis, In.
Birthplace of mother: Indiana

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

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

Signed Duane King
New Address RR 1 Box 87 Lizton 46149
Subscribed and sworn to before me this 22nd day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Signed Loretta E. Dillow
New Address RR 1 Box 87 Lizton 46149
Subscribed and sworn to before me this 22nd day of May 1985
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 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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____ 19____
Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 28th day of May 1985, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____ 19____ at _____ County of _____ State of Indiana, Groom DUANE E. KING and Bride LORETTA R. DILLOW were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this _____ 1st day of _____ JUNE 19 85 Signed _____ /s/ CECIL W. SAMMONS MINISTER
Official Designation _____ 4th day of _____ JUNE 19 85
Signed _____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____ 19____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 220
File 5-22-85
Date of Application

MALE
Medical Examination Report Dated 5-11-85
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 5-11-85
Name of Physician Haggard

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

MALE APPLICANT

Name Donald Ray Shoulders
Date of Birth 7 28 1964
Place of Birth (State or foreign country) Indpls
Residence Address 1734 Hanna Rd Plainfield Ind
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT

Name Sara Denise Eggleton
Date of Birth 1 29 1968
Place of Birth (State or foreign country) Indpls
Residence Address 3226 Cloua Dr Indpls Marion Ind
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify)

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

Other (Specify)

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

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

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

8. Full name of father David G. Eggleton
Residence of father (if deceased so state) Indpls
Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Patricia L. Bird
Residence of mother (if deceased so state) Indpls
Birthplace of mother (State or foreign country) W. Virginia

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

Signed Denise Eggleton
New Address 1734 Hanna Rd Plainfield, Ind 46168

Subscribed and sworn to before me this 22 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed Patricia L. Eggleton Mother

Subscribed and sworn to before me this 22 day of May, 1985
Mary Jane Russell Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of May, 1985, authorizing the joining together as husband and wife

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

I, ROBERT MITCHUM hereby certify that on the 1st day of JUNE, one thousand nine hundred and 85, at PLAINFIELD, County of IN, State of Indiana, Groom DONALD RAY SHOULDERS of HENDRICKS County, State of IN and, Bride SARA DENISE EGGLETON of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4th day of JUNE, 1985

Signed /s/ ROBERT MITCHUM

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of JUNE, 1985.

Signed _____ Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 220
File 5-22-85
Date of Application

MALE
Medical Examination Report Dated 5-11-85
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 5-11-85
Name of Physician Haggard

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

MALE APPLICANT
Name Donald Ray Shoulders
Date of Birth 7/22/1964
Place of Birth Shapts
Residence Address 1734 Hanover Blvd Hendricks
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

FEMALE APPLICANT
Name Sara Denise Eggleton
Date of Birth 1/29/1968
Place of Birth Shapts
Residence Address 3226 Clover Dr. Shapts Hendricks
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

I, DAVID L. EGGLETON, hereby give my consent for
my DAUGHTER, SARA DENISE EGGLETON to
marry DONALD RAY SHOULDERS.

David L. Eggleton
Subscribed and sworn to before me this 28 day of May, 1985
Wilma Jean King
Notary Public

the information given
is true and correct.

Patricia L. Eggleton
Mary Jane Russell
Circuit Court

ge. If only one parent

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

State of Indiana, HENDRICKS } ss:
County of _____ }
Signed _____ Father
Signed Patricia L. Eggleton Mother
Signed Mary Jane Russell Clerk
Subscribed and sworn to before me this 27 day of May, 1985

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court
of Indiana dated the 29 day of May, 1985, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ ROBERT MITCHUM _____ hereby certify that on the 1st day of JUNE,
one thousand nine hundred and 85 at PLAINFIELD, County of IN,
State of Indiana, Groom DONALD RAY SHOULDERS of HENDRICKS County, State of IN
and, Bride SARA DENISE EGGLETON of HENDRICKS County, State of IN,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 4th day of JUNE, 1985

Signed /s/ ROBERT MITCHUM
Official Designation MINISTER
Signed _____ Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of JUNE, 1985.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS
County

No. 221
File _____
Date of Application 5-23-85

MALE
Medical Examination Report Dated 5-22-85
Name of Physician Philip Rotato

FEMALE
Medical Examination Report Dated 5-22-85
Name of Physician Philip Rotato

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

MALE APPLICANT

Name: Craig L. Starkey
Date of Birth: 31 May 64
Place of Birth: Brownsburg, Ind.
Residence Address: 25E College Brownsburg, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) As is.

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you afflicted with a transmissible disease? No Yes

3. Are you related to the female applicant closer than second cousin? No Yes

4. Are you now under the influence of intoxicating liquor? No Yes

5. Are you now under the influence of a narcotic drug? No Yes

6. List the full names of any dependent children.

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

8. Full name of father: Marty Lynn Starkey
Residence of father (if deceased so state): Brownsburg
Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Sandra Carol Neal
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ind.

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

Signed: Craig L. Starkey
New Address: 25E College Brownsburg, Ind. 46112

Subscribed and sworn to before me this 23 day of May, 1985
Mary Jane Russell Clerk, HENDRICKS Circuit Court

FEMALE APPLICANT

Name: Robyn Louise Lewis
Date of Birth: 3 June 65
Place of Birth: Brownsburg, Ind.
Residence Address: 24 Hammond Dr. Brownsburg, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you afflicted with a transmissible disease? No Yes

3. Are you related to the male applicant closer than second cousin? No Yes

4. Are you now under the influence of intoxicating liquor? No Yes

5. Are you now under the influence of a narcotic drug? No Yes

6. List the full names of any dependent children.

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

8. Full name of father: Roger Lewis
Residence of father (if deceased so state): Brownsburg, Ind.
Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Martha Hudson
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ind.

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

Signed: Robyn Louise Lewis
New Address: 25E College Brownsburg, Ind. 46112

Subscribed and sworn to before me this 23 day of May, 1985
Mary Jane Russell Clerk, HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 28 day of May and ROBYN LOUISE LEWIS _____
I, CRAIG L. STARKEY _____ and LARRY L. BELLVILLE _____ hereby certify that on the 8th day of JUNE
LARRY L. BELLVILLE _____ at BROWNSBURG _____ County of HENDRICKS INDIANA
one thousand nine hundred and 85 _____ of HENDRICKS _____ County, State of HENDRICKS INDIANA
State of Indiana, Groom CRAIG L. STARKEY _____ of _____
and, Bride ROBYN LOUISE LEWIS _____ of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 8th day of JUNE, 1985 Signed _____ /s/ LARRY L. BELLVILLE
Official Designation JUNE _____, 1985 Clerk
Signed Mary Jane Russell HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 222
File 5-23-85
Date of Application

MALE
Medical Examination Report Dated 5-17-85
Name of Physician Brooks

FEMALE
Medical Examination Report Dated 5-17-85
Name of Physician Brooks

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

MALE APPLICANT
Name Brian Ray Norman
Date of Birth Nov 7 1958
Place of Birth Clinton, Ind
Residence Address 7440 Waterfront Dr, Indpls, Marion Co, Ind
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name Pamela Dorene Faulkner
Date of Birth Oct 19 1961
Place of Birth Indpls
Residence Address 740 Maple St, B'burg, Hend Co, Ind
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Brian Ray Norman
New Address 7440 Waterfront Dr, #309, Indpls
Subscribed and sworn to before me this 23 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Pamela D Faulkner
New Address 7440 Waterfront Dr #309 Indpls IN 46224
Subscribed and sworn to before me this 23 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30th day of May, 1985, authorizing the joining together as husband and wife BRIAN RAY NORMAN and PAMELA DORENE FAULKNER.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, LYNN D. COLEMAN hereby certify that on the 1st day of JUNE, one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom BRIAN RAY NORMAN of MARION County, State of IN and, Bride PAMELA DORENE FAULKNER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 1st day of JUNE, 1985.
Signed /s/ LYNN D. COLEMAN
Official Designation ASSOCIATE PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this 10 day of JUNE, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS
County

No. 223

File

MALE
Medical Examination Report Dated 5-17-85
Name of Physician Judas Drannell

FEMALE
Medical Examination Report Dated 5-17-85
Name of Physician Judas Drannell

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

MALE APPLICANT

Name First Middle Last
Earl B. Carpenter
Date of Birth Month Day Year
7 4 55
Place of Birth (State or foreign country)
Indpls. Ind.
Residence Address Street or R. R. City County State
9530 Harmony Dr. Indpls.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father: Floyd E. Carpenter
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Ky.

9. Full maiden name of mother: Florence M. O'Neil
Residence of mother (if deceased so state): Indpls. Ind.
Birthplace of mother (State or foreign country): Ill.

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

Signed: Earl Carpenter
New Address: 4530 Oak Hill Apt 122
Subscribed and sworn to before me this 23 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Erica L. Prether
Date of Birth Month Day Year
1 4 63
Place of Birth (State or foreign country)
Indpls. Ind.
Residence Address Street or R. R. City County State
1968 Rover Rd. Indpls.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father: Donald W. Prether
Residence of father (if deceased so state): Indpls. Ind.
Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Nancy H. Gray
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ind.

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

Signed: Erica L. Prether
New Address: 4530 Oak Hill Apt 122
Subscribed and sworn to before me this 23 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____, and _____ ERICA L. PRETHER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ and _____ hereby certify that on the _____ day of _____
HAROLD R. WALKER at MOORESVILLE County of MORGAN IN
one thousand nine hundred and _____ 85 of HENDRICKS County, State of IN

State of Indiana, Groom EARL D. CARPENTER of HENDRICKS County, State of HENDRICKS
and, Bride ERICA L. PRETHER of _____ of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this _____ day of _____, 19____.
Signed: _____ /s/ HAROLD R. WALKER
Official Designation: MINISTER 19 85.
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed: Mary Jane Russell HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 224
File 5-24-85
Date of Application

MALE
Medical Examination Report Dated 5-18-85
Name of Physician Pemma

FEMALE
Medical Examination Report Dated 5-18-85
Name of Physician Pemma

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

MALE APPLICANT

Name Bruce Charles Howard
Date of Birth 16 46
Place of Birth (State or foreign country) Detroit
Residence Address 1005 E. Edgewood Bldg Ind In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment

Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Dr. lic.

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

6. List the full names of any dependent children.
Ronald
Dina
John

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

8. Full name of father Charles Henry Howard
Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Michigan

9. Full maiden name of mother Dorothy Jane Simmons
Residence of mother (if deceased so state) Detroit, Michigan
Birthplace of mother (State or foreign country) Michigan

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

Signed Bruce C Howard
New Address 1005 E Edgewood Bldg Ind

Subscribed and sworn to before me this 24 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Tamara Lynne Reese
Date of Birth 12 59
Place of Birth (State or foreign country) Delaware Co.
Residence Address 1005 E Edgewood Bldg Ind In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment

Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Dr. lic.

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

6. List the full names of any dependent children.

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

8. Full name of father Doris Edward Herbert
Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Ill.

9. Full maiden name of mother Phyllis Jean Coulter
Residence of mother (if deceased so state) Delaware Co.
Birthplace of mother (State or foreign country) Delaware Co.

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

Signed Tamara L. Reese
New Address 1005 E Edgewood Bldg Ind 46112

Subscribed and sworn to before me this 24 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of May, 1985, authorizing the joining together as husband and wife

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

I, DENNIS L. DODSON hereby certify that on the 1st day of JUNE, 1985 at 1005 E. EDGEWEED ST. BROWNSBURG Hendricks

State of Indiana, Groom BRUCE CHARLES GOWARD of HENDRICKS County, State of IN

and, Bride TAMARA LYNNE REESE of DELAWARE County, State of IN

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

Dated this 28th day of MAY, 1985

Signed Dennis L. Dodson
Official Designation minister
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of JUNE, 1985

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 225
File 5-28-85
Date of Application

MALE
Medical Examination Report Dated 5-11-85
Name of Physician Kelly

FEMALE
Medical Examination Report Dated 5-11-85
Name of Physician Kelly

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

MALE APPLICANT
Name John Lloyd Keep
Date of Birth 4/23/57
Place of Birth Terre Haute
Residence Address RR1 Box 206 Dixon Ind In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name Carrie Anne Bogue
Date of Birth 8/13/52
Place of Birth Paris Ill
Residence Address RR1 Box 206 Dixon Ind In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

8. Full name of father James Osborne Keep
Residence of father (if deceased so state) Terre Haute
Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Norma Louise Connor
Residence of mother (if deceased so state) Terre Haute
Birthplace of mother (State or foreign country) Ind

8. Full name of father Marion Leon Davis
Residence of father (if deceased so state) Ill
Birthplace of father (State or foreign country) Ill
9. Full maiden name of mother Lily Evelyn Miller
Residence of mother (if deceased so state) Ill
Birthplace of mother (State or foreign country) Ind

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

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

Signed John Keep
New Address RR1 Box 206 Dixon Ind
Subscribed and sworn to before me this 24 day of May 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

Signed Carrie A. Bogue
New Address RR1 Box 206 Dixon Ind
Subscribed and sworn to before me this 24 day of May 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

State of Indiana, HENDRICKS } ss:

State of Indiana, HENDRICKS } ss:

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 24 day of May and CARRIE ANNE BOGUE
Be it further remembered, the following marriage certificate was filed in my office, to-wit: JOHN LLOYD KEEP and CARRIE ANNE BOGUE
I, CHARLES F. GRAMES, JR. hereby certify that on the 26th day of JUNE
at 1:30 p.m. County of HENDRICKS State of IN
one thousand nine hundred and 85 of HENDRICKS County, State of IN
State of Indiana, Groom JOHN LLOYD KEEP
and, Bride CARRIE ANNE BOGUE 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 _____
Dated this 26th day of MAY, 1985 Signed /s/ CHARLES F. GRAMES, JR. MINISTER, 1985
Official Designation _____
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of JUNE 1985

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 226
File _____
Date of Application 5-24-85

MALE
Medical Examination Report Dated 5-18-85
Name of Physician Batista

FEMALE
Medical Examination Report Dated 5-18-85
Name of Physician Batista

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

MALE APPLICANT
Name Daryl Lee Gentry
Date of Birth 11/15/55
Place of Birth Indpls.
Residence Address 401 S. Odell St. B'burg Hend In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) dr. lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
Patrick
Loren
Christopher
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Lee Gentry
Residence of father (if deceased so state) Danville
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara Jane Pepper
Residence of mother (if deceased so state) Nanville
Birthplace of mother (State or foreign country) Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed Daryl Lee Gentry
New Address 401 S. Odell B'burg
Subscribed and sworn to before me this 24 day of May, 1985.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Madonna Rose Ottenweller
Date of Birth 3/17/51
Place of Birth Indpls.
Residence Address 401 S. Odell St. B'burg Hend In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) dr. lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
Sarah
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard C. Van Doy
Residence of father (if deceased so state) Indpls.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helia Bernice Wilson
Residence of mother (if deceased so state) Indpls.
Birthplace of mother (State or foreign country) Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed Madonna R. Ottenweller
New Address 401 S. Odell St.
Subscribed and sworn to before me this 24 day of May, 1985.
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

Clerk

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 28th day of May, 1985, authorizing the joining together as husband and wife Daryl Lee Gentry and Madonna Rose Ottenweller
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Myron Barnard hereby certify that on the 15th day of June, one thousand nine hundred and eighty-five at Indianapolis, State of Indiana, Groom Daryl Lee Gentry of Hendricks County, State of Indiana and, Bride Madonna Rose Ottenweller of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 15th day of June, 1985.
Signed /s/Myron Barnard
Official Designation Judge
17th day of June, 1985.
Signed /s/Mary Jane Russell Clerk
_____ HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 227 File 5-2485

HENDRICKS County

MALE Medical Examination Report Dated 5-21-85 Name of Physician J. Cohen

FEMALE Medical Examination Report Dated 5-21-85 Name of Physician J. Cohen

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

MALE APPLICANT Name Jeffrey D. Rediger Date of Birth Feb 28 1962 Place of Birth St Wayne Indiana Residence Address 1410 Stafford Rd. Plainfield Hendricks In.

FEMALE APPLICANT Name Sherry Lee Strafford Date of Birth April 27 1963 Place of Birth Indpls. Ind. Residence Address 1410 Stafford Rd. Plainfield Hendricks In.

- 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
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? 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
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. 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 dependent children? No Yes

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

8. Full name of father Don Richard Rediger Residence of father Columbia City Ind. Birthplace of father St Wayne Ind. 9. Full maiden name of mother J. June Bahn Residence of mother Columbia City Ind. Birthplace of mother Washington D.C.

8. Full name of father William Chambers Strafford Residence of father plfd. Indiana Birthplace of father Indpls Indiana 9. Full maiden name of mother Carolyn Ann Page Residence of mother plfd. Indiana Birthplace of mother Springfield Ill.

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

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

Signed Jeffrey D. Rediger New Address 1410 Stafford Ave. Plainfield Subscribed and sworn to before me this 24 day of May 1985. Clerk HENDRICKS Circuit Court

Signed Sherry Lee Strafford New Address 1410 Stafford Road Plainfield Subscribed and sworn to before me this 24 day of May 1985. Clerk HENDRICKS Circuit Court

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County Court of Indiana dated the 31 day of May 1985, authorizing the joining together as husband and wife of Jeffrey D. Rediger and Sherry L. Strafford. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Warren Robbins, hereby certify that on the 1st day of June 1985, at Plainfield County, State of IN, one thousand nine hundred and 85 of Hendricks County, State of IN, Groom Jeffrey D. Rediger and, Bride Sherry L. Strafford were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 1st day of June 1985. Signed 1/s Warren Robbins Minister Official Designation 7 day of June 1985. Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 228
File _____
Date of Application 5-24-85

MALE
Medical Examination Report Dated 5-23-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 5-23-85
Name of Physician David B. Haggard

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

MALE APPLICANT

Name Ted First Love Middle Jr. Last

Date of Birth 7 Month 12 Day 49 Year

Place of Birth (State or foreign country) Indiana

Residence Address RR 1 Box 131 North Salem Ind. Street or R. R. City County State

Previous Marital Status: Never Married OR

Last Marriage Ended By: Death Divorce Annulment

Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) 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
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the female applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Brook Leslie Love

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

8. Full name of father: Homer Lewis Love
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Kentucky

9. Full maiden name of mother: Martha Jane Shear
Residence of mother (if deceased so state): Speedway Ind.
Birthplace of mother (State or foreign country): Kentucky

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

Signed Ted Love
New Address RR 1 Box 131 North Salem

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

FEMALE APPLICANT

Name Jill First Harris Middle M. Last

Date of Birth 11 Month 28 Day 55 Year

Place of Birth (State or foreign country) Ind.

Residence Address RR 1 Box 131 North Salem, Ind. Street or R. R. City County State

Previous Marital Status: Never Married OR

Last Marriage Ended By: Death Divorce Annulment

Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) 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
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the male applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.

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

8. Full name of father: James W. Harris
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Lucille M. Hall
Residence of mother (if deceased so state): RR 1 Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed Jill Harris
New Address RR 1 Box 131 N. Salem

Subscribed and sworn to before me this 24 day of May, 1985
Clerk May Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of May, 1985, authorizing the joining together as husband and wife TED L. LOVE and JILL M. HARRIS.

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

I, EDWARD DEAN DICKINSON hereby certify that on the 22nd day of JUNE, one thousand nine hundred and 85 at NORTH SALEM, County of HENDRICKS, State of Indiana, Groom TED L. LOVE of HENDRICKS County, State of IN and, Bride JILL M. HARRIS of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22nd day of JUNE, 1985.

Signed /s/ EDWARD DEAN DICKINSON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of JUNE, 1985.

Signed May Jane Russell
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 229
File
Date of Application 5-24-85

MALE
Medical Examination Report Dated 5-22-85
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 5-23-85
Name of Physician P. Batista

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

MALE APPLICANT

Name Troy Whittington
Date of Birth Oct 31 1960
Place of Birth St. Louis Ill
Residence Address 131 Spring St. Plfd. Hendricks In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you afflicted with a transmissible disease? No Yes
Are you related to the female applicant closer than second cousin? No Yes
Are you now under the influence of intoxicating liquor? No Yes
Are you now under the influence of a narcotic drug? No Yes

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

Full name of father: Ronald Paul Whittington
Residence of father: Plfd Ind.
Birthplace of father: Paris Ill
Full maiden name of mother: Helga Rosa Senkel
Residence of mother: Plfd Ind.
Birthplace of mother: Germany

I depose and state the information given in this application is true and correct.
Signed: Troy J. Whittington
New Address: 131 Spring Drive Plfd.
Subscribed and sworn to before me this 24 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS County of ss:
Signed:
Subscribed and sworn to before me this day of 1985

FEMALE APPLICANT

Name Tonya Sue Duncan
Date of Birth May 23 1961
Place of Birth Martinsville Morgan In
Residence Address 430 Park St. Plfd. Hendricks In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you afflicted with a transmissible disease? No Yes
Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of intoxicating liquor? No Yes
Are you now under the influence of a narcotic drug? No Yes

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

Full name of father: Darrel Dean Duncan
Residence of father: Plfd Ind.
Birthplace of father: Coal City Ind.
Full maiden name of mother: Dora Mae Mageshonde
Residence of mother: Plfd Ind.
Birthplace of mother: Coal City Ind.

I depose and state the information given in this application is true and correct.
Signed: Tonya S. Duncan
New Address: 131 Spring Dr. Plainfield
Subscribed and sworn to before me this 24 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS County of ss:
Signed:
Subscribed and sworn to before me this day of 1985

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of May 1985, authorizing the joining together as husband and wife of TROY J. WHITTINGTON and TONYA SUE DUNCAN. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, TED A. MILLER, hereby certify that on the 1st day of JUNE, one thousand nine hundred and 85, at BROWNSBURG HENDRICKS County, State of IN, State of Indiana, Groom TROY J. WHITTINGTON of HENDRICKS County, State of IN and, Bride TONYA SUE DUNCAN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 1st day of JUNE, 1985. Signed: /s/ TED A. MILLER MINISTER Official Designation JUNE 4th day of 1985 Clerk Signed: Mary Jane Russell HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 230

File May 24, 1985
Date of Application

MALE
Medical Examination Report Dated 5/23/85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 5/23/85
Name of Physician David B. Haggard

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

MALE APPLICANT

Name Michael E. Gill
Date of Birth February 23 1958
Place of Birth (State or foreign country) Indiana
Residence Address R.R.#1 Box 110 Clayton Ind. In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT

Name Kimberly S. Steagall
Date of Birth November 14 1961
Place of Birth (State or foreign country) California
Residence Address 360 N. Burke Ave Marion In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) Dennis Lucie (picture)

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

Other (Specify) Dennis Lucie (picture)

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

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

8. Full name of father Robert Harold Gill
Residence of father (if deceased so state) Clayton Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Catherine Sabina Lawrence
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) Indiana

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

8. Full name of father Hayden Burrell Steagall
Residence of father (if deceased so state) Bentonville, IA
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Jean Fidler
Residence of mother (if deceased so state) Bentonville, IA
Birthplace of mother (State or foreign country) Indiana

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

Signed Michael E. Gill
New Address 360 N. Burke Ave Indpls IN 46254

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

Signed Kimberly S. Steagall
New Address 360 N. Burke Ave Indpls IN 46254

Subscribed and sworn to before me this 24 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 24 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of May 1985, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James A. Jones, hereby certify that on the 1st day of June, 1985, at Brownsburg, Indiana, County of Hendricks, State of Indiana, Groom Michael E. Gill and, Bride Kimberly S. Steagall, of Marion County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 1st day of June 1985.

Signed 1st James A. Jones
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of June 1985
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 231

File

5-24-85
Date of Application

MALE
Medical Examination Report Dated 5-20-85
Name of Physician John Conkrite

FEMALE
Medical Examination Report Dated 5-20-85
Name of Physician John Conkrite

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

MALE APPLICANT

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

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

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

Signed Terry Moore
New Address 2677 Bradford Rd. Plainfield
Subscribed and sworn to before me this 24 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT

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

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

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

Signed Constance M. McAdams
New Address 2677 Bradford Road Plainfield
Subscribed and sworn to before me this 24 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19 85, authorizing the joining together as husband and wife of Indiana dated the 24th day of MAY, 1985, authorizing the joining together as husband and wife of TERRY J. MOORE and CONSTANCE McADAMS
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, MYRON BARNARD, hereby certify that on the 25th day of MAY, 1985, County of INDIANAPOLIS, State of IN, at HENDRICKS, County, State of IN, one thousand nine hundred and 85 of HENDRICKS, County, State of HENDRICKS
State of Indiana, Groom TERRY J. MOORE
and, Bride CONSTANCE McADAMS
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, Indiana, /s/ MYRON BARNARD
Dated this 25th day of MAY, 19 85, Signed _____ JUDGE
Official Designation _____ 19 85
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of MAY 1985

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 232 File 5-24-85 Date of Application

MALE Medical Examination Report Dated 5-16-85 Name of Physician Joseph C. Kerlin

FEMALE Medical Examination Report Dated 5-16-85 Name of Physician Joseph C. Kerlin

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

MALE APPLICANT Name David Paul Bogie Date of Birth 7-20-45 Place of Birth Texas Residence Address 2037 N. Winton Speedway Ind.

FEMALE APPLICANT Name Brenda Kay Neal Date of Birth 2-11-51 Place of Birth Indiana Residence Address 95 N. Rd. 450 E. Danville Ind.

Other (Specify) dr. lic

- 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
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes

6. List the full names of any dependent children. David James Bogie

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

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

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

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

Signed David P. Bogie New Address 85 N Rd 450 E Danville Ind

Subscribed and sworn to before me this 24 day of May, 1985 Mary Jane Russell Clerk HENDRICKS Circuit Court

Other (Specify) dr. lic

- 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
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes

6. List the full names of any dependent children. Shellee Kay, Jackie Renee, Kimberlie Lynn

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

8. Full name of father Lloyd Clinton Bettis Residence of father (if deceased so state) Ind. Birthplace of father (State or foreign country) Arkansas

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

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

Signed Brenda K. Neal New Address 95 N Rd 450 E Danville Ind

Subscribed and sworn to before me this 24 day of May, 1985 Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

State of Indiana, HENDRICKS County of... ss:

State of Indiana, HENDRICKS County of... ss:

Signed Father Mother

Signed Father Mother

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of May, 1985, authorizing the joining together as husband and wife

DAVID PAUL BOGIE and BRENDA KAY NEAL Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, JAMES D. WILSON hereby certify that on the 9th day of JUNE one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom DAVID PAUL BOGIE of MARION County, State of INDIANA and, Bride BRENDA KAY NEAL of HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 9th day of JUNE, 1985.

Signed /s/ JAMES D. WILSON Official Designation MINISTER Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JUNE, 1985 Signed HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 232

File

5-24-85

Date of Application

MALE
Medical Examination Report Dated 5-23-85
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 5-23-85
Name of Physician Eric Clark

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

MALE APPLICANT

Name Michael Lee Storms
Date of Birth 2/12/63
Place of Birth Indiana Ind.
Residence Address 42 Cedar Run Dr. Brownsburg Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

8. Full name of father Joseph Charles Storms
Residence of father (if deceased so state) Pittsburg Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anita Jean Reptik
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Michael Lee Storms
New Address 42 Cedar Run Dr. Brownsburg

Subscribed and sworn to before me this 24 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Cynthia Ann Schubert
Date of Birth 9/19/63
Place of Birth Sacramento California
Residence Address RR 1 Box 201 Brownsburg Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

8. Full name of father Joseph B. Schubert
Residence of father (if deceased so state) Pittsburg Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sally D. Bean
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Sacramento California

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

Signed Cynthia Ann Schubert
New Address 42 Cedar Run Dr. Brownsburg

Subscribed and sworn to before me this 24 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

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

in _____ authorizes and directs the issuance of a marriage license to the above named parties.
HENDRICKS Circuit Court

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 28th day of May _____ and CYNTHIA ANN SCHUBERT

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____ hereby certify that on the 1st day of JUNE _____ County of HENDRICKS in _____ at ST. MARY DANVILLE hendricks County, State of _____ in _____ of _____ hendricks County, State of HENDRICKS

one thousand nine hundred and 85 _____ of _____
State of Indiana, Groom michael lee storms
and, Bride cynthia schubert

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 1st day of JUNE 1985. Signed /s/ FR. C. S. CHESEBROUGH
Official Designation PASTOR OF ST. MARY
4th day of JUNE 1985 Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____ 1985
Signed Mary Jane Russell HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 234

File _____

HENDRICKS County

Date of Application _____

MALE
Medical Examination Report Dated 5-11-85
Name of Physician Glenn C. Lord M.D.

FEMALE
Medical Examination Report Dated 5-11-85
Name of Physician Glenn M. Lord M.D.

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

MALE APPLICANT

Name Kurtis Newton Goudy
Date of Birth 3 16 60
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 1305 S. Elm, Kankakee, KK IL.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT

Name Christina Marie Linder
Date of Birth 7 1959
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 1305 S. Elm, Kankakee, KK IL.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) _____

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

Other (Specify) _____

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

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

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

8. Full name of father Jack Newton Goudy
Residence of father (if deceased so state) 7986 Hoover Ct, Indpls, In
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Sherley Ann Jones
Residence of mother (if deceased so state) 7986 Hoover Ct, Indpls, In
Birthplace of mother (State or foreign country) Indiana

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

Signed [Signature]

New Address _____

Subscribed and sworn to before me this 28th day of May, 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

8. Full name of father Frederick F. Linder
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Patricia Lucille Berry
Residence of mother (if deceased so state) 5204 Potters Pike, Indpls, In
Birthplace of mother (State or foreign country) Indiana

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

Signed Christina M. Linder

New Address _____

Subscribed and sworn to before me this 28th day of May, 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 4th day of June, 1985, authorizing the joining together as husband and wife

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

I, _____ MARTIN A. PETER hereby certify that on the _____ 8th day of _____ JUNE _____ one thousand nine hundred and _____ 85 _____ at _____ BROWNSBURG _____ County of _____ HENDRICKS _____ State of Indiana, Groom _____ KURTIS N. GOUDY _____ of _____ KANKAKEE _____ County, State of _____ ILLINOIS _____ and, Bride _____ CHRISTINA M. LINDER _____ of _____ KANKAKEE _____ County, State of _____ ILLINOIS _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____ County.

Dated this _____ 8th day of _____ JUNE _____, 1985

Signed _____ /s/ MARTIN A. PETER

Official Designation _____ CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this _____ 11th day of _____ JUNE _____, 1985

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS
County

No. 235
File

MALE
Medical Examination Report Dated 5-20-85
Name of Physician James A. Scheidler

FEMALE
Medical Examination Report Dated 5-20-85
Name of Physician James A. Scheidler

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

MALE APPLICANT

Name Larry Michael Cofer
Date of Birth 9 30 1941
Place of Birth (State or foreign country) Elizabetown Ky
Residence Address 1517 Geri Dr. Lexington
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father William Herbert Cofer
Residence of father (if deceased so state) Ky
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Elizabeth Lucille Bryan
Residence of mother (if deceased so state) Ky
Birthplace of mother (State or foreign country) Ky

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

Signed Larry Michael Cofer
New Address 1517 Geri Dr. Lebanon, IN 46052
Subscribed and sworn to before me this 28th day of May, 1985
Mary Jane Russell HENDRICKS Clerk

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

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

Clerk

FEMALE APPLICANT

Name Joyce Mary Sauer
Date of Birth 4 8 1943
Place of Birth (State or foreign country) Ohio
Residence Address 7742 Wyckoff Ct. Indianapolis
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father John Walter Daugherty
Residence of father (if deceased so state) Ohio
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ruth Pfaltz
Residence of mother (if deceased so state) Ohio
Birthplace of mother (State or foreign country) Ohio

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

Signed Joyce M. Sauer
New Address 1517 Geri Dr. Lebanon, IN 46052
Subscribed and sworn to before me this 28th day of May, 1985
Mary Jane Russell HENDRICKS Clerk

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 31 day of May and JOYCE MARY SAUER

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1st day of JUNE HENDRICKS
I, RICHARD ZORE hereby certify that on the PLAINFIELD County of IN
one thousand nine hundred and 85 at BOONE County, State of IN
State of Indiana, Groom LARRY MICHAEL COFER of MARION County, State of HENDRICKS

and, Bride JOYCE MARY SAUER of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 1st day of JUNE, 1985 Signed REV. RICHARD ZORE
Official Designation ROMAN CATHOLIC PRIEST _____, 1985 Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____
Signed Mary Jane Russell HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 236

File

May 28, 1985
Date of Application

MALE
Medical Examination Report Dated 5-14-85
Name of Physician Fred T. Thompson M.D.

FEMALE
Medical Examination Report Dated 5-23-85
Name of Physician M. E. Chang M.D.

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

MALE APPLICANT
Name First Sage Middle D. Last Holder
Date of Birth Month Jan Day 9 Year 1965
Place of Birth (State or foreign country) Portsmouth Virginia
Residence Address Apt. 10 3236 Six Points Rd. Hen. In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name First Patricia Middle L. Last Keen
Date of Birth Month Jan Day 29 Year 1966
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 3236 Six Points Rd. Hen. In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

8. Full name of father: Harold Kenneth Holder
Residence of father (if deceased so state): Indpls.
Birthplace of father (State or foreign country): Kentucky

8. Full name of father: Jimmy K. Keen
Residence of father (if deceased so state): Indpls. Ind.
Birthplace of father (State or foreign country): Tennessee

9. Full maiden name of mother: Curdella Grace McCann
Residence of mother (if deceased so state): Indpls.
Birthplace of mother (State or foreign country): Illinois

9. Full maiden name of mother: Susan Christine Sterling
Residence of mother (if deceased so state): Hen. In.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Sage Holder
New Address: 3236 SIX POINTS RD. INDPLS. IN 46231
Subscribed and sworn to before me this 28 day of May, 1985
Mary Jane Russell, Clerk, HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Patricia L. Keen
New Address: 3236 SIX POINTS RD. Indpls
Subscribed and sworn to before me this 28 day of May, 1985
Mary Jane Russell, Clerk, HENDRICKS Circuit Court

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

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28th day of May, 1985, authorizing the joining together as husband and wife TAGE D. HOLDER and PATRICIA L. KEEN.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, GARY A. WOOD hereby certify that on the 31 day of MAY, one thousand nine hundred and 85, at DANVILLE, State of Indiana, Groom TAGE D. HOLDER of HENDRICKS County, State of IN and, Bride PATRICIA L. KEEN of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 31 day of MAY, 1985.

Signed: /s/ GARY A. WOOD
Official Designation: JUDGE-PRO-TEMPORE
Filed and recorded in accordance with the laws of the State of Indiana this 31 day of MAY, 1985.
Signed: Mary Jane Russell, Clerk, HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 237

HENDRICKS
County

File
5-28-85
Date of Application

MALE
Medical Examination Report Dated 5-11-85
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 5-11-85
Name of Physician David M. Hadley

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

Whoever procures the issuance of a license 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 Michael Wayne Stedman
Date of Birth 4/19/63
Place of Birth Ind.

Name Tracey Leigh Krutchevski
Date of Birth 9/15/62
Place of Birth Ill.

Residence Address 634 Auburn Indpls.

Residence Address 222 1/2 St. Piff 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
Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) dr. lic.

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
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the female applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.

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

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

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

8. Full name of father Norman Earl Stedman
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Ohio

8. Full name of father Robert Michael Krutchevski
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Viola Mae Baker
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.

9. Full maiden name of mother Barbara Kay Hoff
Residence of mother (if deceased so state) Piff. Ind.
Birthplace of mother (State or foreign country) Illinois

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

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

Signed Michael Wayne Stedman
New Address 214 S. Sale #4 Ellettsville Ind.

Signed Tracey Leigh Krutchevski
New Address 214 S. Sale #4 Ellettsville 47429

Subscribed and sworn to before me this 28 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 28 day of May, 1985
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 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, HENDRICKS } ss:
County of _____

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 3rd day of June and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 8th day of JUNE _____
I, J. K. WARRICK _____ at INDPLS. _____ County of MARION
one thousand nine hundred and 85 _____ of _____ County, State of IN
State of Indiana, Groom MICHAEL WAYNE STEDMAN _____
and, Bride TRACEY LEIGH KRUTSCHEVSKI _____ of _____ County, State of IN

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

Dated this 11 day of JUNE, 1985. Signed /s/ J. K. WARRICK
Official Designation MINISTER _____ 1985
28th day of JUNE _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Mary Jane Russell HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 238
File _____
Date of Application 5-28-85

MALE
Medical Examination Report Dated 5-15-85
Name of Physician Gene Meredith

FEMALE
Medical Examination Report Dated 5-15-85
Name of Physician Gene Meredith

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license 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 Darren First Lee Middle Johnson Last
Date of Birth 6 Month 6 Day 65 Year
Place of Birth (State or foreign country) _____
Residence Address 201 Garden Dr. Indy Ind. Street or R. R. City County State
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

Name Daphne First Delane Middle Hughes Last
Date of Birth 6 Month 9 Day 64 Year
Place of Birth (State or foreign country) _____
Residence Address 11012 W. Burnswick Dr. Indpls. Ind. Street or R. R. City County State
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

If answer is "yes", it is 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 William Johnson Jr.
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Barbara J. Neal
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

8. Full name of father Harold Paulie Hughes Jr.
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ethel Mae Sutherland
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

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

Signed Darren Johnson
New Address 3656 Mission Dr. Indpls, In. 46224

Signed Daphne Hughes
New Address 3656 Mission Dr. Indpls, In. 46224

Subscribed and sworn to before me this 28 day of May, 1985.
Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 28 day of May, 1985.
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

State of Indiana, HENDRICKS } ss:
County of _____

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Father

Signed _____ Mother

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 1985, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry R. Travis hereby certify that on the 15th day of June, one thousand nine hundred and eighty-five at Avon, County of Hendricks State of Indiana, Groom Darren Lee Johnson of Hendricks County, State of Indiana and, Bride Daphne Delane Hughes of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 15th day of June, 1985.
Signed /s/Larry R. Travis
Official Designation Minister
18th day of June, 1985.
Signed /s/Mary Jane Russell Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1985.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 239

File

5-28-85
Date of Application

MALE
Medical Examination Report Dated 5-23-85
Name of Physician Jerry

FEMALE
Medical Examination Report Dated 5-23-85
Name of Physician Jerry

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

MALE APPLICANT

Name Russell Lee Martin
Date of Birth March 15 1961
Place of Birth (State or foreign country) Ind.
Residence Address P.O. Box 326A Danville Hend In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

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

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

Signed Russell Lee Martin
New Address 1101 Loch Scotland
Subscribed and sworn to before me this 28th day of May 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Patricia Kay Scott
Date of Birth Nov 8 1964
Place of Birth (State or foreign country) Indiana
Residence Address 575 W. Clinton Danville Hend In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

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

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

Signed Patricia Kay Scott
New Address 401 Loch Scotland
Subscribed and sworn to before me this 28th day of May 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the HENDRICKS Circuit Court of Indiana dated the 28th day of May 1985, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: PATRICIA KAY SCOTT and RUSSELL LEE MARTIN

I, ANDREW J. SIMKINS hereby certify that on the 2nd day of JUNE at DANVILLE County of HENDRICKS State of IN one thousand nine hundred and 85 of HENDRICKS County, State of HENDRICKS

State of Indiana, Groom RUSSELL LEE MARTIN and, Bride PATRICIA KAY SCOTT of _____

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

Dated this 2nd day of JUNE 19 85 Signed /s/ ANDREW J. SIMKINS Minister 19 85

Official Designation JUNE Clerk
Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ 6th day of _____ 19____.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 240
File 5-28-85
Date of Application

MALE
Medical Examination Report Dated 5-21-85
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 5-21-85
Name of Physician Joseph Thompson

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

MALE APPLICANT
Name Jeffery Bell
Date of Birth 28 63
Place of Birth Indiana
Residence Address RR 3 Box 280 Danville Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) dr. bio.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Henry Bell
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Shirley Johnson Waterfield
Residence of mother (if deceased so state) Danville Ind.
Birthplace of mother (State or foreign country) Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Jeffery Bell
New Address RR 3 Box 280 Danville Ind.
Subscribed and sworn to before me this 28 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Melissa Poppe
Date of Birth 4 66
Place of Birth Indiana
Residence Address 384 W. Jacobs St. Danville Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) dr. bio.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gene Paul Poppe Sr.
Residence of father (if deceased so state) Danville
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Karen Ruth Duggan
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Melissa A Poppe
New Address RR 3 Box 280 Danville Ind.
Subscribed and sworn to before me this 28 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 31st day of May, 1985 authorizing the joining together as husband and wife of JEFFERY BELL and MELISSA POPPE.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. GLEN BURNSIDE hereby certify that on the 1st day of JUNE, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JEFFERY BELL of HENDRICKS County, State of IN and, Bride MELISSA POPPE of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 1st day of JUNE, 1985.
Signed _____ /s/ _____ CHARLES G. BURNSIDE
Official Designation _____ MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this _____ 4th _____ day of _____ JUNE _____, 1985.
Signed Mary Jane Russell Clerk
_____ HENDRICKS _____ Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 241
File
Date of Application 5-28-85

MALE
Medical Examination Report Dated 5-16-85
Name of Physician T. Grist

FEMALE
Medical Examination Report Dated 5-16-85
Name of Physician T. Grist

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

MALE APPLICANT
Name Dennis L. Baker
Date of Birth Sept 19 1958
Place of Birth Plainfield
Residence Address 215 1/2 N. Center Plainfield
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name Lisa A. Pitts
Date of Birth Oct 8 1963
Place of Birth Plainfield
Residence Address 215 1/2 N. Center Plainfield
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

8. Full name of father Leo Baker
Residence of father (if deceased so state) Connsville, In.
Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Pauline Gabbard
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ky

8. Full name of father Charles Pitts
Residence of father (if deceased so state) Martinsville, In.
Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Bobbie Huddleston
Residence of mother (if deceased so state) Bridgeport, In.
Birthplace of mother (State or foreign country) Ky

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

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

Signed [Signature] New Address Same as above

Signed [Signature] New Address Same as above

Subscribed and sworn to before me this 28 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 28 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

State of Indiana, HENDRICKS } ss:

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 7th day of June 1985, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, DENNIS L. BAKER and LISA A. PITTS hereby certify that on the 7th day of JUNE HENDRICKS
MARY LEE COMER at DANVILLE County of IN
one thousand nine hundred and 85 of HENDRICKS County, State of IN
State of Indiana, Groom DENNIS L. BAKER of HENDRICKS County, State of HENDRICKS
and, Bride LISA A. PITTS of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 7th day of JUNE 1985 Signed /s/ MARY LEE COMER
Official Designation JUDGE 19 85

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of JUNE 1985
Signed Mary Jane Russell HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 242
File _____
Date of Application May 29, 1985

MALE
Medical Examination Report Dated 5-10-85
Name of Physician David M. Heddy M.D.

FEMALE
Medical Examination Report Dated 5-10-85
Name of Physician David M. Heddy M.D.

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

MALE APPLICANT
Name Stephen I. Meiners
Date of Birth January 26, 1958
Place of Birth Florida
Residence Address 637 Elm Dr. Pld. Hend. In.

FEMALE APPLICANT
Name Sharon M. Jackson
Date of Birth January 16, 1952
Place of Birth Beav. Co. Ind.
Residence Address 637 Elm Dr. Pld. Hend. In.

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

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

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

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

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

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

8. Full name of father Ronald Wm. Meiners
Residence of father (if deceased so state) Surge Haute, In.
Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Carolyn Swinney
Residence of mother (if deceased so state) Surge Haute, In.
Birthplace of mother (State or foreign country) Missouri

8. Full name of father Jack Sylvester Duncan
Residence of father (if deceased so state) Temp. Texas
Birthplace of father (State or foreign country) California
9. Full maiden name of mother Robbie Fay Green
Residence of mother (if deceased so state) Washington
Birthplace of mother (State or foreign country) Arizona

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

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

Signed Stephen I. Meiners
New Address 637 Elm Drive, Plainfield, IN

Signed Sharon M. Jackson
New Address 637 Elm Drive, Plainfield, IN

Subscribed and sworn to before me this 29 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 29 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

State of Indiana, HENDRICKS } ss:

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 1985, authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____
I, _____ here by certify that on the 8th day of _____, one thousand nine hundred and 85, at _____, State of Indiana, Groom STEPHEN I. MEINERS of _____ County, State of _____ and, Bride SHARON M. JACKSON of _____ County, State of _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 8th day of _____, 1985.

Signed /s/ WILLIAM R. CLAYTON
Official Designation PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this 11th day of JUNE, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 243

File _____
Date of Application 5-29-85

MALE
Medical Examination Report Dated 5-29-85
Name of Physician Michael Jacobson

FEMALE
Medical Examination Report Dated 5-29-85
Name of Physician Michael Jacobson

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

MALE APPLICANT

Name First Middle Last
Randy C. Hilton
Date of Birth Month Day Year
8 26 85
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
515 E. Rd. 200 S. Danville
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Robert C. Hilton
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Edith M. Hancock
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Ind.

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

Signed X Randy C. Hilton
New Address 515 E. Rd. 200 S. Danville
Subscribed and sworn to before me this 29 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Maile Williams
Date of Birth Month Day Year
6 9 50
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
2089 St. 144 Mooresville Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father John W. James
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Theresa Mary Baker
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) New York

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

Signed X Maile Williams
New Address 515 E. Rd. 200 S. Danville
Subscribed and sworn to before me this 29 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 29 day of May 1985, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____ 1985, at _____ County, State of _____
one thousand nine hundred and _____ of _____ County, State of _____
State of Indiana, Groom _____ of _____
and, Bride _____ of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 1st day of JUNE 1985
Signed _____ /s/ JOHN R. CANEDY
Official Designation PASTOR
day of JUNE 1985
Signed _____ Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____ 1985

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 244
File May 29, 1985
Date of Application

MALE
Medical Examination Report Dated 5-4-85
Name of Physician B. Gross

FEMALE
Medical Examination Report Dated 5-4-85
Name of Physician B. Gross

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

MALE APPLICANT
Name Gregory L. Broyles Jr.
Date of Birth January 29, 1965
Place of Birth Indiana
Residence Address 1058 Vestal Rd. Puff Mill, In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.

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

FEMALE APPLICANT
Name Martha Paulette Feltner
Date of Birth Oct 17, 1967
Place of Birth In.
Residence Address 1108 Pierce Dr. Plainfield In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.

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

Signed _____
New Address _____
Subscribed and sworn to before me this 30 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Signed Paulette Feltner
New Address _____
Subscribed and sworn to before me this 29 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

Clerk

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

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed Connie Feltner Mother
Subscribed and sworn to before me this 29 day of May, 1985
Mary Jane Russell Clerk

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

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

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 244
File May 29, 1985
Date of Application

MALE
Medical Examination Report Dated 5-4-85
Name of Physician B. Gross

FEMALE
Medical Examination Report Dated 5-4-85
Name of Physician B. Gross

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined..."

Name
Date of Birth
Place of Birth
Residence Address
Previous Marriage
Last Marriage
Date of Birth

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

EFFECTIVE SEPTEMBER 1, 1981, PHYSICIANS' EXAMINATIONS AND LABORATORY TESTS ARE NOT REQUIRED WHEN THE MARRIAGE APPLICANT AND INTENDED SPOUSE ARE BOTH 60 YEARS OF AGE OR OLDER.

PART I Laboratory Statement of Standard Blood Tests

FILED
MAY 29 1985
Mary Jane Russell
CLERK HENDRICKS
CIRCUIT
COUR
SUPERIOR

This is to Certify that the following tests were performed on a blood specimen submitted for
Applicant Feltner, Paulette
Name and Address of Applicant 1108 Pierce Dr Plainfield, IN 46168
Tests Performed: Syphilis ART; Rubella Immunity (females) _____
Name of Test
Laboratory Methodist Hospital Result
Name and Address of Approved Laboratory 1604 N. Capitol Avenue Indianapolis, IN 46202
Date 5/6/85 By Edallen Yiggs MD / hv
Laboratory Director or Authorized Representative

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

PART II Physician's Examination Report

City Indianapolis State Indiana Date 5/4/85
Date of Examination is
Date Blood Was Drawn

To Clerk of the Circuit Court:

This is to Certify that I, Brian M. Gross, M.D., a physician holding an unlimited license to practice medicine in the State of Indiana, have examined the applicant named in the laboratory report above and in my opinion, the person named therein is not infected with syphilis, or if so infected, that the stage of the disease is not such that it could be communicated by the person. Where it applies, I also have explained the significance of the rubella test result. If a test was not done, the reason is indicated below.

Syphilis

Applicant objects on religious grounds

Rubella (Females only) - Until January 1, 1985

- Applicant objects on religious grounds;
- Applicant is over 50 years of age;
- Applicant presents evidence of sterilization;
- Applicant presents laboratory evidence of previous test declaring her immunity.

Signed Brian M. Gross, M.D. Address c/o METHODIST HOSPITAL
Applicant's Signature Paulette Feltner of 1604 NORTH CAPITAL AVENUE
Physician INDPLS., IND. 46202

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

See Reverse Side for Instructions

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

COMPL

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

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

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 244
File May 29, 1985
Date of Application

MALE
Medical Examination Report Dated 5-4-85
Name of Physician B. Gross

FEMALE
Medical Examination Report Dated 5-4-85
Name of Physician B. Gross

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

MALE APPLICANT				FEMALE APPLICANT			
Name	First	Middle	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				Residence Address			

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

FILED

MAY 30 1985

EFFECTIVE SEPTEMBER 1, 1981, PHYSICIANS' EXAMINATIONS AND LABORATORY TESTS ARE NOT REQUIRED WHEN THE MARRIAGE APPLICANT AND INTENDED SPOUSE ARE BOTH 60 YEARS OF AGE OR OLDER.

PART I Laboratory Statement of Standard Blood Tests

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

Applicant Broyles, Jerry L Jr
Name and Address of Applicant
1058 Vestal Road Plainfield, IN 46168

Tests Performed: Syphilis ART; Rubella Immunity (females) _____
Name of Test Result

Laboratory Methodist Hospital
Name and Address of Approved Laboratory
1604 N. Capitol Avenue Indianapolis IN 46202

Date 5/6/85 By C Allen Suggs MD / hw
Laboratory Director or Authorized Representative

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

PART II Physician's Examination Report

City Indianapolis State Indiana Date 5/4/85
Date of Examination is Date Blood Was Drawn

To Clerk of the Circuit Court:

This is to Certify that I, Brian M. Gross M.D., a physician holding an unlimited license to practice medicine in the State of Indiana, have examined the applicant named in the laboratory report above and in my opinion, the person named therein is not infected with syphilis, or if so infected, that the stage of the disease is not such that it could be communicated by the person. Where it applies, I also have explained the significance of the rubella test result. If a test was not done, the reason is indicated below.

- Syphilis**
 Applicant objects on religious grounds
- Rubella (Females only) - Until January 1, 1985**
 Applicant objects on religious grounds;
 Applicant is over 50 years of age;
 Applicant presents evidence of sterilization;
 Applicant presents laboratory evidence of previous test declaring her immunity.

Signed Brian M. Gross, MD Address ADULT AMBULATORY CARE
c/o METHODIST HOSPITAL
Applicant's Signature Jerry L Broyles Jr of 1604 NORTH CAPITAL AVENUE Physician
INDPLS., IND. 46202

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

See Reverse Side for Instructions

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

_____ hereby certify that on the _____ day of _____, 1985, at _____, County of _____, State of Indiana, Groom _____ of _____ County, State of _____, and, Bride _____ of _____ County, State of _____, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this _____ day of _____, 1985.

Signed _____
Official Designation _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1985.

Signed _____ Clerk
HENDRICKS Circuit Court

- No Yes
- No Yes
- No Yes
- No Yes
- No Yes
- No Yes

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1985

Circuit Court

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Father

Mother

1985

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 245
File 5-30-85
Date of Application

MALE
Medical Examination Report Dated 5-28-85
Name of Physician Harris

FEMALE
Medical Examination Report Dated 5-28-85
Name of Physician Harris

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

MALE APPLICANT

Name: Rex Alan Acton
Date of Birth: 9/28/1956
Place of Birth: Marion Co.
Residence Address: Rt 1 Box 519 Camby Ind
Previous Marital Status: Never Married
Last Marriage Ended By: Death
Date of birth verified by: Birth Certificate

FEMALE APPLICANT

Name: Mari Kathleen Sering
Date of Birth: 7/22/1955
Place of Birth: Marion Co.
Residence Address: Rt 1 Box 519 Camby Ind
Previous Marital Status: Never Married
Last Marriage Ended By: Death
Date of birth verified by: Birth Certificate

- 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
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.

- 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
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father: Wayne Junior Acton
9. Full maiden name of mother: Fretta Mae Taylor

7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father: Charles Thomas Sering
9. Full maiden name of mother: Maggie Wynona Duttonfield

I depose and state the information given in this application is true and correct.
Signed: Rex Alan Acton
New Address: Rt 1 Box 519 Camby Ind
Subscribed and sworn to before me this 30 day of May 1985

I depose and state the information given in this application is true and correct.
Signed: Mari K. Sering
New Address: Rt 1 Box 519 Camby Ind
Subscribed and sworn to before me this 30 day of May 1985

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

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

COMPLETE IF MARRIAGE LICENSE 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-Dag Haver in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County of Indiana dated the 30 day of May 1985, authorizing the joining together as husband and wife of REX ALAN ACTON and MARI KATHLEEN SERING.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, LARRY R. HESSON, hereby certify that on the 30 day of MAY 1985, at DANVILLE HENDRICKS County, State of IN, one thousand nine hundred and 85 of HENDRICKS County, State of IN, REX ALAN ACTON and MARI KATHLEEN SERING were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 30 day of MAY 1985. Signed /s/ LARRY R. HESSON JUDGE
Official Designation: JUDGE
Signed: Mary Jane Russell HENDRICKS Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of MAY 1985

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 246
File 5-30-85
Date of Application

MALE
Medical Examination Report Dated 5-29-85
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 5-29-85
Name of Physician Thomas Walker

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

MALE APPLICANT
Name John David Switzer
Date of Birth 1/22/49
Place of Birth Indiana
Residence Address 12 N. Grant Brownings, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) driver's lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
John Lewis
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Morgan Switzer
Residence of father (if deceased so state) Jasper Springs Florida
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Anna Walton
Residence of mother (if deceased so state) Demot Ind.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS }
Signed [Signature]
New Address 6352 Maidstone Rd Indpls
Subscribed and sworn to before me this 30 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Kimberly Faith Bartos
Date of Birth 10/2/65
Place of Birth Indiana
Residence Address RR 3, Box 85 Danville, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) dr. lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Bartos
Residence of father (if deceased so state) Jonestown Ind.
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Patricia Jean Harold
Residence of mother (if deceased so state) St. Pete Florida
Birthplace of mother (State or foreign country) Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS }
Signed [Signature]
New Address 6352 Maidstone Rd Indpls
Subscribed and sworn to before me this 30 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of HENDRICKS }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of HENDRICKS }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 7th day of June, 1985, authorizing the joining together as husband and wife _____ JOHN DAVID SWITZER _____ and _____ KIMBERLY FAITH BARTOS _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ RAYMOND L. RADER _____ hereby certify that on the 8th day of JUNE, one thousand nine hundred and _____ 85 _____ at LIZTON, County of _____ HENDRICKS _____, State of Indiana, Groom _____ JOHN DAVID SWITZER _____ of _____ HENDRICKS _____ County, State of _____ INDIANA _____ and, Bride _____ KIMBERLY FAITH BARTOS _____ of _____ HENDRICKS _____ County, State of _____ INDIANA _____, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____ County.
Dated this 8th day of JUNE, 1985.
Signed _____ /s/ REV. RAYMOND L. RADER _____
Official Designation _____ PASTOR _____
Filed and recorded in accordance with the laws of the State of Indiana this 14th day of JUNE, 1985.
Signed [Signature] Clerk
_____ HENDRICKS _____ Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 247
File _____
Date of Application 5-30-85

HENDRICKS County

MALE
Medical Examination Report Dated 5-24-85
Name of Physician Bruce E. Beatty

FEMALE
Medical Examination Report Dated 5-24-85
Name of Physician Bruce E. Beatty

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

MALE APPLICANT
Name Bradley Jay Spurgeon
Date of Birth 1/1/62
Place of Birth (State or foreign country) Sullivan, Indiana
Residence Address 606 Forest Ave, Bluff, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name Karen Lynn Giles
Date of Birth 1/23/65
Place of Birth (State or foreign country) Bluff, Ind.
Residence Address 11 Charlie Blosser Dr, Bluff, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

8. Full name of father Donnie Ray Spurgeon
Residence of father (if deceased so state) Indiana, Bluff
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Connie Joan Hardisty
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

8. Full name of father John Miles
Residence of father (if deceased so state) Bluff, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janet K. Seymour
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.

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

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

Signed Bradley Jay Spurgeon
New Address 410 William Dr
Subscribed and sworn to before me this 30 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Signed Karen Lynn Giles
New Address 410 William Dr, Brownsburg, Ind.
Subscribed and sworn to before me this 30 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife
of _____ and _____
KAREN LYNN GILES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____
LARRY L. BELLVILLE at _____ County of HENDRICKS IN
one thousand nine hundred and _____ of _____
85 HENDRICKS County, State of IN HENDRICKS
State of Indiana, Groom _____ of _____
and, Bride _____ of _____
KAREN LYNN GILES 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 _____ day of _____, 1985

Signed /s/ LARRY L. BELLVILLE
Official Designation MINISTER
day of JUNE, 1985
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Mary Jane Russell HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 248
File _____
Date of Application May 31, 1985

MALE
Medical Examination Report Dated 5-13-85
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated 5-13-85
Name of Physician David B. Haggard M.D.

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

MALE APPLICANT

Name Robert E. Haggard
Date of Birth November 21, 1961
Place of Birth Indianapolis, Indiana
Residence Address 366 Northridge Dr. Merrill, IN
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT

Name Tonya R. Vichkon
Date of Birth October 6, 1964
Place of Birth California
Residence Address 366 Northridge Dr. Merrill, IN
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) Divorce license (picture)

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

Other (Specify) Divorce license (picture)

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

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

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

If answer is "yes", it is 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 David B. Haggard
Residence of father (if deceased so state) Plainfield, IN
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jo Ann Branner
Residence of mother (if deceased so state) Plainfield, IN
Birthplace of mother (State or foreign country) Indiana

8. Full name of father John L. Vichkon
Residence of father (if deceased so state) Shirlington, IN
Birthplace of father (State or foreign country) California
9. Full maiden name of mother Shirley J. Brown
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Michigan

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

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

Signed Robert E. Haggard
New Address 366 Northridge Dr.

Signed Tonya R. Vichkon
New Address 366 Northridge Dr.

Subscribed and sworn to before me this 31 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 31 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Signed _____ Father
Signed _____ Mother

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 5 day of June, 1985, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, WILLIAM P. HENDRICKS

hereby certify that on the 8th day of JUNE, one thousand nine hundred and 85, at WASHINGTON TOWNSHIP, County of HENDRICKS, State of Indiana, Groom ROBERT E. HAGGARD

and, Bride TONYA R. VICHKON of HENDRICKS County, State of IN

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

Dated this 5th day of JUNE, 1985.

Signed _____ /s/ WILLIAM P. HENDRICKS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of JUNE, 1985

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 249
File
MAY 31, 1985
Date of Application

MALE
Medical Examination Report Dated _____
Name of Physician _____

FEMALE
Medical Examination Report Dated _____
Name of Physician _____

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

MALE APPLICANT

Name Paul Collier
Date of Birth 1 2 63
Place of Birth (State or foreign country) Arizona
Residence Address 205 Wapese Dr. Pfft Ind. In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Paul Richard Collier
Residence of father (if deceased so state) Pfft Ind.
Birthplace of father (State or foreign country) Morgan Co. Ind.
9. Full maiden name of mother Carolyn Sue Hutter
Residence of mother (if deceased so state) Morgan Co. Ind.
Birthplace of mother (State or foreign country) Morgan Co. Ind.

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

Signed Paul D. Collier
New Address 3511 Bologna Ln. Oct 14 Indianapolis IN 46224
Subscribed and sworn to before me this 31 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT

Name Shelley Campfield
Date of Birth 8 23 63
Place of Birth (State or foreign country) Indiana
Residence Address 1495 Sugar Grove Pfft Ind. In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Alan Franklin Campfield
Residence of father (if deceased so state) Pfft Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann Adams
Residence of mother (if deceased so state) Pfft Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Shelley Jo Campfield
New Address same
Subscribed and sworn to before me this 31 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 5 day of June and Shelley Jo Campfield
Paul D. Collier
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Wm. Spencer Gillespie hereby certify that on the 15th day of June _____
one thousand nine hundred and eighty-five at Plainfield County of Hendricks
State of Indiana, Groom Paul D. Collier of Hendricks County, State of Indiana
and, Bride Shelley Jo Campfield of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 15th day of June, 1985 Signed /s/ Wm. Spencer Gillespie
Official Designation Pastor June 15, 1985
Signed /s/ Mary Jane Russell HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 250
File _____
Date of Application 5-31-85

MALE
Medical Examination Report Dated 5-18-85
Name of Physician David B. Haggard MD

FEMALE
Medical Examination Report Dated 5-18-85
Name of Physician David B. Haggard MD

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

MALE APPLICANT
Name Thomas William Heady
Date of Birth 2 6 1961
Place of Birth Cherry Point North Carolina
Residence Address 517 S. Jefferson Brownsburg, In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed Thomas W. Heady
New Address 517 S. Jefferson Brownsburg, In.
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____ }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT
Name Jennifer Lynn Bales
Date of Birth 1 7 1963
Place of Birth Indianapolis, In.
Residence Address 517 S. Jefferson St. Brownsburg, In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed Jennifer Lynn Bales
New Address 517 S. Jefferson Brownsburg, In.
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____ }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife Thomas William Heady and Jennifer Lynn Bales
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Shan Rutherford hereby certify that on the 15th day of June one thousand nine hundred and eighty-five at Greenwood, County of Johnson State of Indiana, Groom Thomas William Heady of Hendricks County, State of Indiana and, Bride Jennifer Lynn Bales of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 15th day of June, 1985.
Signed /s/ Shan Rutherford
Official Designation Christian Minister
Filed and recorded in accordance with the laws of the State of Indiana this 18th day of June, 1985.
Signed /s/ Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 251

File 5-31-85
Date of Application

MALE
Medical Examination Report Dated 5-14-85
Name of Physician Carl C. Oltro

FEMALE
Medical Examination Report Dated 5-6-85
Name of Physician Trammell

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

MALE APPLICANT

Name First James Middle Donald Last Williams
Date of Birth Month July Day 28 Year 1954
Place of Birth (State or foreign country) Rockhill S.C.
Residence Address Street or R. R. City County State
421 Linden Ln. Plfld. Hendricks IN
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Herman Fred Williams
Residence of father (if deceased so state) Mooresville IN
Birthplace of father (State or foreign country) Paducah Ky

9. Full maiden name of mother Lillian Marie Hicks
Residence of mother (if deceased so state) Mooresville IN
Birthplace of mother (State or foreign country) Rockhill S.C.

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

Signed James Donald Williams
New Address 421 Linden Ln. Plainedfield

Subscribed and sworn to before me this 31 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name First Jessica Middle Darnell Last Chastain
Date of Birth Month June Day 23 Year 1958
Place of Birth (State or foreign country) Glasgow
Residence Address Street or R. R. City County State
421 Linden Ln. Plfld. Hendricks IN
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father J. A. Brewster
Residence of father (if deceased so state) plfd. Ind.
Birthplace of father (State or foreign country) Glasgow Ky

9. Full maiden name of mother Margaret May Houchens
Residence of mother (if deceased so state) plfd. Ind.
Birthplace of mother (State or foreign country) Glasgow Ky

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

Signed Jessica Darnell Chastain
New Address 421 Linden Lane Plainedfield

Subscribed and sworn to before me this 31 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____ and _____ JESSICA DARNELL CHASTAIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, TERRY J. CRIST, _____ at _____ MOORESVILLE _____ County, State of IN

one thousand nine hundred and _____ 85 _____ of _____ MARION _____ County, State of IN
State of Indiana, Groom JAMES DONALD WILLIAMS of HENDRICKS
and, Bride JESSICA DARNELL CHASTAIN 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, Indiana, _____ 85
Dated this 7th day of JUNE, 1985

Signed _____ /s/ TERRY J. CRIST
Official Designation MINISTER
28th day of JUNE 1985
Signed Mary Jane Russell HENDRICKS Clerk Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1985

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 252
File 5-31-85
Date of Application

MALE
Medical Examination Report Dated 5-30-85
Name of Physician Philip Batista

FEMALE
Medical Examination Report Dated 5-30-85
Name of Physician Philip Batista

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

MALE APPLICANT
Name John Saylor
Date of Birth 6 12 61
Place of Birth (State or foreign country) Michigan
Residence Address 418 1/2 E. Main Bluff Rd.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: John McLain Saylor
Residence of father (if deceased so state): Bluff Michigan
Birthplace of father (State or foreign country): Michigan
9. Full maiden name of mother: Jean Driscoll
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Michigan
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed John Saylor
New Address PO Box 239 Angola, IN
Subscribed and sworn to before me this 31 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Debbie Miller
Date of Birth 10 5 57
Place of Birth (State or foreign country) Indiana
Residence Address 418 1/2 E. Main Bluff Rd.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Jackie D. Miller
Residence of father (if deceased so state): Bluff Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary F. Anspaugh
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Debbie Miller
New Address PO Box 239, Angola, IN 46703
Subscribed and sworn to before me this 31 day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of June, 1985, authorizing the joining together as husband and wife JOHN SCOTT TAYLOR and DEBBY SUE MILLER.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, KARL F. KIRKMAN, JR. hereby certify that on the 22nd day of JUNE, one thousand nine hundred and 85 at ANGOLA, County of STEBEN State of Indiana, Groom JOHN SCOTT TAYLOR of HENDRICKS County, State of IN and, Bride DEBBY SUE MILLER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 7 day of JUNE, 1985
Signed /s/ KARL F. KIRKMAN, JR.
Official Designation PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this 28th day of JUNE, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS
County

No. 257
File 5-30-85

MALE
Medical Examination Report Dated 5-30-85
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 5-30-85
Name of Physician Thomas M. Walker

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

MALE APPLICANT

Name Richard D. Tillman
Date of Birth 9/4/63
Place of Birth Indiana
Residence Address 467 E. 100th Danville Ind.
Previous Marital Status Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by Birth Certificate Judicial Decree

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

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

8. Full name of father Duane D. Tillman
Residence of father (if deceased so state) Danville Ind.
Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Jerril C. Colby
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Richard Tillman
New Address 1723 W. Morris INDPLS. IN

Subscribed and sworn to before me this 31 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Denise M. Donovan
Date of Birth 8/31/64
Place of Birth South Dakota
Residence Address 14 Hawthorn Ct Danville Ind.
Previous Marital Status Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by Birth Certificate Judicial Decree

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

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

8. Full name of father Norman E. Donovan
Residence of father (if deceased so state) Danville
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia A. Pritchett
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Denise M. Donovan
New Address 1723 W. Morris Indpls IN 46221

Subscribed and sworn to before me this 31 day of May 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 4th day of June _____ and DENISE MARIE DONOVAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 22nd day of JUNE _____ County of MARION IN, DENNIS R. FULTON _____ at INDPLS. HENDRICKS County, State of IN one thousand nine hundred and 85 _____ of HENDRICKS County, State of HENDRICKS and, Bride DENISE MARIE DONOVAN _____ 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. Signed /s/ DENNIS R. FULTON MINISTER JUNE 19 85

Dated this 22 day of JUNE 19 85. Official Designation 28th day of JUNE 19 85
Signed Mary Jane Russell HENDRICKS Clerk Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 254
File _____
Date of Application 5-31-85

MALE
Medical Examination Report Dated 5-11-85
Name of Physician Joseph Kurlin MD

FEMALE
Medical Examination Report Dated 5-11-85
Name of Physician Joseph Kurlin MD

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

MALE APPLICANT

Name Ronald E. Tevebaugh
Date of Birth 7/27/1949
Place of Birth Springfield, Missouri
Residence Address R.R. #1 Box 288 Neosho, Mo.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Drivers License - Missouri

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the female applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Rhonda 13 yrs.
Robin 11
Rebecca 9
- Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is 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 Otto H. Tevebaugh
Residence of father (if deceased so state) Carthage, Missouri
Birthplace of father (State or foreign country) Kansas
- Full maiden name of mother Wanda L. Farless
Residence of mother (if deceased so state) Carthage, Missouri
Birthplace of mother (State or foreign country) Missouri

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed Ronald E. Tevebaugh
New Address Neosho, Mo

Subscribed and sworn to before me this 31st day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Veronda L. Breedlove
Date of Birth 4/4/1952
Place of Birth Indianapolis, In.
Residence Address Clayton, In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the male applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
- Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is 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 Arthur R. Breedlove
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Shirley M. Kershaw
Residence of mother (if deceased so state) Clayton, In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed Veronda L. Breedlove
New Address Neosho, Mo

Subscribed and sworn to before me this 31st day of May, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
of Indiana dated the 4 day of June, 1985, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, STEVAN W. RANSON hereby certify that on the 8th day of JUNE,
one thousand nine hundred and 85 at CLAYTON, County of HENDRICKS
State of Indiana, Groom RONALD TEVEBAUGH of NEWTON County, State of MO
and, Bride VERONDA BREEDLOVE of HENDRICKS County, State of IN
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 8th day of JUNE, 1985.
Signed Stevan W. Ranson
Official Designation MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this 13th day of JUNE, 1985.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS
County

No. 255
File
Date of Application 5/31/85

MALE
Medical Examination Report Dated 5/29/85
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 5/29/85
Name of Physician Wm Edwards

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

MALE APPLICANT

Name Ricky Keith Daugherty
Date of Birth 8/2/1961
Place of Birth (State or foreign country) Ind
Residence Address 81 Boy 469 Clayton Ind
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father John Keith Daugherty
Residence of father (if deceased so state) Clayton Ind
Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Loretta Jean Burdge
Residence of mother (if deceased so state) Clayton Ind
Birthplace of mother (State or foreign country) Ind

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

Signed [Signature] New Address 285 Michael Dr. Plainfield
Subscribed and sworn to before me this 31 day of May 1985
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Maribeth
Date of Birth 5/11/1983
Place of Birth (State or foreign country) Ind
Residence Address 10014 Meadowlark Dr. Ind
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Robert Marvin May
Residence of father (if deceased so state) Ind
Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Wanda Lee Williams
Residence of mother (if deceased so state) Ind
Birthplace of mother (State or foreign country) Ind

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

Signed Maribeth May New Address 285 Michael Dr. Plainfield
Subscribed and sworn to before me this 31 day of May 1985
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

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

in _____ authorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 10th day of June 1985, authorizing the joining together as husband and wife
of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 7th day of JUNE
one thousand nine hundred and 85 at AVON County of HENDRICKS
State of Indiana, Groom RICKY KEITH DAUGHERTY of HENDRICKS County, State of IN
and, Bride MARIBETH MAY of HENDRICKS County, State of HENDRICKS

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

Dated this 7th day of JUNE, 19 85. Signed /s/ LARRY LILLY
Official Designation PASTOR
12th day of JUNE 19 85
Signed _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1985.
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 256
File _____
Date of Application _____

HENDRICKS County

MALE
Medical Examination Report Dated 5-22-85
Name of Physician Garry Deagan

FEMALE
Medical Examination Report Dated 5-22-85
Name of Physician Garry Deagan

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

MALE APPLICANT

Name Peter T. Flick
Date of Birth Dec 30 1949
Place of Birth (State or foreign country) _____
Residence Address 47 Jean Dr. Terre Haute, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Roy Flick
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Doris Snoddy
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ind.

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

Signed Peter T. Flick
New Address 47 Jean Dr. Terre Haute, Ind.
Subscribed and sworn to before me this 3 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:

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

FEMALE APPLICANT

Name Victoria L. Belliard
Date of Birth Apr 15 1958
Place of Birth (State or foreign country) _____
Residence Address 522 Chantry Apt 7 Brownsburg
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Ronald Belliard
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Alice Robson
Residence of mother (if deceased so state) Scotland, Ill.
Birthplace of mother (State or foreign country) Penn.

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

Signed Victoria L. Belliard
New Address 47 Jean Dr. Terre Haute
Subscribed and sworn to before me this 3 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of June, 1985, authorizing the joining together as husband and wife

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

I, GERALD BENNY hereby certify that on the 8th day of JUNE, one thousand nine hundred and 85 at TERRE HAUTE, County of VIGO, State of Indiana, Groom PETER T. FLICK of VIGO County, State of INDIANA and, Bride VICTORIA L. BELLIART of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8th day of JUNE, 1985

Signed /s/ GERALD DENNY
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of JUNE, 1985
Signed _____ Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 257

File

MALE
Medical Examination Report Dated 5-28-85
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-28-85
Name of Physician James Black

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

MALE APPLICANT

Name Jeffery R. Landes
Date of Birth 10/23/61
Place of Birth PA
Residence Address 3202 Colwell Ave Tampa Florida
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Clifford R. Landes
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Barbara S. Houston
Residence of mother (if deceased so state) Spanglers Ind
Birthplace of mother (State or foreign country) Ohio

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

Signed Jeffery R. Landes
New Address 3202 Colwell Ave #1704 Tampa, FL 33614

Subscribed and sworn to before me this 3 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Penny Lynn Maria Bussman
Date of Birth 1/24/62
Place of Birth Ill.
Residence Address 3202 Colwell Ave Tampa Florida
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Henry W. Bussman
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Marie M. Bussman
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Ill.

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

Signed Penny Lynn Maria Bussman
New Address 3202 Colwell Ave Tampa FL

Subscribed and sworn to before me this 3 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 7 day of June and PENNY LYNN MARIA BUSSMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit: JEFFERY REIGN LANDES and _____ 8th day of JUNE HENDRICKS

I, JOHN P. ROOF, hereby certify that on the _____ at DANVILLE County of HENDRICKS

one thousand nine hundred and 85 of HILLSBOROUGH County, State of FLORIDA

State of Indiana, Groom JEFFERY REIGN LANDES of HILLSBOROUGH County, State of FLORIDA
and, Bride PENNY LYNN MARIA BUSSMAN of _____ County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this _____ 8th day of JUNE, 1985. Signed /s/ JOHN P. ROOF EPISCOPAL PRIEST 1985

Official Designation _____ 11th day of JUNE 1985
Signed Mary Jane Russell HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 258
File _____
Date of Application _____

HENDRICKS County

MALE
Medical Examination Report Dated 5-20-85
Name of Physician Razvan Mojadedi

FEMALE
Medical Examination Report Dated 5-28-85
Name of Physician Erick Clark M.D.

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

MALE APPLICANT
Name Ladson Fraser Montgomery
Date of Birth 10/15/62
Place of Birth Col. S.C.
Residence Address 7269 Colony Rd. Jacksonville FL
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name Angela Kay Snodgrass
Date of Birth Sept 10 1960
Place of Birth Buck Grove Indiana
Residence Address 1210 Sheppard Rd. Pitt. Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

8. Full name of father James Alfred Montgomery Jr.
Residence of father (if deceased so state) Florida
Birthplace of father (State or foreign country) Rich. Spill S.C.
9. Full maiden name of mother Angela Kay Snodgrass
Residence of mother (if deceased so state) Florida
Birthplace of mother (State or foreign country) S.C.

8. Full name of father Gene Bryan Snodgrass
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) W.Va. Co. Ind.
9. Full maiden name of mother Carolyn Solomon
Residence of mother (if deceased so state) Pitt. Ind.
Birthplace of mother (State or foreign country) Montgomery, Ala.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed Ladson F. Montgomery
New Address 7269 COLONY RD. JAX FL 32217
Subscribed and sworn to before me this 7 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed Angela Kay Snodgrass
New Address 7269 Colony Road Jacksonville, FL 32217
Subscribed and sworn to before me this 3 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 1985, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ALAN W. HUGHES hereby certify that on the 8th day of JUNE,
one thousand nine hundred and 85 at KINGSWAY CHRISTIAN CHURCH, County of HENDRICKS,
State of Indiana, Groom LADSON FRASER MONTGOMERY of DU BAL County, State of FLORIDA
and, Bride ANGELA KAY SNODGRASS of TUSCALOOSA County, State of ALABAMA
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 8th day of JUNE, 1985

Signed /s/ ALAN W. HUGHES
Official Designation MINISTER OF CHRIST
Filed and recorded in accordance with the laws of the State of Indiana this 13th day of JUNE, 1985.
Signed _____ Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 259

File
6-3-85
Date of Application

MALE
Medical Examination Report Dated 5-21-85
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 5-21-85
Name of Physician Eric Clark

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

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
3022 Oliver Dr. Indpls. Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

Joseph R. Strahl Jr.
Law E. Strahl
Amy C. Strahl

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

8. Full name of father: Robert Joseph Strahl
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary Louisa
Residence of mother (if deceased so state): Indpls. Ind.
Birthplace of mother (State or foreign country): D. C.

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

Signed: Joseph L. Strahl
New Address: 98 Leray RD Brownsburg
Subscribed and sworn to before me this 3 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

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

FEMALE APPLICANT

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

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

John D. Peele
Andrew J. Peele

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

8. Full name of father: Reginald J. Jennings
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): England
9. Full maiden name of mother: Evelyn J. Myers
Residence of mother (if deceased so state): Brownsburg Ind.
Birthplace of mother (State or foreign country): Ind.

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

Signed: Carol A. Peele
New Address: 18 Leray Rd Brownsburg
Subscribed and sworn to before me this 3 day of June 1985
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 7 day of June and Carol Ann Peele
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R. Nash hereby certify that on the 15th day of June
at Brownsburg County of Hendricks
of Hendricks County, State of Indiana
one thousand nine hundred and eighty-five
State of Indiana, Groom: Joseph R. Strahl
and, Bride: Carol Ann Peele of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 15th day of June, 1985
Signed: /s/ Jerry R. Nash
Pastor
Official Designation _____
18th day of June
Signed: /s/ Mary Jane Russell HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 260 File 6-5-85 Date of Application

MALE Medical Examination Report Dated 5-29-85 Name of Physician Jerry D. Howell

FEMALE Medical Examination Report Dated 5-29-85 Name of Physician Jerry D. Howell

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

MALE APPLICANT Name Charles E. Fisher Jr. Date of Birth 12/15/59 Residence Address 5251 Main Street, Indpls. Ind. Previous Marital Status: Never Married

FEMALE APPLICANT Name Lori J. Shaw Date of Birth 10/27/63 Residence Address 9655 Audrain St., Indpls. Ind. Previous Marital Status: Never Married

CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. Signed: Charles E. Fisher Sr., Marie B. Fisher

CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. Signed: Homer H. Shaw, Marie B. Shaw

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of June, 1985, authorizing the joining together as husband and wife of CHARLES E. FISHER, JR. and LORI J. SHAW. I, PAUL E. CABLE hereby certify that on the 29th day of JUNE, 1985 at INDPLS., County of MARION, State of Indiana, Groom CHARLES E. FISHER JR. of MARION County, State of IN and, Bride LORI J. SHAW of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 10th day of JUNE, 1985. Signed: /s/ PAUL E. CABLE Official Designation MINISTER Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of JULY, 1985. Signed: Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 261

File Date of Application
June 5, 1985

MALE
Medical Examination Report Dated 5-29-85
Name of Physician Walker

FEMALE
Medical Examination Report Dated 5-29-85
Name of Physician Walker

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

MALE APPLICANT

Name John Ray Welsh
Date of Birth Aug 12 1958
Place of Birth Ohio
Residence Address 40 N Green Apt 19, Brownsburg
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father: Carl C. Welsh
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Ohio
9. Full maiden name of mother: Elsie M. Kershaw
Residence of mother (if deceased so state): Plainfield, In.
Birthplace of mother (State or foreign country): In.

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

Signed John Welsh
New Address 40 N Green St Brownsburg AP 19

Subscribed and sworn to before me this 5 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Judy Sue Silliam
Date of Birth Sept 20 1967
Place of Birth In.
Residence Address 31 Summit Brownsburg, In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father: Lloyd Silliam
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Va.
9. Full maiden name of mother: Francis Ping
Residence of mother (if deceased so state): Brownsburg, In.
Birthplace of mother (State or foreign country): In.

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

Signed Judy Sue Silliam
New Address 31 Summit Brownsburg, In.

Subscribed and sworn to before me this 5 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed Francis Silliam Mother

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

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

in _____ authorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19 85, authorizing the joining together as husband and wife of Indiana dated the 10 day of June and JUDY SUE SILLIAM

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 10th day of JUNE I, LARRY R. HESSON at DANVILLE County of HENDRICKS State of INDIANA

one thousand nine hundred and 85 of HENDRICKS County, State of INDIANA
State of Indiana, Groom JOHN RAY WELSH and, Bride JUDY SUE GILLIAM of HENDRICKS County, State of INDIANA

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
Dated this 10th day of JUNE, 19 85 Signed /s/ LARRY R. HESSON JUDGE JUNE 19 85 Clerk

Official Designation _____
11th day of _____
Signed Mary Jane Russell HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 262
File 6-5-85
Date of Application

MALE
Medical Examination Report Dated 5-15-85
Name of Physician Terency

FEMALE
Medical Examination Report Dated 5-15-85
Name of Physician Terency

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

MALE APPLICANT
Name Christopher B. Kenny
Date of Birth Jan 16 59
Place of Birth St. Louis, Mo
Residence Address 7616 Folk Maplewood Mo 63143
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Dr. Lic
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James H. Kenny
Residence of father (if deceased so state) Kennelsaer, Md.
Birthplace of father (State or foreign country) Md.
9. Full maiden name of mother Mary Jane Nelson
Residence of mother (if deceased so state) Kennelsaer, Md.
Birthplace of mother (State or foreign country) Md.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....
Signed Julia A. Adams
New Address 7616 Folk Maplewood Mo

FEMALE APPLICANT
Name Julia Ann Adams
Date of Birth 1 1957
Place of Birth (State or foreign country) Indpls
Residence Address 7616 Folk Ave. Maplewood Mo
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Dr. Lic
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William C. Adams
Residence of father (if deceased so state) Pied.
Birthplace of father (State or foreign country) Md.
9. Full maiden name of mother Phyllis Anne Schmaltz
Residence of mother (if deceased so state) Pied.
Birthplace of mother (State or foreign country) Md.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....
Signed Christopher B. Kenny
New Address 7616 Folk Maplewood Mo. 63143

Subscribed and sworn to before me this 5 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 5 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of.....
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of.....
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of June, 1985 authorizing the joining together as husband and wife Christopher B. Kenny and Julia Ann Adams
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Wm. R. Clayton hereby certify that on the 29 day of June, one thousand nine hundred and 85 at Plainfield, County of Hendricks State of Indiana, Groom Christopher and, Bride Julia Ann Adams of St. Louis County, State of Mo were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 29 day of June, 1985
Signed Wm. R. Clayton Official Designation Pastor
Filed and recorded in accordance with the laws of the State of Indiana this 3 day of July, 1985
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 263
File _____
Date of Application 6/5/85

MALE
Medical Examination Report Dated 6/4/85
Name of Physician K.K. Liu

FEMALE
Medical Examination Report Dated 6/30/85
Name of Physician Eric Clark

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

MALE APPLICANT
Name Steven Paul White
Date of Birth 3/22/1958
Place of Birth Ind
Residence Address 316 Chandler St. Danville, Ill.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name Lori Anne McRoberts
Date of Birth 6/15/1962
Place of Birth Ind
Residence Address 97 Bastick Danville
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

8. Full name of father Paul Eugene White
Residence of father (if deceased so state) Ill.
Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother May Esther Wilson
Residence of mother (if deceased so state) Ill.
Birthplace of mother (State or foreign country) Ind

8. Full name of father Stanley Allen McRoberts
Residence of father (if deceased so state) Danville
Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Debra Marie Armstrong
Residence of mother (if deceased so state) Danville
Birthplace of mother (State or foreign country) Michigan

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Steven P. White
New Address 2106-104 Orchard St. Urbana, IL
Subscribed and sworn to before me this 5th day of June, 1985
Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Lori A. McRoberts
New Address 2106-104 Orchard St. Urbana, IL 61801
Subscribed and sworn to before me this 5th day of June, 1985
Clerk HENDRICKS Circuit Court

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 10 day of June and LORI ANNE McROBERTS
STEVEN PAUL WHITE and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. K. WARRICK hereby certify that on the 15th day of JUNE WARRICK
at VERMILLION County of ILLINOIS
one thousand nine hundred and 85 of HENDRICKS County, State of IN
State of Indiana, Groom STEVEN PAUL WHITE
and, Bride LORI ANNE McROBERTS of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 20th day of JUNE, 1985 Signed /s/ J. K. WARRICK
Official Designation MINISTER _____
Signed Mary Jane Russell HENDRICKS Clerk
Filed and recorded in accordance with the laws of the State of Indiana this 28th day of JUNE, 1985

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 264
File _____
Date of Application 6-6-85

MALE
Medical Examination Report Dated 6-5-85
Name of Physician Charles A. Austin

FEMALE
Medical Examination Report Dated 6-5-85
Name of Physician Charles A. Austin

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

MALE APPLICANT
Name Wayne Eugene Seth
Date of Birth 1 / 21 / 46
Place of Birth Dayton, Ohio
Residence Address RR 1 Box 115A North Salem, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name Melinda Ann Wildridge (Seeb)
Date of Birth 12 / 30 / 51
Place of Birth Indpls. Ind.
Residence Address RR 1 Box 115A North Salem, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bernett Wayne Seth
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Springfield, Ohio
9. Full maiden name of mother Beatrice Grace Christman
Residence of mother (if deceased so state) Madison, IA
Birthplace of mother (State or foreign country) Dayton, Ohio
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed [Signature]
New Address RR 1 #115A North Salem
Subscribed and sworn to before me this 6 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert J. Wildridge
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary E. Schmidt
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed [Signature]
New Address RR 1 Box 115A N. Salem
Subscribed and sworn to before me this 6 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

Clerk

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of June, 1985, authorizing the joining together as husband and wife WAYNE EUGENE SETH and MELINDA ANN WILDRIDGE SEEBY.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, HARALD CRISWILL hereby certify that on the 15th day of JUNE, one thousand nine hundred and 85 at INDIANAPOLIS, County of MAIRON, State of Indiana, Groom WAYNE EUGENE SETH of HENDRICKS County, State of IN and, Bride MELINDA ANN WILDRIDGE SEEBY of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 10th day of JUNE, 1985.
Signed [Signature] /s/ HARALD CRISWELL
Official Designation MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JUNE, 1985.
Signed [Signature] Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 265
File _____

MALE
Medical Examination Report Dated 6-4-85
Name of Physician alice minter craver

FEMALE
Medical Examination Report Dated 6-6-85
Name of Physician _____

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

MALE APPLICANT

Name James Allen Walker
Date of Birth June 1 1964
Place of Birth (State or foreign country) Indpls Indiana
Residence Address 936 New Jones Rd. plfd Hendricks In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Joseph E. Walker
Residence of father (if deceased so state) Plainfield In.
Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Janet Carol Cords
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) In.

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

Signed James A Walker
New Address Yokohama, Japan

Subscribed and sworn to before me this 6 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Motoko Kouno
Date of Birth Mar 5 1965
Place of Birth (State or foreign country) Japan
Residence Address 936 New Jones Rd. Plainfield In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Kyo Kouno
Residence of father (if deceased so state) Japan
Birthplace of father (State or foreign country) Japan
9. Full maiden name of mother Sumiko Tanaka
Residence of mother (if deceased so state) Japan
Birthplace of mother (State or foreign country) Japan

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

Signed Motoko Kouno
New Address Yokohama, Japan

Subscribed and sworn to before me this 6 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 10 day of June and Motoko Kouno

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Mike Bullard hereby certify that on the 14th day of June, County of Hendricks Indiana

at Avon County, State of Indiana
one thousand nine hundred and eighty-five at Hendricks County, State of Japan
State of Indiana, Groom James Allen Walker of Yokohama HENDRICKS
and, Bride Motoko Kouno of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 14th day of June, 1985. Signed /s/ Mike Bullard Minister

Official Designation June Clerk
18th day of _____
Signed Mary Jane Russell HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 266

File

6-7-85
Date of Application

MALE
Medical Examination Report Dated 6-3-85
Name of Physician B. C. Wheeler

FEMALE
Medical Examination Report Dated 6-1-85
Name of Physician B. C. Wheeler

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

MALE APPLICANT
Name Timothy Kent Ragsdale
Date of Birth 3/25/64
Place of Birth Indpls. Ind.
Residence Address 5133 Patterson St. Indpls. Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name Monica Lynn Bryant
Date of Birth 16/7/65
Place of Birth Indpls. Ind.
Residence Address 1016 May Dr. Indpls. Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

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

8. Full name of father Kenneth M. Ragsdale
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Corole R. Bolinger
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

8. Full name of father Charles D. Bryant
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jacquelin K. Schenck
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

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

Signed Tim Ragsdale
New Address 6029 Norwaldo, Indpls 46220

Signed Monica L Bryant
New Address 6029 Norwaldo, Indpls 46220

Subscribed and sworn to before me this 7 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 7 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

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

Clerk

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of June, 1985, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit: MONICA LYNN BRYANT
I, PHIL BARRETT hereby certify that on the 15th day of JUNE, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom TIMOTHY KENT RAGSDALE of MARION County, State of IN and, Bride MONICA LYNN BRYANT of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 11th day of JUNE, 1985.

Signed /s/ PHIL BARRETT
Official Designation PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this 21st day of JUNE, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS
County

No. 267

File

MALE
Medical Examination Report Dated 5-29-85
Name of Physician Dr. Traker

FEMALE
Medical Examination Report Dated 5-29-85
Name of Physician Dr. Walker

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

MALE APPLICANT

Name First Richard Middle Smith Last Smith
Date of Birth Month 6 Day 3 Year 44
Place of Birth (State or foreign country) Indpls
Residence Address 425 N. Maple Pittsboro, Ind.

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

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

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

8. Full name of father: Arthur G. Smith
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indpls, Ind.
9. Full maiden name of mother: Dorothy H. Raines
Residence of mother (if deceased so state): Pittsboro, Ind.
Birthplace of mother (State or foreign country): Pittsboro, Ind.

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

Signed: Richard L. Smith
New Address: 425 N. Maple - Pittsboro, Ind.

Subscribed and sworn to before me this 6 day of June, 1985
May Jane Russell Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of

Signed: _____ Father
Signed: _____ Mother

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

FEMALE APPLICANT

Name First Beth Middle Ann Last Combs
Date of Birth Month 2 Day 9 Year 26
Place of Birth (State or foreign country) Indpls
Residence Address 6645 S. 25W Lebanon, Ind.

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

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

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

8. Full name of father: Debraugh B. Combs
Residence of father (if deceased so state): Unknown
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Shirley F. Miller
Residence of mother (if deceased so state): Lebanon, Ind.
Birthplace of mother (State or foreign country): Indpls, Ind.

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

Signed: Beth A. Combs
New Address:

Subscribed and sworn to before me this 6 day of June, 1985
May Jane Russell Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of

Signed: _____ Father
Signed: _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 12th day of June, 1985, authorizing the joining together as husband and wife
of RICHARD L. SMITH and BETH ANN COMBS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, RAYMOND H. DUFF, hereby certify that on the 22nd day of JUNE
at PITTSBORO, County of HENDRICKS
of BOONE, County, State of IN
MARION HENDRICKS, County, State of IN
one thousand nine hundred and 85, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
State of Indiana, Groom RICHARD L. SMITH and, Bride BETH ANN COMBS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County, _____
Dated this 12 day of JUNE, 1985
Signed: /s/ RAYMOND H. DUFF
CHRISTIAN MINISTER

Official Designation _____
SIGNED: May Jane Russell
8th day of JULY, 1985
HENDRICKS Circuit Court

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

Re: Marriage

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 268 File 6-7-85 Date of Application

MALE Medical Examination Report Dated Name of Physician Moon is 65 yr. old

FEMALE Medical Examination Report Dated Name of Physician Bride is 64 yr. old

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

MALE APPLICANT Name: LARRY J. PILCHER Date of Birth: 8/17/20 Place of Birth: Indiana Residence Address: 890 Ridgwood Dr. 205C Pfd. Ind. Previous Marital Status: Never Married Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT Name: BETH T. PILCHER Date of Birth: 8/3/20 Place of Birth: Indiana Residence Address: 632 Kentucky Ave. Pfd. Ind. Previous Marital Status: Never Married Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of June, 1985, authorizing the joining together as husband and wife of LARRY J. PILCHER and BETH T. PILCHER. I, WILLIAM P. HENDRICKS hereby certify that on the 14th day of JUNE, one thousand nine hundred and 85 at WASHINGTON TOWNSHIP, County of HENDRICKS, State of Indiana, Groom LARRY J. PILCHER of HENDRICKS County, State of IN and, Bride BETH L. PILCHER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 11th day of JUNE, 19 85. Signed /s/ WILLIAM P. HENDRICKS Official Designation MINISTER Filed and recorded in accordance with the laws of the State of Indiana this 21 day of JUNE, 19 85. Signed Mary Jane Russell HENDRICKS Clerk Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 267
File 6-7-85
Date of Application

MALE
Medical Examination Report Dated 6-3-85
Name of Physician Stoess

FEMALE
Medical Examination Report Dated 6-3-85
Name of Physician Stoess

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

MALE APPLICANT

Name Alan R. McDonald
Date of Birth 10/16/1955
Place of Birth Florida
Residence Address 5434 W. Vermont Indpls. Marion In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father: Alan McDonald
Residence of father (if deceased so state): Camden, S.C.
Birthplace of father (State or foreign country): New Jersey
9. Full maiden name of mother: Myrna Luisa Brouwer
Residence of mother (if deceased so state): California
Birthplace of mother (State or foreign country): Dominican Republic

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Alan R. McDonald
New Address: 5434 W. Vermont #c
Subscribed and sworn to before me this 7th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Sylvia S. Lester
Date of Birth 3/12/1943
Place of Birth Indpls. Marion In
Residence Address 5 Michael Dr. Pepp. Indpls. Marion In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father: Kenneth Lester
Residence of father (if deceased so state): Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Frances R. Swick
Residence of mother (if deceased so state): Ind.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Sylvia S. Lester
New Address: 5434 W. Vermont #c
Subscribed and sworn to before me this 7th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 11 day of June and SYLVIA S. LESTER
ALAN R. McDONALD and
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, LARRY R. HESSON hereby certify that on the 11th day of JUNE
at DANVILLE County of HENDRICKS
one thousand nine hundred and 85 of MARION County, State of IN
State of Indiana, Groom ALAN R. McDONALD of HENDRICKS County, State of IN
and, Bride SYLVIA S. LESTER of HENDRICKS County, State of IN
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. /s/ LARRY R. HESSON
Dated this 11th day of JUNE, 1985. Signed JUDGE, SUP. COURT 11
Official Designation JUNE 1985
13th day of
Signed: Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 270 File 6-7-85 Date of Application

MALE Medical Examination Report Dated 6-3-85 Name of Physician Thomas Madden

FEMALE Medical Examination Report Dated 6-4-85 Name of Physician Edward Smith

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

MALE APPLICANT Name: Robert William Berry, Date of Birth: 2/18/40, Residence Address: 9661 Andrew Ct, Indianapolis, IN 46231

FEMALE APPLICANT Name: Joyce Ann Shaffer McCloskey, Date of Birth: 4/27/47, Residence Address: 9661 Andrew Ct, Indianapolis, IN 46231

CONSENT OF PARENTS, PARENT OR GUARDIAN. State of Indiana, HENDRICKS County. Signed by Father and Mother.

CONSENT OF PARENTS, PARENT OR GUARDIAN. State of Indiana, HENDRICKS County. Signed by Father and Mother.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE. Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of June, 1985, authorizing the joining together as husband and wife of ROBERT WILLIAM BERRY and JOYCE ANN McCLOSKEY.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 271
File
6-7-85
Date of Application

MALE
Medical Examination Report Dated 6-3-85
Name of Physician R. Stegmoller

FEMALE
Medical Examination Report Dated 6-3-85
Name of Physician R. Stegmoller

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

MALE APPLICANT

Name: Robert Lee Butler
Date of Birth: 4/22/63
Place of Birth: Indpls. Ind.
Residence Address: 301 W. Main St., Danville
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Dr. Steg.

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

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

8. Full name of father: Robert E. Butler
Residence of father (if deceased so state): B. Burg Ind.
Birthplace of father (State or foreign country): Indpls. Ind.

9. Full maiden name of mother: Sharon K. Thomas
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indpls. Ind.

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

Signed: Robert L. Butler
New Address: 301 W. Main Apt 3
Subscribed and sworn to before me this 7 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: Cynthia Koohns
Date of Birth: 7/20/62
Place of Birth: Indpls. Ind.
Residence Address: 301 W. Main Danville
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Dr. Steg.

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

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

8. Full name of father: John B. Koohns
Residence of father (if deceased so state): Indpls. Ind.
Birthplace of father (State or foreign country): Indpls. Ind.

9. Full maiden name of mother: Barbara Marie White
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indpls. Ind.

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

Signed: Cynthia Koohns
New Address: 301 W. Main Apt 3
Subscribed and sworn to before me this 7 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed: _____ Father
Signed: _____ Mother

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed: _____ Father
Signed: _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 14th day of June 1985, authorizing the joining together as husband and wife
of ROBERT LEE BUTLER and CYNTHIA KOOHNs
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ORVAL SUTTON, hereby certify that on the 22nd day of JUNE 1985, County of MARION
one thousand nine hundred and 85, at INDELS, County, State of IN
State of Indiana, Groom ROBERT LEE BUTLER of HENDRICKS County, State of IN
and, Bride CYNTHIA KOOHNs of HENDRICKS County, State of IN
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. Dated this 22nd day of JUNE 1985
Signed: /s/ ORVAL SUTTON
Official Designation MINISTER
Signed: Mary Jane Russell HENDRICKS Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of JUNE 1985
Mary Jane Russell HENDRICKS Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 272
File June 7, 1985
Date of Application

MALE
Medical Examination Report Dated 5-18-85
Name of Physician David B. Stegert M.D.

FEMALE
Medical Examination Report Dated 5-18-85
Name of Physician David

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

MALE APPLICANT
Name: Charles D. Kerry
Date of Birth: September 7, 1958
Place of Birth: Canton Ohio
Residence Address: 1714 Georgetown Rd. Apt 12, Naples, In.
Previous Marital Status: Never Married
Last Marriage Ended By: Annulment
Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify): Annulment (picture)
1. Are you now or have you ever been adjudged to be of unsound mind? No
2. Are you afflicted with a transmissible disease? No
3. Are you related to the female applicant closer than second cousin? No
4. Are you now under the influence of intoxicating liquor? No
5. Are you now under the influence of a narcotic drug? No
6. List the full names of any dependent children:
Angela Jane Kerry
Jean Charles Kerry
7. Are you required by any court order or orders to support the above dependent children? No
8. Full name of father: Charles Daniel Kerry Sr.
9. Full maiden name of mother: Mary Jane Wiggins

FEMALE APPLICANT
Name: Wanda June Means
Date of Birth: January 25, 1952
Place of Birth: Naples Marion In.
Residence Address: 390 N. 1000 E. St. Apt 87, Brownsburg (Ind.) In.
Previous Marital Status: Never Married
Last Marriage Ended By: Annulment
Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify): Annulment (picture)
1. Are you now or have you ever been adjudged to be of unsound mind? No
2. Are you afflicted with a transmissible disease? No
3. Are you related to the male applicant closer than second cousin? No
4. Are you now under the influence of intoxicating liquor? No
5. Are you now under the influence of a narcotic drug? No
6. List the full names of any dependent children:
Ricky Wade Goodale
Christina Dawn Means
Jessica Lynn Means
7. Are you required by any court order or orders to support the above dependent children? No
8. Full name of father: William E. Carlisle
9. Full maiden name of mother: Neven Helen Uls

I depose and state the information given in this application is true and correct.
Signed: Charles D. Kerry
New Address: 390 N 1000 E Apt 87 Brownsburg, In.
Subscribed and sworn to before me this 7th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

I depose and state the information given in this application is true and correct.
Signed: Wanda June Means
New Address: 390 N 1000 E Apt 87 Brownsburg, In.
Subscribed and sworn to before me this 7th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 13th day of June, 1985, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, LARRY R. HESSON hereby certify that on the 26th day of JUNE, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom CHARLES D. KERRY of HENDRICKS County, State of IN and, Bride WANDA JEAN MEANS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 26th day of JUNE, 1985.
Signed /s/ LARRY R. HESSON
Official Designation JUDGE SUP. CT. 2
Filed and recorded in accordance with the laws of the State of Indiana this 28th day of JUNE, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 273

File 6-7-85
Date of Application

MALE
Medical Examination Report Dated 6-1-85
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 6-1-85
Name of Physician Joseph Thompson

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

MALE APPLICANT

Name Mark John Eacret
Date of Birth Dec 26 1957
Place of Birth Indpls Indiana
Residence Address 9711 Ramona Dr. Indpls Hendricks Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) de li
- 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
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

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

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

8. Full name of father Villiers Augustus Eacret
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Phil. Penn.
9. Full maiden name of mother Margaret D. Sluffy
Residence of mother (if deceased so state) Indpls Ind.
Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed Mark J. Eacret
New Address 9711 Ramona Drive

Subscribed and sworn to before me this day of 1985
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 1985
Clerk _____

FEMALE APPLICANT

Name Kathryn Louann Floyd
Date of Birth Dec 16 1960
Place of Birth Indpls Indiana
Residence Address 5025 Columbus Ave Indpls Hendricks Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) de li
- 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
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

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

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

8. Full name of father Kenneth Ross Floyd
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Bloomington Ind
9. Full maiden name of mother Violet M Saggart
Residence of mother (if deceased so state) Bloomington Ind
Birthplace of mother (State or foreign country) Nashville Ind

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

Signed Kathryn L Floyd
New Address 9711 Ramona Drive

Subscribed and sworn to before me this day of 1985
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 1985
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ 1985, authorizing the joining together as husband and wife of Indiana dated the 13th day of June and Kathryn Louann Floyd

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Mark John Eacret and Kathryn Louann Floyd 15th day of June

I, Howard A. Small hereby certify that on the 15th day of June at Bloomington County of Monroe State of Indiana, Groom Mark John Eacret and Bride Kathryn Louann Floyd of Hendricks County, State of Indiana

one thousand nine hundred and eighty-five were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 15th day of June 1985 Signed /s/ Howard A. Small Minister

Official Designation June 18th day of 1985 Signed /s/ Mary Jane Russell HENDRICKS Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____ 1985

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 274
File _____
Date of Application 6-7-85

MALE
Medical Examination Report Dated 6-6-85
Name of Physician Glenn W Baker

FEMALE
Medical Examination Report Dated 6-6-85
Name of Physician Glenn W Baker

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

MALE APPLICANT
Name James Brian Gaffney
Date of Birth July 10 1967
Place of Birth Danville Ill.
Residence Address 1031 White Avenue B Bury Hendricks Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name Lorie June Lane
Date of Birth Aug 15 1966
Place of Birth Marion Indiana
Residence Address 1031 White Avenue
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

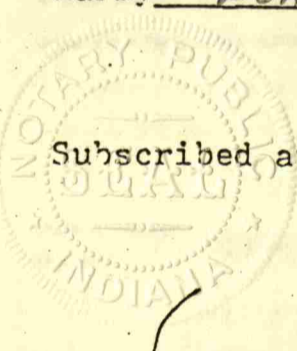
- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the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

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

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

I, Charles E. Gaffney, hereby give my consent for my son, JAMES BRIAN GAFFNEY to marry LORIE JUNE LANE.

Subscribed and sworn to before me this 10th day of June 1985
Charles E. Gaffney
Elsie Freije
Notary Public



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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of June, 1985, authorizing the joining together as husband and wife JAMES BRIAN GAFFNEY and LORIE JUNE LANE.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. KINCAID SMITH hereby certify that on the 15th day of JUNE, one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JAMES BRIAN GAFFNEY of HENDRICKS County, State of IN and, Bride LORIE JUNE LANE of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 12th day of JUNE, 1985.

Signed J. KINCAID SMITH
Official Designation PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this 19th day of JUNE, 1985.
Signed Mary Jane Russell
Clerk HENDRICKS Circuit Court

Brownsburg, Ind.
June 19 85
S _____
Circuit Court
If only one parent
ary _____
Father _____
Mother _____
Clerk _____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 275

File
6/7/85
Date of Application

MALE
Medical Examination Report Dated 6-4-85
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 6-4-85
Name of Physician Ronald Stegemoller

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

MALE APPLICANT

Name Frank S. Mason
Date of Birth 12/23/1959
Place of Birth Indianapolis, Ind.

Residence Address 81 Box 29, Indianapolis, Ind.

Previous Marital Status: Never Married OR

Last Marriage Ended By: Death Divorce Annulment

Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) Drivers License

- 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
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

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

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

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

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

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

Signed Frank S. Mason
New Address RR #1 Box 29, Indianapolis, IL 61850

Subscribed and sworn to before me this 7th day of June, 1985
Mary Jane Russell, HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Annette Marie Stephenson
Date of Birth 11/6/1969
Place of Birth Danville, Ind.

Residence Address 29 Suban, Danville, Ind.

Previous Marital Status: Never Married OR

Last Marriage Ended By: Death Divorce Annulment

Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) Drivers License

- 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
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

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

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

8. Full name of father Robert Allen Stephenson
Residence of father (if deceased so state) Monticello, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Janet Sue Whicker
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Annette Stephenson
New Address P.O. #1 Box 29, Indianapolis, IL 61850

Subscribed and sworn to before me this 7th day of June, 1985
Mary Jane Russell, HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 11 day of June _____ and ANNETTE MARIE STEPHENSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 22nd day of JUNE _____ County of HENDRICKS

1. _____ at DANVILLE VERMILLION County, State of ILLINOIS

one thousand nine hundred and 85 of HENDRICKS County, State of HENDRICKS

State of Indiana, Groom FRANK S. MASON of _____
and, Bride ANNETTE MARIE STEPHENSON 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 _____ 85
County. _____ Signed /s/ HOWARD CUPP
Dated this 22nd day of JUNE, 19____ Official Designation PASTOR JUNE 29 85 Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Mary Jane Russell HENDRICKS Clerk Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 276
File _____
Date of Application 6/7/85

MALE
Medical Examination Report Dated 5/20/85
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5/21/85
Name of Physician James Black

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

MALE APPLICANT
Name Bradley Edwin Magee
Date of Birth 4/30/1964
Place of Birth Danville, Ind. Brownburg
Residence Address 19 Woodstock Dr. Brownburg
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond Edwin Magee
Residence of father (if deceased so state) Brownburg
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judy Ann Combs
Residence of mother (if deceased so state) Brownburg
Birthplace of mother (State or foreign country) Indpls
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed Billy E. Magee
New Address 3352 Heather Ridge Dr. Apt. 102
Subscribed and sworn to before me this 7th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Sara Lynn Voris
Date of Birth 2/7/1965
Place of Birth Franklin, Ind. Brownburg
Residence Address 313 Acra Ave. Brownburg
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Poland George Voris
Residence of father (if deceased so state) Brownburg
Birthplace of father (State or foreign country) Salem, Ind.
9. Full maiden name of mother Alice F. Apple
Residence of mother (if deceased so state) Brownburg
Birthplace of mother (State or foreign country) Danville, Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed Sara Voris
New Address 3352 Heather Ridge Dr. Apt. 102
Subscribed and sworn to before me this 7th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____ }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____ }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 12th day of June, 1985, authorizing the joining together as husband and wife of _____ BRADLEY EDWIN MAGEE and _____ SARA LYNN VORIS.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ LARRY L. BELLVILLE hereby certify that on the _____ 22nd day of _____ JUNE, one thousand nine hundred and _____ 85 at _____ BROWNSBURG, County of _____ HENDRICKS, State of Indiana, Groom _____ BRADLEY EDWIN MAGEE of _____ HENDRICKS County, State of _____ IN and, Bride _____ SARA LYNN VORIS of _____ HENDRICKS County, State of _____ IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this _____ 22nd day of _____ JUNE, 19____ 85
Signed _____ /s/ LARRY L. BELLVILLE
Official Designation _____ MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this _____ 28th day of _____ JUNE, 19____ 85
Signed _____ Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 277
File

June 10, 1985
Date of Application

MALE
Medical Examination Report Dated 6-4-85
Name of Physician Max Russell M.D.

FEMALE
Medical Examination Report Dated 6-4-85
Name of Physician Max Russell M.D.

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

MALE APPLICANT

Name James W. Morgan
Date of Birth February 6 1944
Place of Birth Danville, Indiana
Residence Address 527 RainTree Dr. Danville, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father: John P. Morgan
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary R. Shaw
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Kentucky

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

Signed James W. Morgan
New Address 527 RainTree Dr. Danville, Ind. 46121-05

Subscribed and sworn to before me this 10 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Mara L. Gaines
Date of Birth November 8 1956
Place of Birth Danville, Indiana
Residence Address 527 RainTree Dr. Danville, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father: Robert T. Gaines
Residence of father (if deceased so state): Bud Grove, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Alice F. Infuse
Residence of mother (if deceased so state): Bud Grove, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed Mara L. Gaines
New Address 527 RAINTREE DR. DANVILLE, IN 46122

Subscribed and sworn to before me this 10 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 14th day of June 1985, authorizing the joining together as husband and wife of JAMES W. MORGAN and MARA L. GAINES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, JOE D. STUMP hereby certify that on the 15th day of JUNE
at DANVILLE County of HENDRICKS
one thousand nine hundred and 85 of MARION County, State of IN
State of Indiana, Groom JAMES W. MORGAN
and, Bride MARA L. GAINES of _____ County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 19th day of JUNE 1985 Signed /s/ JOE D. STUMP PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of JUNE 1985
Signed Mary Jane Russell HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 278
File _____
Date of Application 6/10/85

MALE
Medical Examination Report Dated 6/7/85
Name of Physician Lewis Smith

FEMALE
Medical Examination Report Dated 6/7/85
Name of Physician Lewis Smith

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

MALE APPLICANT
Name Denny Taylor Jamison
Date of Birth 7/1/1965
Place of Birth Danville
Residence Address 1002 W. Main Danville
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Teddy Lee Jamison
Residence of father (if deceased so state) Pittsboro
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judith C. Bostic
Residence of mother (if deceased so state) Pittsboro
Birthplace of mother (State or foreign country) Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Denny Jamison
New Address 1002 West Main Apt 4
Subscribed and sworn to before me this 10th day of June, 1985
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Lori Ann Bills
Date of Birth 5/8/1963
Place of Birth Ind.
Residence Address 12923 West Rockville Rd
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John R. Bills
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judith Dalene Von Fange
Residence of mother (if deceased so state) Ind.
Birthplace of mother (State or foreign country) Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Lori Bills
New Address 1002 W. Main Apt 4
Subscribed and sworn to before me this 10th day of June, 1985
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 14 day of June, 1985, authorizing the joining together as husband and wife Denny Taylor Jamison and Lori Ann Bills.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry Lilly hereby certify that on the 15 day of June, one thousand nine hundred and 85 at Avon, County of Hendricks, State of Indiana, Groom Denny Taylor Jamison of Hendricks County, State of IN and, Bride Lori Ann Bills of Hendricks County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 15 day of June, 1985.
Signed Larry Lilly
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 20 day of June, 1985.
Signed Mary Jane Russell
Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 279

File

MALE
Medical Examination Report Dated 5/28/85
Name of Physician Mitchell D. Harrison

FEMALE
Medical Examination Report Dated 6/10/85
Name of Physician Mitchell D. Harrison

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

MALE APPLICANT

Name Tommy Jay Williams
Date of Birth 9 24 1947
Place of Birth (State or foreign country) N. Carolina
Residence Address 1419 Corbett Ave N. Carolina

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

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

6. List the full names of any dependent children.
David Brian Williams
Melissa Lynn Williams

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

8. Full name of father: Norman Lee Williams
Residence of father (if deceased so state): N. Carolina
Birthplace of father (State or foreign country): N. Carolina

9. Full maiden name of mother: Mary Elizabeth Glover
Residence of mother (if deceased so state): N. Carolina
Birthplace of mother (State or foreign country): N. Carolina

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Tommy Jay Williams
New Address 1419 Corbett Ave Wilson, NC

Subscribed and sworn to before me this 10th day of June, 1985.
Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

Clerk

FEMALE APPLICANT
Name Carol Lee Everett
Date of Birth 11 5 1953
Place of Birth (State or foreign country) Ohio
Residence Address 1419 Corbett Ave N. Carolina

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

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

6. List the full names of any dependent children.

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

8. Full name of father: William Wesley Lines
Residence of father (if deceased so state): 1318 Argyle Plats
Birthplace of father (State or foreign country): Ohio

9. Full maiden name of mother: Jessie Barbara Hooper
Residence of mother (if deceased so state): Plats
Birthplace of mother (State or foreign country): Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Paul Lee Everett
New Address 1419 Corbett Ave Wilson, NC

Subscribed and sworn to before me this 10th day of June, 1985.
Mary Jane Russell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 10th day of JUNE, and

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, JOHNNY R. GARRISON hereby certify that on the 7th day of JUNE at PLAINFIELD County of HENDRICKS
one thousand nine hundred and 85 of WILSON County, State of NORTH CAROLINA
State of Indiana, Groom TOMMY JAY WILLIAMS of WILSON County, State of NORTH CAROLINA
and, Bride CAROL LEE EVERETT of _____ of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 10th day of JUNE, 1985.
Signed JOHNNY R. GARRISON
Official Designation MINISTER 1985
12th day of JUNE _____ Clerk

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 280
File _____
Date of Application 6-10-85

MALE
Medical Examination Report Dated 5-23-85
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 5-23-85
Name of Physician David M. Hadley

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

MALE APPLICANT

Name Norman H. Hyatt
Date of Birth Sept. 24 1935
Place of Birth Bargersville, In.
Residence Address Plainfield, In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the female applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Mark Andrew 14 yrs

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

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

9. Full maiden name of mother: Ethel Mae Ward
Residence of mother (if deceased so state): Franklin, In.
Birthplace of mother (State or foreign country): Indiana

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

Signed Norman H. Hyatt
New Address 1511 Michal Dr. Plainfield, In.

Subscribed and sworn to before me this 10th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Ruth A. Pickens
Date of Birth June 10 1941
Place of Birth Indianapolis, In.
Residence Address Plainfield, In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) _____

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

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

8. Full name of father: Fred Lee Layton
Residence of father (if deceased so state): Clermont, In.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Alice Marie Swinford
Residence of mother (if deceased so state): Clermont, In.
Birthplace of mother (State or foreign country): Canada

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

Signed Ruth A. Pickens
New Address 1411 Michal Dr. Plainfield, In. 4616

Subscribed and sworn to before me this 10th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of June, 1985, authorizing the joining together as husband and wife Norman H. Hyatt and Ruth A. Pickens

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

I, Jerry R. Hesson hereby certify that on the 14 day of June, one thousand nine hundred and 85 at Danville, County of Hendricks, State of Indiana, Groom Norman H. Hyatt of Hendricks County, State of Indiana and, Bride Ruth A. Pickens of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of June, 1985.
Signed Jerry R. Hesson
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 1985.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 281

File

6-10-85
Date of Application

MALE
Medical Examination Report Dated 5-20-85
Name of Physician Lewis Smith

FEMALE
Medical Examination Report Dated 5-20-85
Name of Physician Lewis Smith

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

MALE APPLICANT

Name Steven A. Dean
Date of Birth 8/12/1960
Place of Birth Indiana
Residence Address 3025 Westleigh Dr. Indianapolis, IN
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

8. Full name of father: Charles Dean, Jr.
Residence of father (if deceased so state): Plainfield, IN
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Norma Jean Grady
Residence of mother (if deceased so state): Plainfield
Birthplace of mother (State or foreign country): Indiana

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

New Address:
Subscribed and sworn to before me this 10th day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT

Name Katherine S. Graham
Date of Birth 11/30/1958
Place of Birth Indiana
Residence Address 8110 E. 700th Brownsburg, IN
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

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

8. Full name of father: William C. Graham
Residence of father (if deceased so state): Brownsburg, IN
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Carol Sue Heland
Residence of mother (if deceased so state): Brownsburg, IN
Birthplace of mother (State or foreign country): Indiana

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

New Address:
Subscribed and sworn to before me this 10th day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 21 day of _____, 1985, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ and _____
MARTIN A. PETER KATHERINE S. GRAHAM
at _____
BROWNSBURG
MARION
of _____
HENDRICKS
one thousand nine hundred and 85 _____
State of Indiana, Groom STEVEN A. DEAN _____
and, Bride KATHERINE S. GRAHAM _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 6th day of JULY, 1985

Signed: _____
Official Designation: 1st MARTIN A. PETER
CATHOLIC PRIEST
Signed: _____
Official Designation: _____
9th day of JULY
Signed: Mary Jane Russell
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 282
File _____
Date of Application 6-10-85

MALE
Medical Examination Report Dated 6-5-85
Name of Physician Allen W. Baker

FEMALE
Medical Examination Report Dated 6-5-85
Name of Physician Allen W. Baker

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

MALE APPLICANT
Name Randy Nippe
Date of Birth 4/18/50
Place of Birth Illinois
Residence Address 213 N. Main B'burg Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) dr. lic.
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
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
Robert S. Nippe
Travis E. Nippe
7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father Engel Raymond Nippe
Residence of father (if deceased so state) Staubing Illinois
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Opus Lee Hampton
Residence of mother (if deceased so state) Madisonville Ky.
Birthplace of mother (State or foreign country) Ill.

FEMALE APPLICANT
Name Linda Adams
Date of Birth 4/18/47
Place of Birth Illinois
Residence Address Same
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) dr. lic.
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
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
Stephen W. Adams
7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father John Dayton Adams
Residence of father (if deceased so state) Empire Tenn.
Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Dorothy J. Bowen
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Randy Nippe
New Address 213 N. Main B'burg Ind.
Subscribed and sworn to before me this 10 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linda Adams
New Address 313 N. Main B'burg Ind.
Subscribed and sworn to before me this 10 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 14th day of June, 1985, authorizing the joining together as husband and wife of RANDY J. NIPPE and LINDA F. ADAMS
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, JERALD L. MILLER hereby certify that on the 22nd day of JUNE, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom RANDY J. NIPPE of HENDRICKS County, State of IN and, Bride LINDA F. ADAMS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 22nd day of JUNE, 1985.
Signed JERALD L. MILLER
Official Designation JUDGE PRO TEMPORE
Filed and recorded in accordance with the laws of the State of Indiana this 10th day of JULY, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 283

File
Date of Application 6-10-85

MALE
Medical Examination Report Dated 6-6-85
Name of Physician Clark

FEMALE
Medical Examination Report Dated 6-6-85
Name of Physician Clark

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

MALE APPLICANT

Name Steven Brian Smeaton
Date of Birth Sept 20 1959
Place of Birth (State or foreign country) Ind.
Residence Address 634C Lakeside Dr. Plainfield Ind.
Previous Marital Status Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) Dr. License
- 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
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

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

8. Full name of father Cleo C. Smeaton
Residence of father (if deceased so state) Danville Ind.
Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Rita O'Laughlin
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Mo.

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

Signed Haven B. Smeaton
New Address 634-C Lakeside Dr

Subscribed and sworn to before me this 10 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Darla Jean Nidey
Date of Birth 3 14 1961
Place of Birth (State or foreign country) Ind.
Residence Address 6513 S. Whitehall Creek Dr. Indianapolis Ind.
Previous Marital Status Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) Dr. License
- 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
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

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

8. Full name of father Darrell F. Nidey
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judy Shaw
Residence of mother (if deceased so state) Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Darla J. Nidey
New Address 634-C Lakeside Dr.

Subscribed and sworn to before me this 10 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 14 day of June _____ and DARLA J. NIDEY _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 22nd day of JUNE HENDRICKS
I, KEVIN KOTTKE _____ at FAIRFIELD FRIENDS MEETING, County of HENDRICKS
one thousand nine hundred and 85 _____ of HENDRICKS County, State of IN

State of Indiana, Groom STEVEN B. SMEATON _____
and, Bride DARLA J. NIDEY _____ of HENDRICKS County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 22 day of JUNE 1985 Signed /s/ KEVIN KOTTKE
Official Designation PASTOR 9th day of JULY 1985 Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ Signed Mary Jane Russell HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 284
File _____
Date of Application 6-11-85

MALE
Medical Examination Report Dated 6-4-85
Name of Physician W. W. Edwards

FEMALE
Medical Examination Report Dated 6-4-85
Name of Physician W. W. Edwards

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

MALE APPLICANT
Name Harold M. McGhee
Date of Birth 3 7 41
Place of Birth (State or foreign country) Indiana
Residence Address 2177 Black Rock Rd. Plainfield Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) dr. lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
Karen K. McGhee
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John P. McGhee
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jane Stetson
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Ohio
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Harold M. McGhee
New Address 2177 Black Rock Rd. Plainfield
Subscribed and sworn to before me this 11 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Carole S. Richter
Date of Birth 3 23 42
Place of Birth (State or foreign country) Indiana
Residence Address 610 D. Spahn Rd. Plainfield Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) dr. lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
Susan K. Richter
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold D. Hardt
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margery Sue Hoch
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Carole S. Richter
New Address 2177 Black Rock Rd. Plainfield
Subscribed and sworn to before me this 11 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of June, 1985, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, DAVID L. SHELTON hereby certify that on the 22nd day of JUNE, one thousand nine hundred and 85 at CHURCH AT MT. GILEAD, County of MORGAN State of Indiana, Groom HAROLD M. MCGHEE of HENDRICKS County, State of IN and, Bride CAROLE S. RICHTER of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 22nd day of JUNE, 1985.
Signed /s/ DAVID L. SHELTON
Official Designation MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this 28th day of JUNE, 1985.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 285
File
June 11, 1985
Date of Application

MALE
Medical Examination Report Dated 6-1-85
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated 6-1-85
Name of Physician David B. Haggard M.D.

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

MALE APPLICANT

Name Timothy Eugene Sparks
Date of Birth January 23, 1960
Place of Birth Spencer Knox Ind.
Residence Address 510 Paglar Pittsboro Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father Larry Lee Sparks
Residence of father (if deceased so state) Pittsboro Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jacqueline Ann Bend
Residence of mother (if deceased so state) Pittsboro Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Timothy Eugene Sparks
New Address 1131 Whitcomb Ave Apt D
Subscribed and sworn to before me this 11 day of June 1985

Mary Jane Russell Clerk Hendricks Circuit Court

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

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Anna Marie Boone
Date of Birth August 11, 1966
Place of Birth Spencer Knox Ind.
Residence Address 322 Robton St Marion Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

8. Full name of father James David Boone
Residence of father (if deceased so state) Marion Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carlisle Margaret Smith
Residence of mother (if deceased so state) Marion Ind.
Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Anna Marie Boone
New Address 1131 Whitcomb Ave Apt D
Subscribed and sworn to before me this 11 day of June 1985

Mary Jane Russell Clerk Hendricks Circuit Court

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

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother

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

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

in _____ authorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife
of Indiana dated the 17th day of June 1985 and ANNA MARIE BOONE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, DAVID E. LICHT, hereby certify that on the 22nd day of JUNE 1985
one thousand nine hundred and 85 at HENDRICKS County, State of IN
State of Indiana, Groom TIMOTHY EUGENE SPARKS of MARION County, State of HENDRICKS
and, Bride ANNA MARIE BOONE 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, _____ 85

Dated this 17th day of JUNE, 19____
Signed /s/ DAVID E. LICHT
Official Designation MINISTER JUNE 19 85
28th day of _____ Clerk

Signed Mary Jane Russell HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 286
File _____
Date of Application 6/11/85

MALE
Medical Examination Report Dated 6/7/85
Name of Physician Robert Aiello

FEMALE
Medical Examination Report Dated 6/7/85
Name of Physician Robert Aiello

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

MALE APPLICANT

Name: James Dwayne Duke
Date of Birth: 4/2/1965
Place of Birth: Ind
Residence Address: 7492 D Rockleigh Ave, Indpls
Previous Marital Status: Never Married OR Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you afflicted with a transmissible disease? No Yes

3. Are you related to the female applicant closer than second cousin? No Yes

4. Are you now under the influence of intoxicating liquor? No Yes

5. Are you now under the influence of a narcotic drug? No Yes

6. List the full names of any dependent children: _____

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

9. Full maiden name of mother: Diane Annette Miller
Residence of mother (if deceased so state): Avon
Birthplace of mother (State or foreign country): Ind

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

FEMALE APPLICANT

Name: Teresa Ann O'Neill
Date of Birth: 6/7/1967
Place of Birth: S. Dakota
Residence Address: 510 Douglas St, Brownsburg
Previous Marital Status: Never Married OR Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you afflicted with a transmissible disease? No Yes

3. Are you related to the male applicant closer than second cousin? No Yes

4. Are you now under the influence of intoxicating liquor? No Yes

5. Are you now under the influence of a narcotic drug? No Yes

6. List the full names of any dependent children: _____

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

8. Full name of father: Terry Lamar O'Neill
Residence of father (if deceased so state): Indpls
Birthplace of father (State or foreign country): Ind

9. Full maiden name of mother: Linda Elizabeth Cder
Residence of mother (if deceased so state): Brownsburg
Birthplace of mother (State or foreign country): Ind

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

Signed James Dwayne Duke
New Address 7492 D. Rockleigh Ave
Subscribed and sworn to before me this 11th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Signed Teresa Ann O'Neill
New Address 7492 D. Rockleigh Ave
Subscribed and sworn to before me this 11th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of JUNE, 1985, authorizing the joining together as husband and wife JAMES DWAYNE DUKE and TERESA ANN O'NEILL
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ORVAL V. SUTTON hereby certify that on the 21st day of JUNE, one thousand nine hundred and 85 at MARION County of MARION State of Indiana, Groom JAMES DWAYNE DUKE of MARION County, State of IN and, Bride TERESA ANN O'NEILL of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21st day of JUNE, 1985.
Signed /s/ ORVAL V. SUTTON
Official Designation MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this 28th day of JUNE, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 287

File

6-12-85
Date of Application

MALE
Medical Examination Report Dated 6-8-85
Name of Physician Crankhite

FEMALE
Medical Examination Report Dated 6-8-85
Name of Physician Crankhite

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

MALE APPLICANT

Name William Lee Burnham
Date of Birth June 30 1961
Place of Birth Ind.
Residence Address RR#2 Bx 426 Monrovia Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

Name Rebecca Jean Foster
Date of Birth June 16 1963
Place of Birth Ind.
Residence Address RR#2 Bx 316A Clayton Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

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

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

If answer is "yes", it is 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 Wm Burnham
Residence of father (if deceased so state) Princeton Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sandra S. Dugan
Residence of mother (if deceased so state) Poland Ind.
Birthplace of mother (State or foreign country) Ind.

8. Full name of father Wm R. Foster
Residence of father (if deceased so state) Rockdale Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Margie Hillburn
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) Ind.

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

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed William Lee Burnham
New Address RR#2 Bx 426 Monrovia Ind.
Subscribed and sworn to before me this 12 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Signed Rebecca Foster
New Address RR#2 Bx 426 Monrovia Ind.
Subscribed and sworn to before me this 12 day of June 1985
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 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, HENDRICKS } ss:
County of HENDRICKS

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____ 19____
Clerk

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____ 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ day _____ 1985 and filed in _____ Office _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 12 day of June 1985, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY JANE RUSSELL, hereby certify that on the 12th day of JUNE, County of HENDRICKS, State of INDIANA, at DANVILLE, County of MORGAN, State of INDIANA, one thousand nine hundred and 85, of HENDRICKS, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 12th day of JUNE, 1985. Signed _____ 1/s/ MARY JANE RUSSELL, CLERK HENDRICKS COUNTY, 19 85.

Official Designation _____ 13th day of JUNE, _____ Clerk

Signed _____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 288
File 6-12-85
Date of Application

MALE
Medical Examination Report Dated 6-8-85
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 6-8-85
Name of Physician Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Thomas Wayne Stricker
Date of Birth 9/18/42
Place of Birth Long Island, N.Y.
Residence Address 4730 Mansfield Dr. Indpls. Marion In
Previous Marital Status: Never Married [X] OR
Last Marriage Ended By: Death [] Divorce [] Annulment []
Date of birth verified by: [] Birth Certificate [] Judicial Decree
[X] Other (Specify) Dr. Lic
1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes []
If answer is "yes", has the adjudication been removed? No [X] Yes []
2. Are you afflicted with a transmissible disease? No [X] Yes []
3. Are you related to the female applicant closer than second cousin? No [X] Yes []
4. Are you now under the influence of intoxicating liquor? No [X] Yes []
5. Are you now under the influence of a narcotic drug? No [X] Yes []
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No [X] Yes []
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur Ray Stricker
Residence of father (if deceased so state) Indpls.
Birthplace of father (State or foreign country) Penn
9. Full maiden name of mother Martha Marie Reichling
Residence of mother (if deceased so state) Indpls.
Birthplace of mother (State or foreign country) N.Y.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

FEMALE APPLICANT
Name Susan Hilde Ridener
Date of Birth 8/18/64
Place of Birth Indpls
Residence Address 1005 Raymond St. Ryft. Hend In
Previous Marital Status: Never Married [X] OR
Last Marriage Ended By: Death [] Divorce [] Annulment []
Date of birth verified by: [] Birth Certificate [] Judicial Decree
[X] Other (Specify) Dr. Lic
1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes []
If answer is "yes", has the adjudication been removed? No [X] Yes []
2. Are you afflicted with a transmissible disease? No [X] Yes []
3. Are you related to the male applicant closer than second cousin? No [X] Yes []
4. Are you now under the influence of intoxicating liquor? No [X] Yes []
5. Are you now under the influence of a narcotic drug? No [X] Yes []
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No [X] Yes []
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lester Eugene Ridener
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Erna Elenora Kratzert
Residence of mother (if deceased so state) Ryft.
Birthplace of mother (State or foreign country) Czechoslovakia
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed X Thomas Wayne Stricker
New Address 4730 MANSFIELD DR. APT. C
INDPLS. IND. 46241
Subscribed and sworn to before me this 12 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Signed X Susan Hilde Ridener
New Address 4730 Mansfield Dr Apt C
Indpls, IN 46241
Subscribed and sworn to before me this 12 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of June, 1985, authorizing the joining together as husband and wife THOMAS WAYNE STRICKER and SUSAN HILDE RIDENER.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, CARL M. HAZEL, hereby certify that on the 29th day of JUNE, one thousand nine hundred and 85, at RAINBOW ACRES CHURCH OF GOD, County of HENDRICKS, State of Indiana, Groom THOMAS WAYNE STRICKER of MARION County, State of IN and, Bride SUSAN HILDE RIDENER of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 29th day of JUNE, 1985.
Signed /s/ CARL M. HAZEL
Official Designation SENIOR PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of JULY, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 289
File 6-12-85
Date of Application

MALE
Medical Examination Report Dated 6-11-85
Name of Physician James D. Howell

FEMALE
Medical Examination Report Dated 6-11-85
Name of Physician James D. Howell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John Vernon Tidd
Date of Birth 11/14/48
Place of Birth Indiana
Residence Address Same
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.
John L. Tidd
Nichole Renee Tidd

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Harold J. Tidd
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary J. Dotto
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS }
Signed John Vernon Tidd
New Address 14 Stevens Dr.
Subscribed and sworn to before me this 12 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

Name Karen Ann Cook
Date of Birth 12/13/56
Place of Birth Indiana
Residence Address 14 Stevens Dr. Plainfield, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.
Mary Cook

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Harold J. Howdy
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ind. U.S.
9. Full maiden name of mother Judith Rose Vance
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS }
Signed Karen Ann Cook
New Address 14 Stevens Dr.
Subscribed and sworn to before me this 12 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup. Ct. Court by written order issued 3-29-85 and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of June 1985, authorizing the joining together as husband and wife of JOHN VERNON TIDD and KAREN ANN COOK.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, JOHN H. PORTER, hereby certify that on the 15TH day of JUNE, County of HENDRICKS, State of INDIANA, one thousand nine hundred and EIGHTY-FIVE at PLAINFIELD, County, State of INDIANA, JOHN VERNON TIDD of HENDRICKS County, State of INDIANA and, Bride, KAREN ANN COOK of HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, Indiana, 85.
Dated this 15TH day of JUNE, 1985.
Official Designation: Signed /s/ JOHN H. PORTER MINISTER
Signed /s/ MARY JANE RUSSELL HENDRICKS Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 290
File _____
Date of Application 6-13-85

MALE
Medical Examination Report Dated 6-10-85
Name of Physician Ray D. Howell

FEMALE
Medical Examination Report Dated 6-10-85
Name of Physician Ray D. Howell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Van Owens Lawson
Date of Birth 4 Month 21 Day 59 Year
Place of Birth (State or foreign country) Ohio
Residence Address 272 Sawyer, Battle Creek, Michigan
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) do. lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John F. Lawson
Residence of father (if deceased so state) Michigan
Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Ann B. Pearce
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Arkansas
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed [Signature]
New Address 742 Wheaton Ave, Kalamazoo, MI 49008
Subscribed and sworn to before me this 18 day of June, 1985
Mary Jane Russell HENDRICKS Clerk Circuit Court

FEMALE APPLICANT

Name Susan Michelle Williams
Date of Birth 6 Month 12 Day 1963 Year
Place of Birth (State or foreign country) North Salem, In.
Residence Address Rt 1 Box 22 North Salem, In
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James L. Williams
Residence of father (if deceased so state) North Salem, In.
Birthplace of father (State or foreign country) Indiana Wisconsin
9. Full maiden name of mother Margaret P. Smith
Residence of mother (if deceased so state) North Salem, In
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed [Signature]
New Address 742 Wheaton Ave, Kalamazoo, MI 49008
Subscribed and sworn to before me this 18 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____ }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____ }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 17 day of June, 1985, authorizing the joining together as husband and wife VAN OWENS LAWSON and SUSAN MICHELLE WILLIAMS
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, JOHN F. LAWSON hereby certify that on the 29th day of JUNE, one thousand nine hundred and 85 at NORTH SALEM, County of HENDRICKS, State of Indiana, Groom VAN OWENS LAWSON of KALAMAZOO County, State of MICHIGAN and, Bride SUSAN MICHELLE WILLIAMS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 7th day of JULY, 1985.
Signed /s/ JOHN F. LAWSON
Official Designation PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this 10th day of JULY, 1985.
Signed [Signature] Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 291

File 6-14-85
Date of Application

MALE
Medical Examination Report Dated 6-13-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-13-85
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Brian Mosier
Date of Birth 7/21/1961
Place of Birth Indianapolis, Ind.
Residence Address P.O. Box 63, Clayton, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Charles A. Mosier
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joan M. Pearson
Residence of mother (if deceased so state) Clayton, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Brian L. Mosier
New Address P.O. Box 63 Clayton

Subscribed and sworn to before me this 14th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Sharon Vogel
Date of Birth 7/17/1962
Place of Birth Indianapolis, Ind.
Residence Address P.O. Box 63, Clayton, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Richard Arroy Benz
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Melba Jeanne Sullen
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Sharon Vogel
New Address P.O. Box 63 Clayton

Subscribed and sworn to before me this 14th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 21 day of June and SHARON K. VOGEL

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 16th day of JUNE
I, JAMES P. MONSON, at BEECH GROVE, County of MARION
one thousand nine hundred and 85, of HENDRICKS County, State of IN
State of Indiana, Groom BRIAN L. MOSIER
and, Bride SHARON K. VOGEL of HENDRICKS County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 24th day of JUNE, 1985
Signed _____ /s/ JAMES P. MONSON
Official Designation MINISTER
28th day of JUNE, 1985
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 292
File _____
Date of Application June 17, 1985

MALE
Medical Examination Report Dated 6-6-85
Name of Physician Fred C. Haggerty, Md.

FEMALE
Medical Examination Report Dated 6-6-85
Name of Physician Fred C. Haggerty, Md.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Dennis W. Steele
Date of Birth 6/10/1963
Place of Birth Putnam, Ind.
Residence Address R.R. #2 Box 170 Coatesville, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Dennis W. Steele
Residence of father (if deceased so state) Coatesville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma J. Stalcap
Residence of mother (if deceased so state) Coatesville, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Dennis W. Steele
New Address RR 2 Box 169 Coatesville, Ind. 46021
Subscribed and sworn to before me this 17 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Penny S. Wallace
Date of Birth 10/10/1966
Place of Birth Putnam, Ind.
Residence Address R.R. #2 Box 109 Coatesville, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father James Muelker Wallace
Residence of father (if deceased so state) Berwick, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edna Marie Brunner
Residence of mother (if deceased so state) Berwick, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Penny S. Wallace
New Address RR 2 Box 169 Coatesville, Ind. 46021
Subscribed and sworn to before me this 17 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 21st day of June, 1985, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HARLAN KINCADE hereby certify that on the 22nd day of JUNE, one thousand nine hundred and 85 at NEW WINCHESTER, County of HENDRICKS, State of Indiana, Groom DENNIS W. STEELE of PUTNAM County, State of IN and, Bride PENNY S. WALLACE of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 22nd day of JUNE, 1985.

Signed /s/ HARLAN KINCADE
Official Designation MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this 28th day of JUNE, 1985
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

577

HENDRICKS

County

No. 293

File

6-17-85
Date of Application

MALE
Medical Examination Report Dated 6-17-85
Name of Physician A. K. Langford

FEMALE
Medical Examination Report Dated
Name of Physician A. K. Langford

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gerald H. Voorhies, Jr.
Date of Birth 10 23 46
Place of Birth (State or foreign country) Seboron, Va.
Residence Address 518 E. Seboron St. Seboron, Va.

Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) Drives license
- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.
Gerald H. Voorhies III
Jennifer Lynn Voorhies

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Gerald H. Voorhies
Residence of father (if deceased so state) Fla.
Birthplace of father (State or foreign country) Bedford, Va.

9. Full maiden name of mother Madge Evelyn Pickens
Residence of mother (if deceased so state) Seboron, Va.
Birthplace of mother (State or foreign country) Seboron, Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Gerald H. Voorhies, Jr.
New Address 10020 Lake Lantern N.D.R.

Subscribed and sworn to before me this 17 day of June, 1985
Mary Jane Russell Clerk, HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Janet Bennett Bell
Date of Birth 10 35 41
Place of Birth (State or foreign country) New Castle, Ind.
Residence Address 10020 Lake Lantern N.D.R.

Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) Drives license
- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Herbert R. Bennett
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Seboron, Va.

9. Full maiden name of mother La Vera M. Bell
Residence of mother (if deceased so state) New Castle, Ind.
Birthplace of mother (State or foreign country) Milleville, Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Janet Bennett Bell
New Address 10020 Lake Lantern N.D.R.

Subscribed and sworn to before me this 17 day of June, 1985
Mary Jane Russell Clerk, HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife
of Indiana dated the 21st day of June and JANET S. BELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ 22nd day of JUNE
GERLAD H. VOORHIES, JR. and _____ County of HENDRICKS
at BROWNSBURG
one thousand nine hundred and 85 of _____
JAMES M. & MARILYN S. GOFORTH County, State of IN
State of Indiana, Groom GERALD H. VOORHIES JR. County, State of IN
and, Bride JANET S. BELL 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 22nd day of JUNE, 1985 Signed /s/MARILYN S. GOFORTH & /s/ JAMES M. GOFORTH
Official Designation PASTORS _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Mary Jane Russell HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 294
File _____
Date of Application 6/17/85

MALE
Medical Examination Report Dated 6-11-85
Name of Physician Philip Batista

FEMALE
Medical Examination Report Dated 6-11-85
Name of Physician Philip Batista

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Gary Andrew Miller
Date of Birth 8/1/1960
Place of Birth Ind
Residence Address 3231 B Cave Springs Ave Ky
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Nelson Miller
Residence of father (if deceased so state) Brownsburg
Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Jessie Bell Muncie
Residence of mother (if deceased so state) Brownsburg
Birthplace of mother (State or foreign country) Ind
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

FEMALE APPLICANT
Name Sara Lynn Campbell
Date of Birth 8/29/1963
Place of Birth Ind
Residence Address 37 Sherry Lane Brownsburg
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Russell Campbell
Residence of father (if deceased so state) Brownsburg
Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Shirley Reid Eline
Residence of mother (if deceased so state) Brownsburg
Birthplace of mother (State or foreign country) Ind
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary A. Miller
New Address 3231 B Cave Springs Ave, Ky
Subscribed and sworn to before me this 17 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Signed Sara L. Campbell
New Address 3231 B Cave Springs Ave, Ky
Subscribed and sworn to before me this 17 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of June, 1985, authorizing the joining together as husband and wife GARY ANDREW MILLER and SARA LYNN CAMPBELL.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, PHILLIP E. POE hereby certify that on the 29th day of JUNE, one thousand nine hundred and 85 at BROWNSBURG, State of Indiana, Groom GARY ANDREW MILLER of WARREN County, State of KENTUCKY and, Bride SARA LYNN CAMPBELL of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 29th day of JUNE, 1985.
Signed /s/ PHILLIP E. POE
Official Designation MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of JULY, 1985.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 295

File

MALE
Medical Examination Report Dated 6-10-85
Name of Physician Wm. W. Whitehouse

FEMALE
Medical Examination Report Dated 6-10-85
Name of Physician Wm. W. Whitehouse

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Mark Steven Smith
Date of Birth 6-1-60
Place of Birth (State or foreign country) Indiana
Residence Address Same
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) Dr. J.W.
- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
 - Are you afflicted with a transmissible disease? No Yes
 - Are you related to the female applicant closer than second cousin? No Yes
 - Are you now under the influence of intoxicating liquor? No Yes
 - Are you now under the influence of a narcotic drug? No Yes
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Harold J. Smith
Residence of father (if deceased so state): Danville, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Maria P. Jones Viscovitz
Residence of mother (if deceased so state): Texas
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark S. Smith
New Address RR 4 Box 1391 Cleburne Tx.

Subscribed and sworn to before me this 17 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Anne Marie Havens
Date of Birth 2-24-64
Place of Birth (State or foreign country) Indiana
Residence Address Rt 4 Box 1391 Cleburne, Texas 76031
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) Dr. J.W.
- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
 - Are you afflicted with a transmissible disease? No Yes
 - Are you related to the male applicant closer than second cousin? No Yes
 - Are you now under the influence of intoxicating liquor? No Yes
 - Are you now under the influence of a narcotic drug? No Yes
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: John Wm. Havens, Jr.
Residence of father (if deceased so state): Danville, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Margaret Jones
Residence of mother (if deceased so state): Danville, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Anne M. Havens
New Address Rt 4 Box 1391 Cleburne Tx.

Subscribed and sworn to before me this 17 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 21st day of June and ANNE MARIE HAVENS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, H. THOMAS PITCHER, hereby certify that on the 22nd day of JUNE, County of HENDRICKS, State of TEXAS
one thousand nine hundred and 85 at DANVILLE
State of Indiana, Groom MARK STEVEN SMITH of JOHNSON County, State of TEXAS
and, Bride ANNE MARIE HAVENS of JOHNSON County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 21st day of JUNE, 1985. Signed /s/ H. THOMAS PITCHER
Official Designation minister, 1985

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of JUNE, 1985
Signed Mary Jane Russell HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 296
File _____
Date of Application 6/17/85

MALE
Medical Examination Report Dated 6/13/85
Name of Physician Ronald Stegemoller

FEMALE
Medical Examination Report Dated 6/13/85
Name of Physician Ronald Stegemoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name David W. Nuckols
Date of Birth 10/21/1961
Place of Birth Ill.
Residence Address P.O. Box 115 Dan
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father Luther David Williams Nuckols
9. Full maiden name of mother Barbara Jean Wiley
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed David W. Nuckols
New Address RR2 Box 135 Danville
Subscribed and sworn to before me this 17 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Helen J. Hostetler
Date of Birth 6/6/1951
Place of Birth Ind
Residence Address RR2 Box 135 Danville
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) _____
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
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father Thomas Edison Bell Sr.
9. Full maiden name of mother Buena V. Bell Brown
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Helen J. Hostetler
New Address RR2 Box 135 Danville Ind
Subscribed and sworn to before me this 17 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 21st day of June, 1985, authorizing the joining together as husband and wife David W. Nuckols and Helen Hostetler.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry R. Hesson hereby certify that on the 21st day of June, one thousand nine hundred and 85 at Danville, County of Hendricks State of Indiana, Groom David W. Nuckols of Hendricks County, State of IN and, Bride Helen Hostetler of Hendricks County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 21 day of June, 1985.
Signed Larry Hesson
Official Designation Judge
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 297
Date of Application June 17, 1985

MALE
Medical Examination Report Dated 6-17-85
Name of Physician Schoon

FEMALE
Medical Examination Report Dated 6-17-85
Name of Physician Schoon

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gregory Lee Belcher
Date of Birth 1/29/57
Place of Birth Indpls. Ind.
Residence Address Rt. 1 Box 173 Pittsboro Ind. In

Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) dr. lic
- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
- If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Wayne Henderson Belcher
Residence of father (if deceased so state): Danville

Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Margaret Ann Swearingen
Residence of mother (if deceased so state): Danville

Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS }
Signed: Donna J Lynch
New Address: Rt. 1 Box 193 Pittsboro IN 46167

Subscribed and sworn to before me this 17 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS }

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Donna Jo Lynch
Date of Birth 11/2/54
Place of Birth Muncie Ind.
Residence Address Rt. 1 Box 173 Pittsboro Ind. In

Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) dr. lic
- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
- If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Forrest Lee Cullings
Residence of father (if deceased so state): Indpls.

Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Louise Joan Thiller
Residence of mother (if deceased so state): Speedway

Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS }
Signed: Gregory Lee Belcher
New Address: Rt. 1 Box 173 Pittsboro, IN, 46167

Subscribed and sworn to before me this 17 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS }

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____
HENDRICKS County _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife of Indiana dated the 21 day of June and DONNA JO LYNCH

Be it further remembered, the following marriage certificate was filed in my office, to-wit: GREGORY LEE BELCHER and DONNA JO LYNCH
I, KENNETH PAUL STONE at THORNTOWN 6th day of JULY
of _____ HENDRICKS County, State of INDIANA

one thousand nine hundred and 85
State of Indiana, Groom GREGORY LEE BELCHER of HENDRICKS
and, Bride DONNA JO LYNCH

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County _____ 1985
Dated this 21st day of JUNE, 1985

Official Designation: /s/ KENNETH STONE
MINISTER
Signed: Mary Jane Russell
9th day of JULY 1985
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 298
File 2077
Date of Application 6/17/85

MALE
Medical Examination Report Dated 7-9-85
Name of Physician Peter Foster

FEMALE
Medical Examination Report Dated 6/10/85
Name of Physician Thomas Bluthardt

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name: Gary C. McHugh
Date of Birth: 12/12/1964
Place of Birth: Danville, Ind.
Residence Address: Youth Center, Plainfield, Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death, Divorce, Annulment
Date of birth verified by: Birth Certificate, Judicial Decree
Other (Specify): Youth Center Card.
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
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father: Gary J. McHugh
Residence of father: Greenwood, Ind.
Birthplace of father: Indiana
9. Full maiden name of mother: Monca R. Hoffmann
Residence of mother: Noblesville, Ind.
Birthplace of mother: Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Gary C. McHugh
New Address:
Subscribed and sworn to before me this 10 day of July, 1985
Mary Jane Russell, Clerk, HENDRICKS Circuit Court

FEMALE APPLICANT
Name: Jennifer L. Kuhn
Date of Birth: 9/26/1980
Place of Birth: Delaware
Residence Address: 2538 Stardale Dr., Fort Wayne, Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death, Divorce, Annulment
Date of birth verified by: Birth Certificate, Judicial Decree
Other (Specify):
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father: Gerald Wayne Kuhn
Residence of father: Fort Wayne, Ind.
Birthplace of father: Indiana
9. Full maiden name of mother: Elaine J. Schmidt
Residence of mother: Fort Wayne, Ind.
Birthplace of mother: Fort Wayne, Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Jennifer L. Kuhn
New Address: 2538 Stardale Dr.
Subscribed and sworn to before me this 17 day of June, 1985
Clerk, HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of JULY, 1985, authorizing the joining together as husband and wife GARY C. MCHUGH and JENNIFER L. KUHN.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, MYRON BARNARD hereby certify that on the 29 day of JULY, one thousand nine hundred and 85 at INDPLS., County of MARION, State of Indiana, Groom GARY C. MCHUGH of HENDRICKS County, State of IN and, Bride JENNIFER L. KUHN of ALLEN County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 29th day of JULY, 1985.
Signed: /s/ MYRON BARNARD
Official Designation: JUDGE
Filed and recorded in accordance with the laws of the State of Indiana this 31st day of JULY, 1985.
Signed: Mary Jane Russell
HENDRICKS Clerk
Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 299

File June 17, 1985
Date of Application

MALE
Medical Examination Report Dated 6-15-85
Name of Physician J.P. Wooley MD

FEMALE
Medical Examination Report Dated 6-15-85
Name of Physician J.P. Wooley MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or guarantee shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Ronald J. Middle Last Short
Date of Birth Month July Day 2 Year 1964
Place of Birth (State or foreign country) Marion Co. In
Residence Address Street or R. R. City County State
10029 W. Morris Ind. In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Ronald Clarence Short
Residence of father (if deceased so state): Hendricks Co. Ind. (Indpls.)
Birthplace of father (State or foreign country): Marion Co. In.
9. Full maiden name of mother: Phyllis Ann Perkon
Residence of mother (if deceased so state): Hendricks Co. Ind. (Indpls.)
Birthplace of mother (State or foreign country): Marion Co. In.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed: Ronald J. Short
New Address: 9948 W. Morris
Subscribed and sworn to before me this 17 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

NAME
Date of Birth Month August Day 2 Year 1965
Place of Birth (State or foreign country) Marion Co. In
Residence Address Street or R. R. City County State
9948 W. Morris Ind. In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Myron Wallace Wilson
Residence of father (if deceased so state): W. Morris St. (Indpls.)
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary Susanna McFarlane
Residence of mother (if deceased so state): W. Morris St. (Indpls.)
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed: Rebecca S. Wilson
New Address: 9948 W. Morris
Subscribed and sworn to before me this 17 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife of Indiana dated the 21st day of June and REBECCA S. WILSON
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, MYRON BARNARD hereby certify that on the 21st day of JUNE
at MARION hendricks County, State of IN KENNERIE
one thousand nine hundred and 85 of MARION HENDRICKS County, State of IN
State of Indiana, Groom RONALD J. SHORT of MARION HENDRICKS County, State of IN
and, Bride REBECCA S. WILSON of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 21st day of JUNE, 1985 Signed: /s/ MYRON BARNARD
Official Designation JUDGE 1985
Signed: Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of JUNE 1985

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 300
File _____
Date of Application 6-18-85

MALE
Medical Examination Report Dated 6-13-85
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 6-13-85
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name: Raymond A. Crouch
Date of Birth: 12-9-61
Place of Birth: New Mexico
Residence Address: 38 N. Wash. St. Danville, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) dr. lis.

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the female applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Robert Ray Crouch
- Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father: James Eugene Crouch
Residence of father (if deceased so state): Danville, Ind.
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Janey Louise Wilson
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Raymond A. Crouch
New Address 38 N. Wash. Danville, Ind.
Subscribed and sworn to before me this 18 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: Cheryl Jo Ann Street
Date of Birth: 11-22-64
Place of Birth: Indiana
Residence Address: 38 N. Wash. St. Danville, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) dr. lis.

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the male applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
- Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father: James Street
Residence of father (if deceased so state): Montana (or Arizona?)
Birthplace of father (State or foreign country): 13
- Full maiden name of mother: Janey Ann Webster
Residence of mother (if deceased so state): Croftsville Indiana
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Cheryl J. Street
New Address 38 N. Washington Danville, IN 46122
Subscribed and sworn to before me this 18 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of June, 1985, authorizing the joining together as husband and wife RAYMOND A. CROUCH and CHERYL JO ANN STREET

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ANDREW J. SIMKINS hereby certify that on the 24th day of JUNE one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS State of Indiana, Groom RAYMOND A. CROUCH of HENDRICKS County, State of IN and, Bride CHERYL JO ANN STREET of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24th day of JUNE, 1985.
Signed /s/ ANDREW J. SIMKINS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of JULY, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 301

File
6-18-85
Date of Application

MALE

Medical Examination Report Dated 6-4-85

Name of Physician Eric Clark

FEMALE

Medical Examination Report Dated 6-4-85

Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or promise shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Michael E. Buchanan
Date of Birth Month Day Year
9 3 1958
Place of Birth (State or foreign country)
Brewcastle, Ia.
Residence Address Street or R. R. City County State
R.R.#1, Box 8, Coatesville, Ia.

Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) Drivers License

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Brady Gonzler Buchanan
Residence of father (if deceased so state) Coatesville, Ia.
Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Carolyn B. Bidemore
Residence of mother (if deceased so state) Coatesville, Ia.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael E. Buchanan
New Address RR 1 Box 8 Coatesville, Ia. 4612

Subscribed and sworn to before me this 18th day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____ 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and _____ of _____ County _____ Court by written order issued _____ in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985 authorizing the joining together as husband and wife of Indiana dated the 24th day of June _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 29th day of JUNE
one thousand nine hundred and 85 _____ at COATESVILLE County of HENDRICKS State of IA
State of Indiana, Groom MICHAEL BUCHANAN of HENDRICKS County, State of HENDRICKS
and, Bride RENEE L. ROBBINS of HENDRICKS County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 29th day of JUNE, 1985

Signed /s/ FRANK BUNN
Official Designation MINISTER
8th day of JULY 1985
Clerk
Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

FEMALE APPLICANT

Name First Middle Last
Renee L. Robbins
Date of Birth Month Day Year
7 31 1964
Place of Birth (State or foreign country)
Nanullo, Ia.
Residence Address Street or R. R. City County State
R.R.#2, Box 130, Nanullo, Ia.

Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify)

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ronald Hershby Robbins
Residence of father (if deceased so state) Nanullo, Ia.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Ann Harden
Residence of mother (if deceased so state) Nanullo, Ia.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Renee Robbins
New Address RR #1, Box P Coatesville, Ia. 46121

Subscribed and sworn to before me this 18th day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____ 19____
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 302
File June 18, 1985
Date of Application

MALE
Medical Examination Report Dated None required
Name of Physician _____

FEMALE
Medical Examination Report Dated None required
Name of Physician _____

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Donald J. Horner
Date of Birth March 29, 1913
Place of Birth Indiana
Residence Address 1746 Humboldt W. St. West
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Driver License

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the female applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father William R. Horner
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Scott Co. Indiana

9. Full maiden name of mother Carolyn Kimbelen
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Scott Co. Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

FEMALE APPLICANT

Name Gertrude L. Harlan
Date of Birth November 20, 1912
Place of Birth Kentucky
Residence Address 628 School St. B'burg
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Master Card

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the male applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Joseph Dezhnev
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Lexington, Ky.

9. Full maiden name of mother Willie Gaston
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Danville, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Donald J. Horner
New Address 1746 Humboldt W. St.
Subscribed and sworn to before me this 18 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Signed Gertrude L. Harlan
New Address 1746 Humboldt W. St.
Subscribed and sworn to before me this 18 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 24 day of June, 1985, authorizing the joining together as husband and wife of DONALD J. HORNER and GERTRUDE L. HARLAN.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ANDY ARNETT hereby certify that on the 27 day of JUNE, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom DONALD J. HORNER of MARION County, State of IN and, Bride GERTRUDE L. HARLAN of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 27 day of JUNE, 1985.
Signed /s/ ANDY ARNETT
Official Designation MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this 26th day of JULY, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 303

File 6-18-85
Date of Application

MALE
Medical Examination Report Dated 6-12-85
Name of Physician Philip Batista MD

FEMALE
Medical Examination Report Dated 6-12-85
Name of Physician Philip Batista MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Brian B. Smith
Date of Birth 3/11/1962
Place of Birth Lebanon, In.
Residence Address Brownsburg, In.

Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) Dr. License
- 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
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes

8. Full name of father George D. Smith
Residence of father Brownsburg, In.
Birthplace of father Indiana

9. Full maiden name of mother Kay Alice Meek
Residence of mother Brownsburg, In.
Birthplace of mother Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brian D. Smith
New Address 2457 EAKER BROWNSBURG IN.
Subscribed and sworn to before me this 19 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Debra L. Tetrick
Date of Birth 8/19/1961
Place of Birth Indianapolis, In.
Residence Address Plainfield, In.

Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) Dr. License
- 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
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes

8. Full name of father Billy B. Arruague
Residence of father Unknown
Birthplace of father Unknown

9. Full maiden name of mother Helen L. Burdine
Residence of mother Plainfield, In.
Birthplace of mother Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra L. Tetrick
New Address 2457 EAKER BROWNSBURG IN.
Subscribed and sworn to before me this 19 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County Court by written order issued _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1985, authorizing the joining together as husband and wife
of Indiana dated the 26th day of June and debra tetrick

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
1. dennis l. dodson hereby certify that on the 29th day of JUNE
one thousand nine hundred and 85 at SARTIN PARK County of HENDRICKS
State of Indiana, Groom BRAIN D. SMITH of HENDRICKS County, State of IN

and, Bride DEBRA TETRICK of HENDRICKS County, State of IN
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 26th day of JUNE, 19 85

Signed _____
Official Designation 1st DENNIS L. DODSON
2nd day of JULY MINISTER
Signed Mary Jane Russell HENDRICKS Clerk
Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 304
File _____
Date of Application 6/19/85

MALE
Medical Examination Report Dated 6/12/85
Name of Physician Michael Peely

FEMALE
Medical Examination Report Dated 6/12/85
Name of Physician Michael Peely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed. False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00).

MALE APPLICANT
Name Ronald Lee Cook
Date of Birth 9/18/1942
Place of Birth Ark.
Residence Address 4090 N. St. Rd. 267 Brownsburg
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Drivers License
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
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father William Raymond Cook
Residence of father (if deceased so state) Arizona
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Delthia Reeves
Residence of mother (if deceased so state) Arizona
Birthplace of mother (State or foreign country) Ky.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Ronald Lee Cook
New Address 4090 St. Rd 267 Brownsburg
Subscribed and sworn to before me this 19th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Frances L. Tidwell
Date of Birth 12/18/1950
Place of Birth Ill.
Residence Address 4090 N. St. Rd. 267 Brownsburg
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) Drivers License
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
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fredrick Arthur Walker
Residence of father (if deceased so state) Lebanon
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Leola Fredricka Brandt
Residence of mother (if deceased so state) Ill.
Birthplace of mother (State or foreign country) Miss.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Frances L. Tidwell
New Address 4090 St. Rd 267 N. Brownsburg
Subscribed and sworn to before me this 19th day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 25th day of June, 1985, authorizing the joining together as husband and wife RONALD LEE COOK and FRANCES L. TIDWELL.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, JOHN BURBANK hereby certify that on the 28th day of JUNE, one thousand nine hundred and 85 at INDPLS. County of MARION State of Indiana, Groom RONALD LEE COOK of HENDRICKS County, State of IN and, Bride FRANCES L. TIDWELL of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 28th day of JUNE, 1985.
Signed _____ /s / JOHN BURBANK
Official Designation _____ MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this 1st day of JULY, 1985.
Signed Mary Jane Russell Clerk
_____ HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 305

File

MALE

Medical Examination Report Dated 6-20-85

Name of Physician Steven Russell

FEMALE

Medical Examination Report Dated 6-20-85

Name of Physician Steven Russell

ALL QUESTIONS MUST BE ANSWERED. IC 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status Never Married OR
Last Marriage Ended By Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) North American Baptists
- 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
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes

8. Full name of father Thomas Perry Tyson
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mary Taylor
Residence of mother (if deceased so state) Ind.
Birthplace of mother (State or foreign country) Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Rick Tyson
New Address 2171 Boyles Rd
Subscribed and sworn to before me this 20 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE 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 license in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife of Indiana dated the 20th day of June and _____
DICK LYNN and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, LARRY LILLY, hereby certify that on the 20 day of JUNE, County of HENDRICKS IN
one thousand nine hundred and 85, at AVON HENDRICKS County, State of IN
State of Indiana, Groom DICK LYNN of HENDRICKS County, State of HENDRICKS
and, Bride CAROL ANN HOOVER of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 20th day of JUNE, 1985 Signed /s/ LARRY LILLY
Official Designation PASTOR
28th day of JUNE, 1985
Signed Mary Jane Russell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) dr. ho
- 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
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes

8. Full name of father Ray Matthew Hardy
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Mary Eliza Hart
Residence of mother (if deceased so state) Ind.
Birthplace of mother (State or foreign country) Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Carol A Hoover
New Address 2171 Boyles Rd
Subscribed and sworn to before me this 20 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 306

File
Date of Application June 21, 1985

MALE
Medical Examination Report Dated 6-18-85
Name of Physician J. M. Williams

FEMALE
Medical Examination Report Dated 6-18-85
Name of Physician J. M. Williams

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name: Jay L. Price
Date of Birth: Feb 27 1964
Place of Birth: Ind.
Residence Address: 2331 Nowling Court Indpls Ind In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children: Anthony Price, Jayabe Price
7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father: John Price
9. Full maiden name of mother: Shirley Robinson

FEMALE APPLICANT
Name: Tammy K. Norris
Date of Birth: April 26 1961
Place of Birth: Ind.
Residence Address: 2331 Nowling Ct Indpls Ind In.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children: Anthony Price, Kristina Norris, Jayabe Norris
7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father: Joseph Socka
9. Full maiden name of mother: Zelma Riew

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Jay L. Price
New Address: 2331 Nowling Court
Subscribed and sworn to before me this 21 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Tammy Norris
New Address: 2331 Nowling Ct.
Subscribed and sworn to before me this 21 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 19.

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 19.

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup # Court by written order issued 3-21-85 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of June, 1985, authorizing the joining together as husband and wife of JAY L. PRICE and TAMMY K. NORRIS.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, WILLIAM L. FISHER hereby certify that on the 21st day of JUNE, 1985 at INDPLS, County of MARION, State of Indiana, Groom JAY L. PRICE of HENDRICKS County, State of IN and, Bride TAMMY K. NORRIS of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21 day of JUNE, 1985

Signed: /s/ WILLIAM L. FISHER
Official Designation: JUDGE
Filed and recorded in accordance with the laws of the State of Indiana this 15th day of JULY, 1985.
Signed: Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 307

File 6-21-85

Date of Application

MALE
Medical Examination Report Dated 6-6-85
Name of Physician Joseph J. Morley

FEMALE
Medical Examination Report Dated 6-6-85
Name of Physician Joseph J. Morley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
10158 Bradbury Dr. Indpls
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Howard D. Bee Sr.
Residence of father (if deceased so state): Indpls. Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Suzanne K. Newman
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Howard D. Bee
New Address: 10158 Bradbury Dr. Indpls. IN
Subscribed and sworn to before me this 21 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
10158 Bradbury Dr. Indpls
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: John H. Robinson
Residence of father (if deceased so state): Indpls. Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Nancy S. McLaughlin
Residence of mother (if deceased so state): Indpls. Ind.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Kathryn S. Robinson
New Address: 10158 Bradbury Dr. Indpls. IN
Subscribed and sworn to before me this 21 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____ 19____
Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____ 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ Court by written order issued _____

HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 25th day of June 1985, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ KATHRYN S. ROBINSON _____ 29th day of JUNE _____ County of MARION _____ State of IN _____

I, _____ DONALD CHARLES LACY _____ hereby certify that on the _____ at _____ HENDRICKS _____ County, State of IN _____ of _____ HENDRICKS _____

one thousand nine hundred and 85. _____ State of Indiana, Groom HOWARD D. BEE, JR. _____ and, Bride KATHRYN S. ROBINSON _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County. _____ Signed: _____ /s/ DONALD CHARLES LACY PASTOR _____ 19 85

Dated this 29th day of JUNE 1985. _____ Official Designation _____ Signed: _____ 1st day of JULY _____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 308
File June 21, 1985
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 6-8-85
Name of Physician R. Stanley

FEMALE
Medical Examination Report Dated 6-8-85
Name of Physician R. Stanley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name James Michelle Broyles
Date of Birth April 6 1948
Place of Birth (State or foreign country) In.
Residence Address 9880 W. 10th Apt. 334 Indianapolis Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT

Name Kathryn Mary Flatford
Date of Birth April 13 1956
Place of Birth (State or foreign country) In.
Residence Address 9880 W. 10th Apt 338, Indianapolis Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the female applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes

6. List the full names of any dependent children.
Mechelle Broyles
Robin Broyles

- Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Mechelle M. Broyles
Residence of father (if deceased so state) Zionsville, In.
Birthplace of father (State or foreign country) In.

9. Full maiden name of mother Julia Johnson
Residence of mother (if deceased so state) Zionsville, In.
Birthplace of mother (State or foreign country) Ark.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed James M. Broyles
New Address 10292 Rockville Rd #29

Subscribed and sworn to before me this 21 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the male applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes

6. List the full names of any dependent children.
Angela Flatford

- Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Clarence C. Gletzback
Residence of father (if deceased so state) Alexandria, In.
Birthplace of father (State or foreign country) In.

9. Full maiden name of mother Gertrude C. Gall
Residence of mother (if deceased so state) Alexandria, In.
Birthplace of mother (State or foreign country) In.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Kathryn M. Flatford
New Address 10292 Rockville Rd #209

Subscribed and sworn to before me this 21 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court
of Indiana dated the 28 day of June, 1985, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ GERALD T. WILSON _____ hereby certify that on the _____ 5th day of _____ JULY _____

one thousand nine hundred and _____ 85 _____ at _____ SPEEDWAY _____, County of _____ MARION _____

State of Indiana, Groom _____ JAMES M. BROYLES _____ of _____ HENDRICKS _____ County, State of _____ IN _____

and, Bride _____ KATHRYN M. FLATFORD _____ of _____ HENDRICKS _____ County, State of _____ IN _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____

County. Dated this _____ 5th day of _____ JULY _____, 1985

Signed _____ /s/ GERALD T. WILSON _____

Official Designation _____ PASTOR _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ 26th day of _____ JULY _____, 1985

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 309 File 6-24-85

MALE Medical Examination Report Dated 6-7-85 Name of Physician A.J. Morris

FEMALE Medical Examination Report Dated 6-7-85 Name of Physician A.J. Morris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT Name: James Ruggieri Date of Birth: 5/24/61 Place of Birth: New York Residence Address: 5125 Hawkins Cemetery Rd. Burlington TX

FEMALE APPLICANT Name: Jana Alexander Date of Birth: 10/14/67 Place of Birth: Indiana Residence Address: 5125 Hawkins Cemetery Rd. Burlington TX

- 1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes []
2. Are you afflicted with a transmissible disease? No [X] Yes []
3. Are you related to the female applicant closer than second cousin? No [X] Yes []
4. Are you now under the influence of intoxicating liquor? No [X] Yes []
5. Are you now under the influence of a narcotic drug? No [X] Yes []

- 1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes []
2. Are you afflicted with a transmissible disease? No [X] Yes []
3. Are you related to the male applicant closer than second cousin? No [X] Yes []
4. Are you now under the influence of intoxicating liquor? No [X] Yes []
5. Are you now under the influence of a narcotic drug? No [X] Yes []

7. Are you required by any court order or orders to support the above dependent children? No [X] Yes []

7. Are you required by any court order or orders to support the above dependent children? No [X] Yes []

8. Full name of father: Salvatore Peter Ruggieri Residence of father: New York Birthplace of father: New York
9. Full maiden name of mother: Josephine Cantolo Residence of mother: Same Birthplace of mother: New York

8. Full name of father: Charles E. Alexander Residence of father: Indiana Birthplace of father: Ind.
9. Full maiden name of mother: Wilma J. Manning Residence of mother: Texas Birthplace of mother: Ind.

I depose and state the information given in this application is true and correct.

I depose and state the information given in this application is true and correct.

Signed: James Ruggieri New Address: 5125 Hawkins Cemetery Rd

Signed: Jana Alexander New Address: 5125 Hawkins Cem. Rd. Burlington TX

Subscribed and sworn to before me this 27 day of June 1985. Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 27 day of June 1985. Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS County of ss:

State of Indiana, HENDRICKS County of ss:

Signed: Father Signed: Mother Subscribed and sworn to before me this day of 1985. Clerk

Signed: Father Signed: Mother Subscribed and sworn to before me this day of 1985. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued in HENDRICKS County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the State of Indiana dated the 28 day of June 1985, authorizing the joining together as husband and wife of JAMES RUGGIERI and JANA S. ALEXANDER. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, MARTIN A. PETER, hereby certify that on the 29th day of JUNE, 1985, at BROWNSBURG, County of TEXAS, State of TEXAS, one thousand nine hundred and 85, of TARRANT, County, State of HENDRICKS, State of Indiana, Groom JAMES RUGGIERI and, Bride JANA S. ALEXANDER were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 29th day of JUNE, 1985. Signed: /s/ MARTIN A. PETER CATHOLIC PRIEST Official Designation 2nd day of JULY 1985. Signed: Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of July 1985.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 310

File _____

6/24/85
Date of Application

MALE
Medical Examination Report Dated 6/17/85
Name of Physician Philip Segal

FEMALE
Medical Examination Report Dated 6/17/85
Name of Physician Philip Segal

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Jeffrey Lee Prichard
Date of Birth 4/25/1960
Place of Birth Ind
Residence Address 3206 S. Six Points Rd
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the female applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father James Allen Prichard
9. Full maiden name of mother Barbara Prichard King
Signed Jeffrey L. Prichard
New Address 3206 S. Six Points Rd.
Subscribed and sworn to before me this 24 day of June 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Cathy Joann Sprinkle
Date of Birth 10/24/1953
Place of Birth Indpls
Residence Address 3206 S. Six Points Rd
Previous Marital Status: Never Married JR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you afflicted with a transmissible disease? No Yes
3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes
8. Full name of father Charles Rice O'Brien
9. Full maiden name of mother Betty Lou Yeddar
Signed Cathy Joann Sprinkle
New Address 3206 S. Six Points Rd.
Subscribed and sworn to before me this 24 day of June 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____ }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

State of Indiana, HENDRICKS } ss:
County of _____ }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 28 day of June, 19 85, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, WILLIAM L. FISHER hereby certify that on the 6th day of JULY, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom JEFFREY LEE PRICHARD of HENDRICKS County, State of IN and, Bride CATHY JOANN SPRINKLE of HENDRICKS County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 6th day of JULY, 19 85.
Signed /s/ WILLIAM L. FISHER
Official Designation JUDGE
Filed and recorded in accordance with the laws of the State of Indiana this 9th day of JULY, 19 85.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 311

File

6-25-85
Date of Application

MALE
Medical Examination Report Dated 6-20-85
Name of Physician Raymond R. Benedict

FEMALE
Medical Examination Report Dated 6-20-85
Name of Physician Raymond R. Benedict

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Donald E Kinder
Date of Birth Month Day Year
6 8 34
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
4734 Charles Dr. Plainfield Indpls. Hendricks Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) do. sic
- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
 - Are you afflicted with a transmissible disease? No Yes
 - Are you related to the female applicant closer than second cousin? No Yes
 - Are you now under the influence of intoxicating liquor? No Yes
 - Are you now under the influence of a narcotic drug? No Yes
 - List the full names of any dependent children.
Angela

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Max Dennis Kinder
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Mary M. Foster
Residence of mother (if deceased so state): Martinville Ind.
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: x Donald E. Kinder
New Address: 4734 Charles Dr. Plainfield Ind.

Subscribed and sworn to before me this 25 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Middle Last
Rita J Feeny
Date of Birth Month Day Year
9 7 45
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
4734 Charles Dr. Plainfield Indpls. Hendricks Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- Other (Specify) do. sic
- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
 - Are you afflicted with a transmissible disease? No Yes
 - Are you related to the male applicant closer than second cousin? No Yes
 - Are you now under the influence of intoxicating liquor? No Yes
 - Are you now under the influence of a narcotic drug? No Yes
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: John J. Feeny
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary E. Toddhill
Residence of mother (if deceased so state): Deceased
Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: x Rita J. Feeny
New Address: 4734 Charles Dr. Plainfield Ind.

Subscribed and sworn to before me this 25 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife
of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, 19____
at _____ County of _____
one thousand nine hundred and _____ 85 _____ of _____
State of Indiana, Groom _____ Hendricks
and, Bride _____ of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this _____ day of _____, 19____

Signed: /s/ RUSSELL MIKELS
Official Designation: Minister
July 15th day of _____
Signed: Mary Jane Russell
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 312
File _____
Date of Application June 25, 1985

MALE
Medical Examination Report Dated 6-11-85
Name of Physician Alan P. Zest M.D.

FEMALE
Medical Examination Report Dated 6-18-85
Name of Physician Robert Schimmeloffsky

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name: Gary A. Shaffer
Date of Birth: February 1, 1954
Place of Birth: Indiana
Residence Address: 9765 W. 800 S. Swayzee, IN
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) divorce (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the female applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children:
Brian Shaffer
Rodney Shaffer
- Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is 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: Vergel Joe Shaffer
Residence of father (if deceased so state): Swayzee, IN
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Blanche Elsie Robertson
Residence of mother (if deceased so state): Swayzee, IN
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed Gary A. Shaffer
New Address 9765 W. 800 S. Swayzee, IN
Subscribed and sworn to before me this 25 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: Beatrice Kae Smith
Date of Birth: August 8, 1955
Place of Birth: Indiana
Residence Address: 311 Hancock Rd. Muncie, IN
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree
 Other (Specify) divorce

- Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- Are you afflicted with a transmissible disease? No Yes
- Are you related to the male applicant closer than second cousin? No Yes
- Are you now under the influence of intoxicating liquor? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children:
- Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father: Robert E. Smith
Residence of father (if deceased so state): Clinton, IN
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Phyllis Jay Foster
Residence of mother (if deceased so state): Plainfield, IN
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____ }
Signed Beatrice Kae Smith
New Address 9765 W. 800 S. Swayzee, IN
Subscribed and sworn to before me this 25 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____ }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____ }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 1st day of July, 1985, authorizing the joining together as husband and wife GARY A. SHAFFER and BEATRICE KAE SMITH.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, HUBERT GREER hereby certify that on the 13th day of JULY, one thousand nine hundred and 85 at PLAINFIELD, State of Indiana, Groom GARY A. SHAFFER of GRANT County, State of IN and, Bride BEATRICE KAE SMITH of HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 13th day of JULY, 1985.
Signed /s/ HUBERT GREER
Official Designation PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this 16th day of JULY, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 313

File
6-25-85
Date of Application

MALE
Medical Examination Report Dated 6-22-85
Name of Physician Michael Healy

FEMALE
Medical Examination Report Dated 6-22-85
Name of Physician Michael Healy

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"

MALE APPLICANT

Name Jeffrey First Flake Middle English Last
Date of Birth 24 Month 8 Day 1966 Year
Place of Birth (State or foreign country) Ind
Residence Address 5070 Stanley Rd. Mooresville Ind Street or R. R. City County State
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
- If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Carl Ernest English
Residence of father (if deceased so state): Ind
Birthplace of father (State or foreign country): Ind
9. Full maiden name of mother: Loretta Marie English
Residence of mother (if deceased so state): Ind
Birthplace of mother (State or foreign country): Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Jeffrey Flake English
New Address 5070 Stanley Rd Mooresville Ind
Subscribed and sworn to before me this 25 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Melissa Lynn First Majors Middle Clayton Last
Date of Birth 4 Month 5 Day 1969 Year
Place of Birth (State or foreign country) Ind
Residence Address RR 1 Box 436 Mooresville Ind Street or R. R. City County State
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
- If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Bobby McDonald Majors
Residence of father (if deceased so state): Ind
Birthplace of father (State or foreign country): N. Carolina
9. Full maiden name of mother: Patricia Kaye Cardue
Residence of mother (if deceased so state): Clayton
Birthplace of mother (State or foreign country): Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Melissa Lynn Majors
New Address 5070 Stanley Rd Mooresville Ind
Subscribed and sworn to before me this 25 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed High Stewart - Majors Mother
Subscribed and sworn to before me this 25 day of June, 1985
Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup Ct I Court by written order issued 3 Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25th day of JUNE, 1985, authorizing the joining together as husband and wife of JEFFREY FLAKE ENGLISH and MELLISSA LYNN MAJORS.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, LARRY R. HESSON hereby certify that on the 25th day of JUNE, 1985, at DANVILLE, County of HENDRICKS, State of IN, one thousand nine hundred and 85 of HENDRICKS, County, State of IN, and, Bride MELLISSA LYNN MAJORS of HENDRICKS, County, State of IN, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 25th day of JUNE, 1985. Signed LARRY R. HESSON Official Designation JUDGE SUP. CT. II, 1985.
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of JUNE, 1985.

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 314
File _____
Date of Application 6-25-85

MALE
Medical Examination Report Dated 6-24-85
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 6-24-85
Name of Physician Michael Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Alan Madden
Date of Birth 3 1 57
Place of Birth (State or foreign country) Indiana
Residence Address 320 South Mill Pkwy Ind
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT

Name Angela Lynn Lentz
Date of Birth 7 21 62
Place of Birth (State or foreign country) Indiana
Residence Address RR1 Box 284 Nashville Ind 46122
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

Other (Specify) Dr. Div.

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

Other (Specify) Dr. Div.

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father James Alan Madden
Residence of father (if deceased so state) Ind
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Helen Marie Smith
Residence of mother (if deceased so state) Ind
Birthplace of mother (State or foreign country) Kentucky

8. Full name of father Eugene Frederick Lentz
Residence of father (if deceased so state) Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Angela Lynn Lentz
Residence of mother (if deceased so state) Ind
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary A. Maddening
New Address 320 S. Mill St. Plainfield

Signed Angela L. Lentz
New Address 320 S. Mill St. Ind

Subscribed and sworn to before me this 25 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 25 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 12 day of July, 1985, authorizing the joining together as husband and wife of GARY ALAN MADDEN and ANGELA LYNN LENTZ

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, DEWEY A. THACKSTON hereby certify that on the 17th day of AUGUST, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom GARY ALAN MADDEN of HENDRICKS County, State of INDIANA and, Bride ANGELA LYNN LENTZ of HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 17th day of AUGUST, 1985.

Signed /s/ DEWEY A. THACKSTON
Official Designation MINISTER OF THE GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of AUGUST, 1985
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS
County

No. 315

File
June 25, 1985
Date of Application

MALE
Medical Examination Report Dated 6-24-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-24-85
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or omission shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jeffrey W. Parsons
Date of Birth 10/18/1967
Place of Birth (State or foreign country) Memphis, Tenn.
Residence Address 7777 W. Washington St. Indianapolis, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Charles W. Parsons
Residence of father (if deceased so state): Danville, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Phyllis Jean Underwood
Residence of mother (if deceased so state): Bellevue, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed _____
New Address _____
Subscribed and sworn to before me this 25 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS }
Signed Charles W. Parsons Father
Signed _____ Mother
Subscribed and sworn to before me this 25 day of June 1985
Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, HENDRICKS County Superior Ct. 2 Court by written order issued 3 day waiver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County, State of Indiana dated the 25th day of June 1985, authorizing the joining together as husband and wife of JEFFREY W. PARSONS and MINDY SUE VAN HUSS
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, LARRY R. HESSON, hereby certify that on the 25th day of JUNE 1985, at DANVILLE, HENDRICKS County, State of IN, one thousand nine hundred and 85, of HENDRICKS County, State of IN, Groom JEFFREY W. PARSONS and, Bride MINDY SUE VAN HUSS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of IN, dated this 25th day of JUNE 1985.
Signed /s/ LARRY R. HESSON JUDGE
Official Designation _____
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of JUNE 1985

FEMALE APPLICANT
Name Mindy Sue Van HUSS
Date of Birth 12/12/1967
Place of Birth (State or foreign country) Memphis, Tenn.
Residence Address 7777 W. Washington St. Indianapolis, Ind.
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children: Zachary Van HUSS

7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be 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 Reginald Van HUSS
Residence of father (if deceased so state): Indianapolis
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Jacqueline Lee Scatter
Residence of mother (if deceased so state): Indianapolis
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed _____
New Address _____
Subscribed and sworn to before me this 25 day of June 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS }
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____ 19____
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 316

File 6-25-85
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 6-19-85
Name of Physician M. Day

FEMALE
Medical Examination Report Dated 6-19-85
Name of Physician M. Day

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Thomas Christopher Smith
Date of Birth Feb 18 1955
Place of Birth Texas
Residence Address 37 W. Main Brunswick
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

FEMALE APPLICANT
Name Laura Ann Cleveland
Date of Birth Apr 6 1967
Place of Birth Ind
Residence Address 37 W. Main Brunswick
Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the female applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

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If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you afflicted with a transmissible disease? No Yes
- 3. Are you related to the male applicant closer than second cousin? No Yes
- 4. Are you now under the influence of intoxicating liquor? No Yes
- 5. Are you now under the influence of a narcotic drug? No Yes
- 6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No Yes

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If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

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8. Full name of father Thomas J. Smith
Residence of father (if deceased so state) Paris, France
Birthplace of father (State or foreign country) Ill

8. Full name of father Robert W. Cleveland
Residence of father (if deceased so state) Crown Point, Ind
Birthplace of father (State or foreign country) Ind

9. Full maiden name of mother Kathleen Wright
Residence of mother (if deceased so state) Michigan City, Ind
Birthplace of mother (State or foreign country) Oregon

9. Full maiden name of mother Thelma Swanson
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed [Signature]
New Address 37 W. Main

Signed [Signature]
New Address 37 W. Main Brunswick

Subscribed and sworn to before me this 25 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 25 day of June, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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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.

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Father

Signed _____ Mother

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 named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 1985, authorizing the joining together as husband and wife _____ and _____.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ hereby certify that on the _____ day of _____, one thousand nine hundred and _____ at _____ State of Indiana, Groom _____ and, Bride _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County. Dated this _____ day of _____, 1985.

Signed _____ Official Designation _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1985.

Signed _____ Clerk HENDRICKS Circuit Court