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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. 317

File

6/26/85
Date of Application

MALE
Medical Examination Report Dated 6/22/85
Name of Physician Charles C. James

FEMALE
Medical Examination Report Dated 6/22/85
Name of Physician Charles C. James

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

MALE APPLICANT

Name: First Andrew Middle Walter Last Mikulaschek

Date of Birth: Month 11 Day 6 Year 1962

Place of Birth (State or foreign country) Switzerland

Residence Address: Street or R. R. 7821 Jules Lane City Indpls County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Andrew W. Mikulaschek

New Address 7821 Jules Ln. Indpls. IN 46224

Subscribed and sworn to before me this 26 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sabin Middle Lynne Last James

Date of Birth: Month 10 Day 5 Year 1962

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 11073 E. 750 North City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Sabin Lynne James

New Address 3208 Dupont Dr., Indpls., IN 46224

Subscribed and sworn to before me this 26 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of July, 19 85, authorizing the joining together as husband and wife ANDREW WALTER MIKULASCHEK and SABIN LYNNE JAMES

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

I, P. WAYNE TREVATHAN hereby certify that on the 27th day of JULY, one thousand nine hundred and 85 at INDPLS., County of MARION, State of Indiana, Groom ANDREW WALTER MIKULASCHEK of MARION County, State of IN and, Bride SABIN LYNNE JAMES 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 27th day of JULY, 19 85.

Signed /s/ P. WAYNE TREVATHAN

Official Designation UNITED METHODIST CLERGY

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of JULY, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 318

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

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

HENDRICKS County

File

June 26, 1985
Date of Application

MALE
Medical Examination Report Dated 6-25-85
Name of Physician Robert A. Hearsine

FEMALE
Medical Examination Report Dated 6-25-85
Name of Physician Robert A. Hearsine

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

MALE APPLICANT

Name: First Howard Middle A. Last Opperman
Date of Birth: Month February Day 13 Year 1962
Place of Birth (State or foreign country): Louisville Kentucky
Residence Address: Street or R. R. 110 Franklin St. Apt 5 City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

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

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

Signed Howard A. Opperman
New Address 110 Franklin St Apt 5
Subscribed and sworn to before me this 26 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.....

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Rebecca Middle Ann Last Rogers
Date of Birth: Month March Day 9 Year 1965
Place of Birth (State or foreign country): Greencastle Putnam In.
Residence Address: Street or R. R. R.R. # 4 Box 288 City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

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

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

Signed Rebecca Ann Rogers
New Address 110 Franklin St. Apt. 5
Subscribed and sworn to before me this 26 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.....

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30th *day of* June, 19 85, *authorizing the joining together as husband and wife* HOWARD A. OPPERMAN *and* REBECCA ROGERS
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, TOMMY PEELER *hereby certify that on the* 5th *day of* JULY, *one thousand nine hundred and* 85, *State of Indiana, Groom* HOWARD A. OPPERMAN *at* BROWNSBURG, *County of* HENDRICKS, *and, Bride* REBECCA ROGERS *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, State of* IN, *County.*
Dated this 5tH *day of* JULY, *19* 85.

Signed /s/ TOMMY PEELER
Official Designation PREACHER

Filed and recorded in accordance with the laws of the State of Indiana this ~~13th~~ 12 *day of* JULY, *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. 319

File 6-28-85

Date of Application

MALE
Medical Examination Report Dated 6-28-85
Name of Physician Jerry Mandel

FEMALE
Medical Examination Report Dated 5-29-85
Name of Physician Thomas C. Arnold

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

MALE APPLICANT

Name: First David Middle Allen Last Burcham

Date of Birth: Month 12 Day 30 Year 64

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

Residence Address: Street or R. R. 104 E. Tilden City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed David Allen Burcham

New Address 104 E. Tilden Drive

Subscribed and sworn to before me this 28 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Tracey Middle Renee Last Singrey

Date of Birth: Month 2 Day 5 Year 66

Place of Birth (State or foreign country) Elkhart Indiana

Residence Address: Street or R. R. 39-70 Raven Dr. City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Randell P. Singrey
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Manley
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) New Jersey

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

Signed Tracey Renee Singrey

New Address 104 E. Tilden Brownsburg, In.

Subscribed and sworn to before me this 28 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* July, 1985, *authorizing the joining together as husband and wife* DAVID A. BURCHAM *and* TRACEY R. SINGREY

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

I, GEORGE W. DAVIS *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* DAVID A. BURCHAM *of* HENDRICKS *County, State of* IN *and, Bride* TRACEY R. SINGREY *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 17th *day of* AUGUST, *19*85.

Signed /s/ GEORGE W. DAVIS

Official Designation UNITED METHODIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* August, *19*85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

4

No. 320

File

Date of Application 6/28/85

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 6/26/85
Name of Physician Alan B. Hard

FEMALE
Medical Examination Report Dated 6/24/85
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: First Anthony Middle Allan Last Phillips

Date of Birth: Month 12 Day 19 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 132 State Street City Newbury Port County State Mass.

Previous Marital 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 Harry Lee Phillips
   Residence of father (if deceased so state) Seattle, Washington
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Ann Grube
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Anthony Allan Phillips

New Address

Subscribed and sworn to before me this 28th 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Karin Middle L. Last Powers

Date of Birth: Month 2 Day 19 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 8215 E. 725 N City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers 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 Morris Allen Powers
   Residence of father (if deceased so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Earla Jean Griffith
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Karin L. Powers

New Address

Subscribed and sworn to before me this 28th 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of July, 19 85, authorizing the joining together as husband and wife ANTHONY PHILLIPS and KAREN L. POWERS

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

I, KEVIN W. HINES hereby certify that on the 6th day of JULY, one thousand nine hundred and 85, at CORNERSTONE CHRISTIAN CHURCH, County of HENDRICKS, State of Indiana, Groom ANTHONY PHILLIPS of MARION County, State of IN, and, Bride KAREN L. POWERS 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/KEVIN W. HINES

Official Designation PASTOR OF NEW TESTAMENT BAPTIST CHURCH

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of JULY, 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. 321

File 6-28-85

Date of Application

MALE
Medical Examination Report Dated 6-26-85
Name of Physician Wm Stone

FEMALE
Medical Examination Report Dated 6-26-85
Name of Physician Wm Stone

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

MALE APPLICANT

Name: First Darryl Middle Eugene Last Reynolds

Date of Birth: Month 7 Day 5 Year 54

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. RR 1 Box 8C City Pittsboro County Ind State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☒ Other (Specify) 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.
   Dawn M. Reynolds
   Jesse D. "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William J. Reynolds
   Residence of father (if deceased so state) North Salem Ind.
   Birthplace of father (State or foreign country) Ohio.
9. Full maiden name of mother Alice Monroe
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) PA.

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

Signed X Darryl E. Reynolds

New Address RI Box 8C Pittsboro In 46167

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Paula Middle Jean Last Shoaf

Date of Birth: Month 10 Day 7 Year 63

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. Same 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.

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

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

Signed X Paula J. Shoaf

New Address RR 1 Box 8C Pittsboro In.

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 *day of* July, 19 85, *authorizing the joining together as husband and wife* DARRYL EUGENE REYNOLDS *and* PAULA JEAN SHOAF

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

I, ALICE L. HUPP *hereby certify that on the* 20th *day of* AUGUST, *one thousand nine hundred and* 85 *at* NORTH SALEM, *County of* HENDRICKS, *State of Indiana, Groom* DARRYL EUGENE REYNOLDS *of* HENDRICKS *County, State of* IN *and, Bride* PAULA JEAN SHOAF *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 20th *day of* JULY, 19 85

Signed /s/ ALICE L. HUPP

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* AUGUST, 19 85

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 322

File 6-28-85

Date of Application

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 6-28-85
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 6-27-85
Name of Physician David Hadley

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

MALE APPLICANT

Name: First Gerald Middle Joseph Last Knust

Date of Birth: Month 7 Day 11 Year 61

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

Residence Address: Street or R. R. 110 E. Lincoln Ave. City Plfd. County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Gerald Knust

New Address 110 E. Lincoln Ave, Plfd. Ind.

Subscribed and sworn to before me this 28 day of June, 19 85.

MaryJane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Julie Middle Ann Last Wallace

Date of Birth: Month 3 Day 30 Year 63

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

Residence Address: Street or R. R. 617 W. Township Rd. City Plfd. County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Julie Ann Wallace

New Address 110 E. Lincoln, Plfd. In.

Subscribed and sworn to before me this 28 day of June, 19 85.

MaryJane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* July, 19 85, *authorizing the joining together as husband and wife* GERALD J. KNUST *and* JULIE A. WALLACE

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

I, WILLIAM SPENCER GILLESPIE *hereby certify that on the* 13th *day of* JULY, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* GERALD J. KNUST *of* HENDRICKS *County, State of* IN, *and, Bride* JULIE A. 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 13th *day of* JULY, 19 85.

Signed /s/ WILLIAM SPENCER GILLESPIE

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* JULY, 19 85.

Signed MaryJane Russell *Clerk*

HENDRICKS *Circuit Court*

Re-Marriage

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 323

File 7-1-85

Date of Application

MALE
Medical Examination Report Dated 6-1-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-1-85
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: First Robert Middle D. Last Coffman

Date of Birth: Month 7 Day 11 Year 27

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 863 Walton Dr. City Plfd. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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 Owen F. Coffman
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jan Brooks
   Residence of mother (if deceased so state) Bowerstown Ind.
   Birthplace of mother (State or foreign country) N. Carolina

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

Signed Robert D Coffman

New Address 863 Walton Dr

Subscribed and sworn to before me this 1 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Ocie Middle Last Coffman

Date of Birth: Month 10 Day 9 Year 25

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 863 Walton Dr. City Plfd. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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 Steve Ward
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Margaret Hannegritt
   Residence of mother (if deceased so state) Cloverdale, Ind.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Ocie Coffman

New Address 863 Walton Dr.

Subscribed and sworn to before me this 1 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued Extension of Blood Test 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.....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*

No. 324

File

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

July 1, 1985
Date of Application

MALE
Medical Examination Report Dated 6-24-85
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 6-24-85
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: First David Middle Michael Last Gist
Date of Birth: Month Jan. Day 9 Year 1965
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. City Indianapolis, In. County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers license.

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

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

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

Signed X David Gist
New Address
Subscribed and sworn to before me this 1st day of July, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Tammy Middle Lee Last Woods
Date of Birth: Month 7 Day 23 Year 1965
Place of Birth (State or foreign country): Danville In.
Residence Address: Street or R. R. Indianapolis, In. City County Hendricks Co. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

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

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

Signed X Tammy Woods
New Address
Subscribed and sworn to before me this 1st day of July, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9 *day of* July, 1985, *authorizing the joining together as husband and wife* DAVID MICHAEL GIST *and* TAMMY LEE WOODS

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

I, WILLIAM DELBERT LAWSON *hereby certify that on the* 12th *day of* JULY, *one thousand nine hundred and* 85 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* DAVID MICHAEL GIST *of* HENDRICKS *County, State of* IN, *and, Bride* TAMMY LEE WOODS *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 9th *day of* JULY, *19* 85.

Signed /s/ WILLIAM DELBERT LAWSON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JULY, *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. 325

File 7-1-85

Date of Application

MALE
Medical Examination Report Dated 6-4-85
Name of Physician Wm Edwards

FEMALE
Medical Examination Report Dated 6-4-85
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 pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randy Middle A. Last Hinshaw

Date of Birth: Month 5 Day 15 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 223 S. Center Apt A. City Plfd. County Hnd. 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

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

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

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

Signed X Randy A. Hinshaw

New Address 223 So. Center Apt A Plainfield, In 46168

Subscribed and sworn to before me this 1 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Sheryl Middle J. Last Kincaid

Date of Birth: Month 2 Day 22 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 815 Walton Rd. City Plfd. County Hnd. 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

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

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

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

Signed X Sheryl L. Kincaid

New Address 223 So. Center St. Plfd.

Subscribed and sworn to before me this 1 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* July, 19 85, *authorizing the joining together as husband and wife* RANDY A. HINSHAW *and* SHERYL L. KINCAID

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

I, WILLIAM R. CLAYTON *hereby certify that on the* 27 *day of* JULY, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* RANDY A. HINSHAW *of* HENDRICKS *County, State of* IN *and, Bride* SHERYL L. KINCAID *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 27th *day of* JULY, *19* 85.

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* July, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 326

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File July 1, 1985 Date of Application

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

MALE
Medical Examination Report Dated 6/27/85
Name of Physician Richard R. Tasson

FEMALE
Medical Examination Report Dated 6/27/85
Name of Physician Richard R. Tasson

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

MALE APPLICANT

Name: First Charles Middle E. Last Louden Jr.
Date of Birth: Month Dec. Day 7 Year 1954
Place of Birth (State or foreign country) Beech Grove Marion Co. Ind.
Residence Address: Street or R. R. 27 Church Rd. City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dennis Kiesse

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

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

Signed Charles E. Louden Jr.
New Address 27 Church Rd
Subscribed and sworn to before me this 1st day of July, 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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Roxanne Middle L. Last Hopwood
Date of Birth: Month Jan Day 16 Year 1965
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address: Street or R. R. 27 Church Rd. City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dennis Kiesse

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

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

Signed Roxanne Hopwood
New Address 27 Church Rd.
Subscribed and sworn to before me this 1st day of July, 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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of July, 19 85, authorizing the joining together as husband and wife CHARLES E. LOUDEN JR. and ROXANNE L. HOPWOOD

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

I, JOHN P. ELFORD hereby certify that on the 13th day of JULY, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom CHARLES E. LOUDEN, JR. of HENDRICKS County, State of IN, and, Bride ROXANNE L. HOPWOOD 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, 19 85.

Signed /s/ JOHN P. ELFORD
Official Designation DELEGATED PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of JULY, 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. 327

File

July 2, 1985
Date of Application

MALE
Medical Examination Report Dated 6/26/85
Name of Physician Kenneth Stanley MD.

FEMALE
Medical Examination Report Dated 6/26/85
Name of Physician Kenneth Stanley 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 Howard Middle R. Last Corn

Date of Birth: Month April Day 24 Year 1933

Place of Birth (State or foreign country) Born In

Residence Address: 442 N. Center St. Street or R. R. Brownsburg City Hend. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

Signed Howard R Corn
New Address 233 N East St,
Subscribed and sworn to before me this 2 day of July, 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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Dixie Middle L. Last Shackleford

Date of Birth: Month August Day 4 Year 1939

Place of Birth (State or foreign country) Ind.

Residence Address: 447 N. Fulton Street or R. R. Beech Grove City Marion County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Driver License

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

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

Signed Dixie L. Shackleford
New Address 233 N East St
Subscribed and sworn to before me this 2 day of July, 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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of July, 19 85, authorizing the joining together as husband and wife HOWARD R. CORN and DIXIE L. SHACKLEFORD
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ~~JANICE S. CHILEWSKI~~ hereby certify that on the 2nd day of JULY, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom HOWARD R. CORN of HENDRICKS County, State of INDIANA and, Bride DIXIE L. SHACKLEFORD of MARION County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of JULY, 19 85.

Signed /s/ JANICE S. CHILEWSKI
Official Designation 1st DEPUTY CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of JULY, 19 85.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 328

File

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-2-85
Date of Application

MALE
Medical Examination Report Dated 6-24-85
Name of Physician Baker

FEMALE
Medical Examination Report Dated 6-24-85
Name of Physician Baker

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

MALE APPLICANT

Name: First John Middle Thomas Last Russell
Date of Birth: Month 9 Day 12 Year 1953
Place of Birth (State or foreign country) Indpls
Residence Address: Street or R. R. 201 N. Vine St. City Indpls. County Marion State In

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

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

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

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

Signed X John Russell
New Address 1443 Fox Road Indpls 46234
Subscribed and sworn to before me this 2 day of July, 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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Nancy Middle Jo Last Williams
Date of Birth: Month 9 Day 4 Year 1951
Place of Birth (State or foreign country) Indpls
Residence Address: Street or R. R. 10473 N 950 E. City B'burg County Hend State In

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Melinda Sue Williams
   Jason Michael 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 Erwin Omer Boyd
   Residence of father (if deceased so state) B'burg
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Gladys Francis Bechert
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Ind.

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

Signed X Nancy Jo Williams
New Address 443 Forest Indpls. 46234
Subscribed and sworn to before me this 2nd day of July, 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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10th *day of* July, 19 85, *authorizing the joining together as husband and wife* JOHN THOMAS RUSSELL *and* NANCY JO WILLIAMS

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

I, C. GLEN BURNSIDE *hereby certify that on the* 12th *day of* JULY, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* JOHN THOMAS RUSSELL *and, Bride* NANCY JO WILLIAMS *of* MARION *County, State of* ~~HENDRICKS~~ 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 12 *day of* JULY, 19 85.

Signed /s/ C. GLEN BURNSIDE
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* JULY, 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. 329

File

7-3-85
Date of Application

MALE
Medical Examination Report Dated 6-13-85
Name of Physician Dyess AFB - Mitchell, M.D.

FEMALE
Medical Examination Report Dated 6-22-85
Name of Physician Stegmaller

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

MALE APPLICANT

Name: First Joseph Middle W. Last Kattau

Date of Birth: Month Jan Day 27 Year 1959

Place of Birth (State or foreign country) Tx.

Residence Address: Street or R. R. Box 7086 City Dyess AFB, County Taylor State Texas 79607

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Air Force I.D.

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

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

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

Signed Joseph W. Kattau
New Address Box 7086 Dyess AFB TX. 79607

Subscribed and sworn to before me this 3 day of July, 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

FEMALE APPLICANT

Name: First Judith Middle K. Last Moors

Date of Birth: Month June Day 6 Year 1962

Place of Birth (State or foreign country) Pa.

Residence Address: Street or R. R. 110 Raceway Rd. City Dolphs County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Dr. Graves

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

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

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

Signed Judith K. Moors
New Address 110 N. Raceway Rd.

Subscribed and sworn to before me this 3 day of July, 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* July, 19 85, *authorizing the joining together as husband and wife* JOSEPH W. KATTAU *and* JUDITH K. MOORS

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

I, WILLIAM P. HENDRICKS *hereby certify that on the* 13th *day of* JULY, *one thousand nine hundred and* 85 *at* WASHINGTON TOWNSHIP, *County of* HENDRICKS, *State of Indiana, Groom* JOSEPH W. KATTAU *of* TAYLOR *County, State of* TEXAS *and, Bride* JUDITH K. MOORS *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* JULY, 19 85.

Signed /s/ WILLIAM P. HENDRICKS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* JULY, 19 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

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No. 330

File

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-3-85
Date of Application

MALE
Medical Examination Report Dated 7-2-85
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 7-2-85
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: First Hayward Middle D. Last Price, Sr.
Date of Birth: Month 4 Day 15 Year 1924
Place of Birth (State or foreign country) Wadistown, W. Virginia
Residence Address: Street or R. R. 178 E. Main City Pitcd. County Hend State Ind

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

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

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

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

Signed Hayward D Price Sr
New Address
Subscribed and sworn to before me this 3 day of July, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Virginia Middle Louise Last Dickerson
Date of Birth: Month 3 Day 9 Year 1929
Place of Birth (State or foreign country) Glasgow, Ky
Residence Address: Street or R. R. 5810 Moorsville Rd. City Indpls County Marion State Ind

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

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

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

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

Signed Virginia Dickerson
New Address 5810 Moorsville Rd Indpls Ind.
Subscribed and sworn to before me this 3 day of July, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* July, 19 85, *authorizing the joining together as husband and wife* HAYWARD D. PRICE, SR. *and* VIRGINIA LOUISE DICKERSON

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

I, LARRY R. HESSON *hereby certify that on the* 3rd *day of* JULY, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* HAYWARD D. PRICE, SR. *and, Bride* VIRGINIA LOUISE DICKERSON *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, State of* IN, *Dated this* 3rd *day of* JULY, 19 85.

Signed /s/ LARRY R. HESSON
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* JULY, 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. 331

File

7-3-85
Date of Application

MALE
Medical Examination Report Dated 7-1-85
Name of Physician Scamahorn

FEMALE
Medical Examination Report Dated 6-30-85
Name of Physician Scamahorn

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

MALE APPLICANT

Name: First Mark Middle Dwane Last Herron

Date of Birth: Month Aug Day 7 Year 1967

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 145 N. Meridian Apt C City Pittsboro County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed + Mark Herron
New Address 145 N. Meridian Apt C

Subscribed and sworn to before me this 3 day of July, 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

FEMALE APPLICANT

Name: First Kelley Middle Renee Last Land

Date of Birth: Month Aug Day 7 Year 1966

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. Rt 1 Box 243C City Pittsboro County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Kelley Land
New Address 145 N. Meridian Apt C

Subscribed and sworn to before me this 3 day of July, 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

I, Ann Edwards, hereby give my consent for
my son, Mark Herron to
marry Kelly Land.

+ Ann Edwards

Subscribed and sworn to before me this 2 day of July 1985

Mary Jane Russell
~~Notary Public~~ CLERK

.....Father
.....Mother
....., 19.....
.....Clerk

e named parties, the
r.....and filed

.....Circuit Court

of Indiana dated the 2 *day of* July *, 19*85*, authorizing the joining together as husband and wife*
MARK DWANE HERRON *and* KELLEY RENEE LAND
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, LARRY R. HESSON *hereby certify that on the* 3rd *day of* JULY *,*
one thousand nine hundred and 85 *at* DANVILLE *, County of* HENDRICKS *,*
State of Indiana, Groom MARK DWANE HERRON *of* HENDRICKS *County, State of* IN
and, Bride KELLEY RENEE LAND *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 3rd *day of* JULY *, 19*85*.

Signed /s/ LARRY R. HESSON
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* JULY *, 19*85*.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

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No. 332

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7-8-1985 Date of Application

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

MALE
Medical Examination Report Dated 6-17-85
Name of Physician IRVING COHEN, M.D.

FEMALE
Medical Examination Report Dated 6-17-85
Name of Physician IRVING COHEN, M.D.

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

MALE APPLICANT

Name: First REX Middle LEE Last CLOUD

Date of Birth: Month DEC Day 22 Year 1965

Place of Birth (State or foreign country) INDIANAPOLIS — MARION Co, IN
City County State

Residence Address: Street or R. R. R#1 BOX 240 City PITTSBORO

Previous Marital Status: Never Married X OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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 ☐ 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 ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father RICHARD LEE CLOUD JR.
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country) INDIANAPOLIS, IN
9. Full maiden name of mother JUDITH ANN LEE
   Residence of mother (if deceased so state)
   Birthplace of mother (State or foreign country) INDIANAPOLIS, IN

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

Signed Rex L. Cloud

New Address P.O. Bx 32 NORTH SALEM

Subscribed and sworn to before me this 8TH day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First CHRISTINE Middle ANN Last CADWELL

Date of Birth: Month JANUARY Day 4 Year 1965

Place of Birth (State or foreign country) INDIANAPOLIS — MARION Co, IN
City County State

Residence Address: Street or R. R. R#1 BOX 145 City NORTH SALEM, IN

Previous Marital Status: Never Married X OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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 ☐ 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 ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 HOWARD CADWELL JR.
   Residence of father (if deceased so state) 515 LEISURE LANE, GREENWOOD
   Birthplace of father (State or foreign country) INDIANAPOLIS, IN
9. Full maiden name of mother DIANNA SUE BROCK
   Residence of mother (if deceased so state) R#1 BOX 145 NORTH SALEM
   Birthplace of mother (State or foreign country) INDIANAPOLIS

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

Signed Christine A. Cadwell

New Address P.O. Bx 32 NORTH SALEM, IN

Subscribed and sworn to before me this 8TH day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* July, 19 85, *authorizing the joining together as husband and wife* REX LEE CLOUD *and* CHRISTINE ANN CADWELL

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

I, MARK ALAN DODD *hereby certify that on the* 27th *day of* JULY, *one thousand nine hundred and* 85, *at* NORTH SALEM, *County of* HENDRICKS, *State of Indiana, Groom* REX LEE CLOUD *of* HENDRICKS *County, State of* IN, *and, Bride* CHRISTINE ANN CADWELL *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 27th *day of* JULY, *19* 85.

Signed /s/ MARK ALAN DODD

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 31st *day of* JULY, *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. 333

File

July 3, 1985 Date of Application

MALE
Medical Examination Report Dated 6-18-85
Name of Physician Glen S. Pons, MD.

FEMALE
Medical Examination Report Dated 6-18-85
Name of Physician Glen S. Pons 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 Andrew Middle H. Last Billing

Date of Birth: Month March Day 25 Year 1960

Place of Birth (State or foreign country) Patterson N.J.

Residence Address: Street or R. R. P.O. Box 834 City Vermont County — State N.J.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Andrew Stewart Billing
   Residence of father (if deceased so state) Little Falls NY.
   Birthplace of father (State or foreign country) N. Jersey
9. Full maiden name of mother Diane Elizabeth Allen
   Residence of mother (if deceased so state) Little Falls NY.
   Birthplace of mother (State or foreign country) New Jersey

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

Signed Andrew H. Billing

New Address POB 834, Vernon, NJ 07462

Subscribed and sworn to before me this 3 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sheri Middle Lynn Last Hume

Date of Birth: Month August Day 6 Year 1961

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. P.O. Box 834 City Vernon County — State N.J.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Drivers License (picture)

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

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

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

Signed Sheri Lynn Hume

New Address PO Box 834, Vernon, NJ 07462

Subscribed and sworn to before me this 3 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* July, 19 85, *authorizing the joining together as husband and wife* ANDREW H. BILLING *and* SHERYL LYNN HUME

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* AUGUST, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* ANDREW H. BILLING *of* SUSSEX *County, State of* NEW JERSEY *and, Bride* SHERYL LYNN HUME *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* AUGUST, *19* 85.

Signed /s/ ANDREW J. SIMKINS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* SEPTEMBER, *19* 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 334

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 7-8-85 Date of Application

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

MALE
Medical Examination Report Dated 7-2-85
Name of Physician Dwrlbrs

FEMALE
Medical Examination Report Dated 7-2-85
Name of Physician Dwrlbrs

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 (First) S. (Middle) Starling (Last)
Date of Birth: Month 10 Day 23 Year 193?
Place of Birth (State or foreign country) Baltimore, Maryland
Residence Address: 40 N. Green #14 (Street or R. R.) B'burg (City) Hend (County) In (State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed [signature]
New Address 40 N Green #14
Subscribed and sworn to before me this 8 day of July, 19 85.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: Debra (First) L. (Middle) Poole (Last)
Date of Birth: Month 8 Day 17 Year 56
Place of Birth (State or foreign country) Indpls.
Residence Address: 40 N. Green #14 (Street or R. R.) B'burg (City) Hend (County) In (State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Debra L Poole
New Address 40 N. GREEN #14
Subscribed and sworn to before me this 8 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of July, 1985, authorizing the joining together as husband and wife ROBERT S. HARLING and DEBRA L. POOLE

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

I, LARRY R. HESSON hereby certify that on the 12 day of JULY one thousand nine hundred and 85, at DANVILLE, County of HENDRICKS, State of Indiana, Groom ROBERT S. HARLING of HENDRICKS County, State of IN, and, Bride DEBRA L. POOLE 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 12 day of JULY, 19 85.

Signed /s/ LARRY R. HESSON
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of JULY, 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. 335

File

7-8-85
Date of Application

MALE
Medical Examination Report Dated 7-5-85
Name of Physician Patricia M Lockwood

FEMALE
Medical Examination Report Dated 7-5-85
Name of Physician Patricia Lockwood

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

MALE APPLICANT

Name: First James Middle A. Last Stanger

Date of Birth: Month 1 Day 23 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4510 Kathryn Dr. City Indpls. County Hend. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed James A Stanger

New Address 4510 Kathryn Dr

Subscribed and sworn to before me this 8 day of July, 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Edna Middle L. Last Bryan

Date of Birth: Month 7 Day 7 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4510 Kathryn Dr. City Indpls. County Hend. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Edna L Bryan

New Address 4510 Kathryn Dr

Subscribed and sworn to before me this 8 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* July, 19 85, *authorizing the joining together as husband and wife* JAMES A. STANGER *and* EDNA L. BRYAN

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

I, RONALD E. HEALEY *hereby certify that on the* 14th *day of* JULY, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* JAMES A. STANGER *of* HENDRICKS *County, State of* IN *and, Bride* EDNA L. BRYAN *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 14th *day of* JULY, 19 85.

Signed /s/ RONALD E. HEALEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* JULY, 19 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 336

File

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-9-85
Date of Application

MALE
Medical Examination Report Dated 7-3-85
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 7-3-85
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: First Vernon Middle J. Last Woodruff Jr.
Date of Birth: Month 6 Day 18 Year 64
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 6415 Wakefield Rd. Apt 305 City Indpls. County Ind. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Vernon Joe Woodruff Sr
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Judith Ann Craig
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Vernon Woodruff, JR.
New Address 6415 Wakefield Rd #305 Indpls. 46268
Subscribed and sworn to before me this 9 day of July, 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Debra Middle K. Last Lawson
Date of Birth: Month 1 Day 22 Year 64
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. RR 1 Box 462 City Clayton County Ind. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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 Willie Kyle Lawson
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Viola Mae Strange
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Virginia

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

Signed X Debra K. Lawson
New Address 6415 Wakefield Rd # 305 Indpls. 46268
Subscribed and sworn to before me this 9 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* July, *19* 85, *authorizing the joining together as husband and wife* VERNON J. WOODRUFF JR. *and* DEBRA K. LAWSON
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, DONALD E. RIGGS *hereby certify that on the* 20th *day of* JULY, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* VERNON J. WOODRUFF JR. *of* MARION *County, State of* IN, *and, Bride* DEBRA K. LAWSON *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 20th *day of* JULY, *19* 85.

Signed /s/ DONALD E. RIGGS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* July, *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. 337

File

7-9-85 Date of Application

MALE
Medical Examination Report Dated 7-1-85
Name of Physician Michael Starks

FEMALE
Medical Examination Report Dated 7-1-85
Name of Physician Michael Starks

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

MALE APPLICANT

Name: First Richard Middle A. Last David

Date of Birth: Month Day 29 Year 49

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 798 Lake Shore Dr. City Plfd. 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.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard A. David Sr.
   Residence of father (if deceased so state) Arcadia Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Esther M. Spaulding
   Residence of mother (if deceased so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed ✕ Richard A. David Jr.
New Address RR2 Box 123 Roachdale, Ind

Subscribed and sworn to before me this 9 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Susan Middle Lynne Last Eversole

Date of Birth: Month 2 Day 29 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 798 Lake Shore Dr. City Plfd. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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 Orval Eugene Noggle
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jane Taylor
   Residence of mother (if deceased so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed ✕ Susan L. Eversole
New Address RR2 Box 123 Roachdale, In 46172

Subscribed and sworn to before me this 9 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* July, 19 85, *authorizing the joining together as husband and wife* RICHARD A. DAVID JR. *and* SUSAN LYNNE EVERSOLE

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

I, JOHN C. MOWRER *hereby certify that on the* 13th *day of* JULY, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* RICHARD A. DAVIS JR. *of* HENDRICKS *County, State of* IN *and, Bride* SUSAN LYNN EVERSOLE *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, *19* 85.

Signed /s/ JOHN C. MOWRER

Official Designation JUDGE PRO-TEMPORE

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* JULY, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 338

File

7-9-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 7-3-85
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 7-3-85
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: First Thomas Middle Ray Last Kimmel

Date of Birth: Month 10 Day 8 Year 60

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

Residence Address: Street or R. R. Box 172 City Pittsboro County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Thomas Ray Kimmel

New Address 101 w main Pittsboro

Subscribed and sworn to before me this 9 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Leanne Middle Last Steuerwald

Date of Birth: Month 6 Day 7 Year 61

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

Residence Address: Street or R. R. Box 172 City Pittsboro County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Lies

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

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

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

Signed X Leanne Steuerwald

New Address 101 w. Main st pittsboro In.

Subscribed and sworn to before me this 9 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13th *day of* July, 1985, *authorizing the joining together as husband and wife* THOMAS RAY KIMMEL *and* LEANNE STEUERWALD

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

I, TONY ALAN JOHNSON *hereby certify that on the* 13th *day of* JULY, *one thousand nine hundred and* 85 *at* BEN DAVIS CHRISTIAN CHURCH, *County of* MARION, *State of Indiana, Groom* THOAMS RAY KIMMEL *of* HENDRICKS *County, State of* IN, *and, Bride* LEANNE STEUERWALD *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, *19* 85

Signed /s/ TONY ALAN JOHNSON

Official Designation ASSOCIATE MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* JULY, *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. 339

File

July 9 1985
Date of Application

MALE
Medical Examination Report Dated 6-29-85
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 6-29-85
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: First Andrew; Middle J.; Last Wilson

Date of Birth: Month 12; Day 5; Year 1964

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

Residence Address: Street or R. R. Brownsburg; City; County; State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify): Drivers Licirse

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

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

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

Signed Andrew J Wilson

New Address 3950 N 1000 E LOT #41

Subscribed and sworn to before me this 9th day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

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

____ Clerk

FEMALE APPLICANT

Name: First Lori; Middle A.; Last Vaught

Date of Birth: Month 6; Day 13; Year 1962

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

Residence Address: Street or R. R. Brownsburg, In.; City; County; State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify): ____

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

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

Signed Lori A. Vaught

New Address 3960 N. 1000 E #41

Subscribed and sworn to before me this 9th day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

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

____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* July, 19 85, *authorizing the joining together as husband and wife* ANDREW J. WILSON *and* LORI A. VAUGHT

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

I, GEORGE W. DAVIS *hereby certify that on the* 20th *day of* JULY, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* ANDREW J. WILSON *of* HENDRICKS *County, State of* IN *and, Bride* LORI A. VAUGHT *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 20th *day of* JULY, 19 85.

Signed /s/ GEORGE W. DAVIS

Official Designation UNITED METHODIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* JULY, 19 85

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 340

File

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-9-85 Date of Application

MALE
Medical Examination Report Dated 6-25-85
Name of Physician Gerald A. Griffin

FEMALE
Medical Examination Report Dated 6-25-85
Name of Physician Gerald A. Griffin

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

MALE APPLICANT

Name: First Matthew Middle D. Last Richardson
Date of Birth: Month Dec. Day 17 Year 1966
Place of Birth (State or foreign country): Brownsburg, In. (City, County, State)
Residence Address: Street or R. R. Brownsburg, In. (City)
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed: Matthew D. Richardson
New Address: Lodge Street Apt #3 Pittsboro

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

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

FEMALE APPLICANT

Name: First Patricia Middle Lynn Last Page
Date of Birth: Month Dec. Day 4 Year 1964
Place of Birth (State or foreign country): Indianapolis, In. (City, County, State)
Residence Address: Street or R. R. Pittsboro, In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed: Patricia L. Page
New Address: Lodge Street Apt #3 Pittsboro

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* July, 19 85, *authorizing the joining together as husband and wife* MATTHEW G. RICHARDSON *and* PATRICIA LYNN PAGE
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, DANIEL J. STAUBLIN *hereby certify that on the* 13th *day of* July, *one thousand nine hundred and* 85, *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* MATTHEW G. RICHARDSON *of* HENDRICKS *County, State of* IN, *and, Bride* PATRICIA LYNN PAGE *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 13 *day of* JULY, *19*85.

Signed /s/ DANIEL J. STAUBLIN
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* JULY, *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. 341

File

July 10, 1985
Date of Application

MALE
Medical Examination Report Dated 7-8-85
Name of Physician Clark

FEMALE
Medical Examination Report Dated 7-8-85
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: First Hubert Middle Bradford Last Lovins

Date of Birth: Month Jan Day 4 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 137 City North Salem County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed + Brad Lovins
New Address RR 1 Box 137 North Salem

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

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

FEMALE APPLICANT

Name: First Penny Middle Marie Last Smith

Date of Birth: Month Dec Day 8 Year 1966

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 137 ff. City North Salem County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Penny Marie Smith
New Address RR 1 Box 137 North Salem

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* July, 19....., *authorizing the joining together as husband and wife* HUBERT BRADFORD LOVINS *and* PENNY MARIE SMITH

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

I, R. HAROLD DODSON *hereby certify that on the* 14th *day of* JULY, *one thousand nine hundred and* 85 *at* NORTH SALEM BAPTIST CHURCH, *County of* HENDRICKS, *State of Indiana, Groom* BRADFORD LOVINS *of* HENDRICKS *County, State of* IN *and, Bride* PENNY MARIE 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 14th *day of* JULY, 19 85.

Signed /s/ R. HAROLD DODSON
Official Designation MINISTER OF THE GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* JULY, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 342

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File July 11, 1985 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-5-2 Effective July 1, 1977

MALE
Medical Examination Report Dated July 1, 1985
Name of Physician Joseph Thompson MD

FEMALE
Medical Examination Report Dated July 1, 1985
Name of Physician Joseph Thompson 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 Gregory Middle D Last Pemberton

Date of Birth: Month 7 Day 2 Year 55

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 3390 N Raceway Rd. City Indpls County In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) 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 Jno D Pemberton
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Elizibeth S. Davis
   Residence of mother (if deceased so state) Brownsburg In
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Gregory Pemberton

New Address 3390 N. Raceway Rd. #11

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle Kay Last Mills

Date of Birth: Month 12 Day 26 Year 60

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 3390 N Raceway Rd. City Indpls County In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) 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 Franklin D. Mills
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Judith Ann Hubbard
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indpls In

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

Signed Deborah K Mills

New Address .....

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of July, 1985, authorizing the joining together as husband and wife GREGORY D. PEMBERTON and DEBORAH K. MILLS

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

I, DONALD L. THOMPSON hereby certify that on the 2nd day of AUGUST one thousand nine hundred and 85 at FAITH BAPTIST CHURCH, County of HENDRICKS State of Indiana, Groom GREGORY D. PEMBERTON of HENDRICKS County, State of IN and, Bride DEBORAH KL MILLS 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 2nd day of AUGUST, 19 85

Signed /s/ DONALD L. THOMPSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of AUGUST, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 342

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File July 11, 1985 Date of Application

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

MALE
Medical Examination Report Dated July 1, 1985
Name of Physician Joseph Thompson MD

FEMALE
Medical Examination Report Dated July 1, 1985
Name of Physician Joseph Thompson 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 Gregory Middle D Last Pemberton

Date of Birth: Month 7 Day 2 Year 55

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

Residence Address: 3390 N. Raceway Rd. Street or R. R. Jeffersonville City Indiana County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License

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

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

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

Signed Gregory Pemberton

New Address 3390 N. Raceway Rd #11

Subscribed and sworn to before me this 11 day of July 1985

Mary Jane Russell

FEMALE APPLICANT

Name: First Deborah Middle Kay Last Mills

Date of Birth: Month 12 Day 26 Year 60

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

Residence Address: 3390 N. Raceway Rd. Street or R. R. Jeffersonville City Indiana County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License

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

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

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

Signed Deborah K Mills

New Address 11 R 1

CONSENT OF PARENTS, PARENT OR GUARDIA

We, the parents, of this applicant hereby give conse
signs, state facts which render the consent of the o

State of Indiana, County of HENDRICKS } ss:

Signed

Signed

Subscribed and sworn to before me this

I, Hubert T. Lowins, hereby give my consent for my son, Hubert Bradford Lowins, to marry Penny Marie Smith.

Hubert T Lowins

Subscribed and sworn to before me this 12 day of July 1985

Sara B. Baird
Notary Public SARA B. BAIRD
Comm. Expires 6/14/89
Resident of Putnam Co. Indiana

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of July, 19 85, authorizing the joining together as husband and wife GREGORY D. PEMBERTON and DEBORAH K. MILLS

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

I, DONALD L. THOMPSON hereby certify that on the 2nd day of AUGUST, one thousand nine hundred and 85 at FAITH BAPTIST CHURCH, County of HENDRICKS, State of Indiana, Groom GREGORY D. PEMBERTON of HENDRICKS County, State of IN, and, Bride DEBORAH KL MILLS 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 2nd day of AUGUST, 19 85

Signed /s/ DONALD L. THOMPSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of AUGUST, 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. 343

File

Date of Application

MALE
Medical Examination Report Dated July 9, 1985
Name of Physician Dr Black

FEMALE
Medical Examination Report Dated July 9, 1985
Name of Physician Dr Black

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

MALE APPLICANT

Name: First James Middle H. Last Hopkins
Date of Birth: Month 2 Day 22 Year 35
Place of Birth (State or foreign country) Belleville Ill.
Residence Address: Street or R. R. 22 E. Tilden P.O. Box 419 City Brownsburg County In State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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 Gene Hopkins
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Nazzie L. Gray
   Residence of mother (if deceased so state) Mt Vernon. Ind.
   Birthplace of mother (State or foreign country) Illinois

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

× Signed James H. Hopkins
New Address 9880 W. 10th #61-6 Indianapolis 46234

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

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

FEMALE APPLICANT

Name: First Janey Middle Lou Last Hopkins
Date of Birth: Month 10 Day 7 Year 41
Place of Birth (State or foreign country) Muscatine Iowa
Residence Address: Street or R. R. 9880 W 10th St #41-6 City Indpls County In State 46234
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

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

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

× Signed Janey Lou Hopkins
New Address .....

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 85, *authorizing the joining together as husband and wife* JAMES H. HOPKINS *and* JANEY LOU HOPKINS

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

I, LARRY R. HESSON *hereby certify that on the* 12th *day of* JULY, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JAMES H. HOPKINS *of* HENDRICKS *County, State of* IN *and, Bride* JANEY LOU HOPKINS *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* JULY, 19 85.

Signed /s/ LARRY R. HESSON
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* JULY, 19 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 344

File

7-11-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 7-9-85
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 7-9-85
Name of Physician William Edwards

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

MALE APPLICANT

Name: First John Middle G. Last King
Date of Birth: Month 6 Day 19 Year 1964
Place of Birth (State or foreign country) Danville City In. County State
Residence Address: Street or R. R. 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 female applicant closer than second cousin?	No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor?	No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug?	No ☑ Yes ☐
6. List the full names of any dependent children.	
7. Are you required by any court order or orders to support the above dependent children?	No ☐ Yes ☐

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

8. Full name of father James C. King
Residence of father (if deceased so state) Plainfield, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly S. Musters
Residence of mother (if deceased so state) Plainfield, In.
Birthplace of mother (State or foreign country) Rhode Island

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

Signed [signature] PLAINFIELD IN,
New Address

Subscribed and sworn to before me this 11th day of July, 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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Julie Middle A. Last Hager
Date of Birth: Month 7 Day 14 Year 1964
Place of Birth (State or foreign country) Minneapolis City Minn County State
Residence Address: Street or R. R. 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 Richard John Hager
Residence of father (if deceased so state) Indianapolis, In
Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Sharon Marie Larson
Residence of mother (if deceased so state) Indianapolis
Birthplace of mother (State or foreign country) Minnesota

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

Signed ☒ Julie Ann Hager
New Address Plainfield, Ind
Subscribed and sworn to before me this 11 day of July, 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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of July, 19 85, authorizing the joining together as husband and wife JOHN FITZGERALD KING and JULIE ANN HAGER

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

I, WILLIAM SPENCER GILLESPIE hereby certify that on the 20th day of JULY one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom JOHN FITZGERLAD KING of HENDRICKS County, State of IN, and, Bride JULIE ANN HAGER 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 20th day of JULY, 19 85.

Signed /s/ WILLIAM SPENCER GILLESPIE
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of JULY, 19 85.

Signed [signature] Clerk
HENDRICKS Circuit Court

I for a marriage
Sharon M. Hager
Richard D. Hager
ic, appeared Sharon M. Ha
cuted the foregoing state
ay of July 1985.
Marie Michelle Sharp
12, 1988

28

No. 344

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-11-85
Date of Application

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

MALE
Medical Examination Report Dated 7-9-85
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 7-9-85
Name of Physician William Edwards

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

MALE APPLICANT

Name: First John Middle J. Last King
Date of Birth: Month 6 Day 19 Year 1964
Place of Birth (State or foreign country): Danville City In. County State
Residence Address: Street or R. R. 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 female applicant closer than second cousin?	No ☑	Yes ☐
4. Are you now under the influence of intoxicating liquor?	No ☑	Yes ☐
5. Are you now under the influence of a narcotic drug?	No ☑	Yes ☐

6. List the full names of any dependent children.

New Address

Subscribed and sworn to before me this 11th day of July, 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Julie Middle A. Last Hager
Date of Birth: Month 7 Day 14 Year 1964
Place of Birth (State or foreign country): Minneapolis City Minn County State
Residence Address: Street or R. R. 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 — No ☐ Yes ☐

We, Sharon M. Pa
give our daughter,
permission to appl
license.

Before me, a notary publ
and Richard J. Ha
Sworn to before me
Notary Public Mi
My commission exp

SS: State of Indi
County of Hen

uired that this Application be accompanied by satisfactory proof that you are in
t order or orders issued for their support.
Richard John Hager
Indianapolis, In
ased so state)
r foreign country) Minnesota
Sharon Marie Larson
Indianapolis
eased so state)
or foreign country) Minnesota
CKS } ss: I depose and state the information given in this application is true and correct.
Signed Julie Ann Hager
ddress Plainfield, Ind
Subscribed and sworn to before me this 11 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* July, 19 85, *authorizing the joining together as husband and wife* JOHN FITZGERALD KING *and* JULIE ANN HAGER

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

I, WILLIAM SPENCER GILLESPIE *hereby certify that on the* 20th *day of* JULY, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* JOHN FITZGERLAD KING *of* HENDRICKS *County, State of* IN, *and, Bride* JULIE ANN HAGER *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 20th *day of* JULY, 19 85.

Signed /s/ WILLIAM SPENCER GILLESPIE
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JULY, 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. 345

File

7-12-85
Date of Application

MALE
Medical Examination Report Dated 7-8-85
Name of Physician Willie J. Josey

FEMALE
Medical Examination Report Dated 7-8-85
Name of Physician E. D. 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 Troy Middle Wayne Last Love

Date of Birth: Month 6 Day 8 Year 64

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

Residence Address: Street or R. R. SST 2/6 CAV City Ft. Knox County Ky. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Troy W. Love
New Address 35T 2/6 CAV. FT. KNOX

Subscribed and sworn to before me this 12 day of July, 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Shari Middle Kay Last Jordan

Date of Birth: Month 2 Day 11 Year 67

Place of Birth (State or foreign country) Marion Co.

Residence Address: Street or R. R. 14 Elm Dr. City Pltfd. County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Shari K. Jordan
New Address 502 Raines St.

Subscribed and sworn to before me this 12 day of July, 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* July, 19 85, *authorizing the joining together as husband and wife* TROY WAYNE LOVE *and* SHARI KAY JORDAN

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

I, RON HALLOCK *hereby certify that on the* 13th *day of* JULY, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* TROY WAYNE LOVE *of* HENDRICKS *County, State of* IN *and, Bride* SHARI KAY JORDAN *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, *19* 85.

Signed /s/ RON HALLOCK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* JULY, *19* 85

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 346

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

July 12, 1985
Date of Application

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

MALE
Medical Examination Report Dated 7-1-85
Name of Physician D. Baker

FEMALE
Medical Examination Report Dated 7-1-85
Name of Physician D. Baker

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

MALE APPLICANT

Name: First Jimmy Middle Vaughn Last Wilson
Date of Birth: Month Aug Day 4 Year 1956
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. 6091 Augusta Dr. N. Apt B City Speedway County Marion State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Jimmy Vaughn Wilson
New Address 6091 Augusta Dr. N. apt B Speedway IN. 46224

Subscribed and sworn to before me this 13 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Trisha Middle Ann Last Grooms
Date of Birth: Month June Day 30 Year 1963
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 33 Sherry Ln City Brownsburg County ..... State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

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

Signed Trisha Ann Grooms
New Address 6091 Augusta Dr. N. apt B.

Subscribed and sworn to before me this 12 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of July, 1985, authorizing the joining together as husband and wife JIMMY VAUGHN WILSON and TRISHA ANNGROOMS

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

I, J. KINCAID SMITH hereby certify that on the 27 day of JULY one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom JIMMY VAUGHN WILSON of HENDRICKS County, State of IN, and, Bride TRISHA ANN GROOMS 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 16th day of JULY, 19 85.

Signed /s/ J. KINCAID SMITH
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of JULY, 19 85.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 347

File

July 12, 1985 Date of Application

MALE
Medical Examination Report Dated 7-2-85
Name of Physician Haggard

FEMALE
Medical Examination Report Dated 7-2-85
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: First Darrin Middle Edward Last Smith

Date of Birth: Month Apr Day 4 Year 1966

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 319 S. Center Apt 3 City Plainfield County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed + Darrin Smith

New Address 319 S. Center Apt 3 Plfd IN

Subscribed and sworn to before me this 12 day of July, 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Diana Middle Kay Last Grider

Date of Birth: Month June Day 25 Year 1967

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 501 Iowa Rd City Plainfield County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Diana Grider

New Address 319 S. Center Apt. 3

Subscribed and sworn to before me this 12 day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* July, 19 85, *authorizing the joining together as husband and wife* DARRIN EDWARD SMITH *and* DIANA GRIDER

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

I, HUBERT GREER *hereby certify that on the* 20th *day of* JULY, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* DARRIN SMITH *of* HENDRICKS *County, State of* IN, *and, Bride* DIANA GRIDER *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 20th *day of* JULY, *19* 85.

Signed /s/ HUBERT GREER

Official Designation REVERAND

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 348

File 7-12-85

Date of Application

MALE
Medical Examination Report Dated 7-10-85
Name of Physician A. Morrison

FEMALE
Medical Examination Report Dated 7-10-85
Name of Physician A. Morrison

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

MALE APPLICANT

Name: First Dean Middle Michael Last Belcher

Date of Birth: Month 8 Day 19 Year 60

Place of Birth (State or foreign country) Angola, Indiana

Residence Address: Street or R. R. 109 Sandridge City Collinsville County ILL State 62234

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Dean M. Belcher
New Address 109 Sandridge Dr.

Subscribed and sworn to before me this 12 day of July, 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Nancy Middle Carol Last Sears

Date of Birth: Month 1 Day 7 Year 60

Place of Birth (State or foreign country) South Bend Indiana

Residence Address: Street or R. R. ← Same City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Nancy C. Sears
New Address 109 Sandridge, Collinsville, IL

Subscribed and sworn to before me this 12 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

HENDRICKS County Court by written order issued and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of July, 19 85, authorizing the joining together as husband and wife DEAN MICHAEL BELCHER and NANCY CAROL SEARS

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

I, DAVID VOORS hereby certify that on the 27 day of JULY, one thousand nine hundred and 85, at ST. MATHEW CATHEDRAL, County of ST. JOSEPH, State of Indiana, Groom DEAN MICHAEL BELCHER of MADISON County, State of ILLINOIS, and, Bride NANCY CAROL SEARS of MADISON 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 27th day of JULY, 19 85.

Signed /s/ DAVID VOORS
Official Designation ROMAN CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of JULY, 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. 349

File

7/15/85 Date of Application

MALE
Medical Examination Report Dated 7-2-
Name of Physician Mark L. Moore

FEMALE
Medical Examination Report Dated 7-2-85
Name of Physician Mark L. Moore

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

MALE APPLICANT

Name: First Robert Middle Joseph Last Carter

Date of Birth: Month 1 Day 28 Year 1961

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. 583 Meridian Rd City Jasper County State

Previous Marital Status: Never Married ☐ OR X

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

X 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 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 Donald Ray Carter
   Residence of father (if deceased so state) 209 Cokex Dr. Ky
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Barbara Diane Hankins
   Residence of mother (if deceased so state) Mooresville Indpls
   Birthplace of mother (State or foreign country)

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

X Signed Robert J. Carter
New Address 583 Meridian Rd Jasper

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Lisa Middle Lee Last Groninger

Date of Birth: Month 8 Day 28 Year 1962

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R. R. 800 Walton Dr. City Plntf. County State

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) Drivers License

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 ☐ 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 Donald Lee Groninger
   Residence of father (if deceased so state) Plntf.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Loretta Lee Wolfsnecht
   Residence of mother (if deceased so state) Plntf.
   Birthplace of mother (State or foreign country) Ky.

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

X Signed Lisa Lee Groninger
New Address 583 Meridian Rd, Jasper

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of July, 1985, authorizing the joining together as husband and wife ROBERT JOSEPH CARTER and LISA LEE GRONINGER

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

I, WILLIAM R. CLAYTON hereby certify that on the 20th day of JULY, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom ROBERT JOSEPH CARTER of DUBOIS County, State of IN and, Bride LISA LEE GRONINGER 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 20th day of JULY, 19 85.

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of JULY, 19 85.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 350

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7/15/85
Date of Application

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

MALE
Medical Examination Report Dated 7-12-85
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 7-12-85
Name of Physician Joseph Kerlin

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

MALE APPLICANT

Name: First James Middle Dale Last Allen
Date of Birth: Month 3 Day 5 Year 1960
Place of Birth (State or foreign country): Hammond Ind.
Residence Address: Street or R. R. RI Box 161 AA City North Salem County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

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

X Signed James Dale Allen
New Address RI Box 161 AA

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

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

FEMALE APPLICANT

Name: First Cheri Middle R. Last Vittetow
Date of Birth: Month 9 Day 30 Year 1966
Place of Birth (State or foreign country) Indpls
Residence Address: Street or R. R. 56 E. Street City Danville County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Claude Vittetow
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Indpls
9. Full maiden name of mother Carolyn Roberta Yschudi
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Indpls

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

X Signed Cheri R. Vittetow
New Address RI Box 161 AA

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* July, 19 85, *authorizing the joining together as husband and wife* JAMES DALE ALLEN *and* CHERI RENEE VITTETOW

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

I, JOSEPH D. STUMP *hereby certify that on the* 20th *day of* JULY, *one thousand nine hundred and* 85, *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JAMES DALE ALLEN *of* HENDRICKS *County, State of* IN, *and, Bride* CHERI RENEE Vittetow *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 20th *day of* JULY, 19 85.

Signed /s/ JOSEPH D. STUMP
Official Designation SENIOR PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JULY, 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. 351

File

7-15-85 Date of Application

MALE
Medical Examination Report Dated 7-6-85
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 7-6-85
Name of Physician Ellen Baker

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

MALE APPLICANT

Name: First David Middle A. Last Thompson

Date of Birth: Month 3 Day 27 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1042 High Dr. City Brownsburg County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Lee Thompson
   Residence of father (if deceased so state) Heritage Lake Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janice A. Stutts
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Ind.

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

Signed X David A. Thompson
New Address 2310 NORRIS INDPLS, IN

Subscribed and sworn to before me this 15 day of July, 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.....

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Darlene Middle Kay Last Ragsdale

Date of Birth: Month 1 Day 4 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 5 Box 131 City Danville County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Darlene K. Ragsdale
New Address 2310 Norris Indpls. In

Subscribed and sworn to before me this 15 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed X James E Ragsdale Father

Signed X Doris A. Ragsdale Mother

Subscribed and sworn to before me this 15 day of July, 19 85
Mary Jane Russell Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* July, 19 85, *authorizing the joining together as husband and wife* DAVID A. THOMPSON *and* DARLEN KAY RAGSDALE

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

I, STEVE POWELL *hereby certify that on the* 20 *day of* JULY, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* DAVID A. THOMPSON *of* HENDRICKS *County, State of* IN *and, Bride* DARLENE KAY RAGSDALE *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 20th *day of* JULY, 19 85.

Signed /s/ STEVE POWELL

Official Designation ORDAINED ELDER

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* JULY, 19 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

36

No. 352

File

Date of Application 7-15-85

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 7-13-85
Name of Physician Edward C. Ochsner

FEMALE
Medical Examination Report Dated 7-10-85
Name of Physician Edward C. Ochsner

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

MALE APPLICANT

Name: First Malcolm Middle F. Last Cobb Jr.
Date of Birth: Month 10 Day 19 Year 37
Place of Birth (State or foreign country) Iowa.
Residence Address: 491 Cobblestone Rd. Street or R. R. Plfd. City Hend. 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.

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

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

Signed Malcolm Cobb
New Address 491 Cobblestone Rd

Subscribed and sworn to before me this 15 day of July, 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Ramona Middle K. Last Clark
Date of Birth: Month 11 Day 16 Year 46
Place of Birth (State or foreign country) Mo.
Residence Address: 575 Connie Dr. Street or R. R. Plfd. City Hend. 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.

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

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

Signed X Ramona K. Clark
New Address 491 Cobblestone

Subscribed and sworn to before me this 15 day of July, 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of July, 19 85, authorizing the joining together as husband and wife MALCOHM FREELF COBB JR. and RAMONA KIM CLARK

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

I, BRUCE G. ADAMSON hereby certify that on the 19th day of JULY one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom MALCOHM F. COBB JR. of HENDRICKS County, State of IN, and, Bride RAMONA KIM CLARK 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 19th day of JULY, 19 85.

Signed /s/ BRUCE GORDON ADAMSON
Official Designation ELDER

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of AUGUST, 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. 353

File 7-15-85 Date of Application

MALE
Medical Examination Report Dated 7-12-85
Name of Physician Edwards

FEMALE
Medical Examination Report Dated 7-12-85
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: First Aaron Middle Lee Last Epley

Date of Birth: Month Sept. Day 4 Year 1968

Place of Birth (State or foreign country) Beech Grove In

Residence Address: Street or R. R. 413 Dawndale City Plfd County Hnd State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed ✗ Aaron J Epley

New Address 24C Williamsburg Cottage Mooresville

Subscribed and sworn to before me this 15 day of July, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Teresa Middle Sue Last Roe

Date of Birth: Month 10 Day 20 Year 67

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

Residence Address: Street or R. R. 17 Elm Dr. City Plfd. County Hnd. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Paul Roe
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clara Sue Allen
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the inform in this application is true

Signed ✗ Teresa Roe

New Address Apt. 24C Williamsburg Vi

Subscribed and sworn to before me this 15 day of July

Mary Jane Russell Clerk HENDRICKS Ci

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

See Attached

State of Indiana, County of HENDRICKS } ss:

Signed .....

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19th *day of* July, *19* 85, *authorizing the joining together as husband and wife* AARON LEE EPLEY *and* TERESA SUE ROE

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

I, WILLIAM R. CLAYTON *hereby certify that on the* 19th *day of* JULY, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* AARON LEE EPLEY *of* HENDRICKS *County, State of* IN *and, Bride* TERESA SUE ROE *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 19th *day of* JULY, *19* 85

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JULY, *19* 85

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 353

File

7-15-85
Date of Application

MALE
Medical Examination Report Dated 7-12-85
Name of Physician Edwards

FEMALE
Medical Examination Report Dated 7-12-85
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: First Aaron Middle Lee Last Epley

Date of Birth: Month Sept. Day 4 Year 1966

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

Residence Address: Street or R. R. 912 Dundale City Plfld County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

State of Indiana, County of HENDRICKS) ss. I depose and state the information given

Mary J

Subscribed and swor

CONSENT OF PAR

We, the parents, of

signs, state facts wh

State of Indiana, County of H

Si

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Teresa Middle Sue Last Roe

Date of Birth: Month 10 Day 20 Year 67

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

Residence Address: Street or R. R. 17 Elm Dr. City Plfld. County Hend State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Paul Roe
   Residence of father (if deceased so state) Plfld. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Vera Sue Allen
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana,)

Signed ..... Mother

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

..... Clerk

I, Robert Paul Roe, hereby give my consent for my daughter, Teresa Sue Roe to marry Aaron Lee Epley.

Robert Paul Roe

Subscribed and sworn to before me this 17 day of July 1985

My Commission Expires:

8/29/87

Douglas W. Meyer
Notary Public
Douglas W. Meyer
County Of Residence:
Hendricks

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19th *day of* July, *19* 85, *authorizing the joining together as husband and wife* AARON LEE EPLEY *and* TERESA SUE ROE

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

I, WILLIAM R. CLAYTON *hereby certify that on the* 19th *day of* JULY, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* AARON LEE EPLEY *of* HENDRICKS *County, State of* IN *and, Bride* TERESA SUE ROE *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 19th *day of* JULY, *19* 85

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JULY, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 353

File

7-15-85 Date of Application

MALE
Medical Examination Report Dated 7-12-85

Name of Physician Edwards

FEMALE
Medical Examination Report Dated 7-12-85

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: First Aaron Middle Lee Last Epley

Date of Birth: Month Sept. Day 4 Year 1966

Place of Birth (State or foreign country) Beech Grove In

Residence Address: Street or R. R. 472 Rawndale City Plfld County Hnd State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

State of Indiana, HENDRICKS County of) ss: I depose and state the information given

Subscribed and swo
Mary E

CONSENT OF PA
We, the parents, of
signs, state facts w

State of Indiana,
County of

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Teresa Middle Sue Last Roe

Date of Birth: Month 10 Day 20 Year 67

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

Residence Address: Street or R. R. 17 Elm Dr. City Plfd. County Hnd State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Paul Roe
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clara Sue Allen
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Illinois

State of Indiana,

Signed ..... Mother

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

..... Clerk

I, Clara Sue Roe, hereby give my consent for my daughter, Teresa Sue Roe to marry Aaron Lee Epley.

Clara Sue Roe

Subscribed and sworn to before me this 17 day of July 1985

My Commission Expires:

8/29/87

Douglas W. Meyer
Notary Public

Douglas W. Meyer County of Residence: Hendricks

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19th *day of* July, *19* 85, *authorizing the joining together as husband and wife* AARON LEE EPLEY *and* TERESA SUE ROE

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

I, WILLIAM R. CLAYTON *hereby certify that on the* 19th *day of* JULY, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* AARON LEE EPLEY *of* HENDRICKS *County, State of* IN *and, Bride* TERESA SUE ROE *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 19th *day of* JULY, *19* 85

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* JULY, *19* 85

Signed ..... *Clerk*

HENDRICKS *Circuit Court*

No. 354

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7-16-85 Date of Application

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

MALE
Medical Examination Report Dated 7-9-85
Name of Physician W. W. Stogsdill MD.

FEMALE
Medical Examination Report Dated 7-9-85
Name of Physician W. W. Stogsdill 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 Richard Middle M. Last Kelly
Date of Birth: Month 11 Day 4 Year 1957
Place of Birth (State or foreign country): Lebanon In.
Residence Address: Street or R. R. 10013 Maumee Dr. City Indpls. County In. State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Donald J. Kelly
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rita M. Welkow
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Joyce A Richardson
New Address 10013 Maumee Dr.

Subscribed and sworn to before me this 16 day of July, 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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Joyce Middle A. Last Richardson
Date of Birth: Month 12 Day 23 Year 1956
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R. R. 10023 Bacara City Indpls. County In. State

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

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

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

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

Signed Richard M. Kelly
New Address 10013 Maumee Dr.

Subscribed and sworn to before me this 16 day of July, 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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of July, 19 85, authorizing the joining together as husband and wife RICHARD M. KELLY and JOYCE A. RICHARDSON
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, MARTIN A. PETER hereby certify that on the 3rd day of AUGUST one thousand nine hundred and 85, State of Indiana, Groom RICHARD M. KELLY at BROWNSBURG, County of HENDRICKS, and, Bride JOYCE A. RICHARDSON 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, State of IN.
Dated this 3rd day of AUGUST, 19 85.

Signed /s/ MARTIN A. PETER
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Aug., 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. 355

File

7-17-85 Date of Application

MALE
Medical Examination Report Dated 7-13-85
Name of Physician Martin D. Garfield

FEMALE
Medical Examination Report Dated 7-13-85
Name of Physician Martin D. Garfield

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

MALE APPLICANT

Name: First William Middle Bradford Last Edwards

Date of Birth: Month 1 Day 14 Year 1964

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

Residence Address: Street or R. R. 11335 W. Washington, Box 39 City Indpls. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

State of Indiana, County of HENDRICKS } ss:

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

* Signed William Bradford Edwards

New Address 11335 W. Washington Box 39 Indianapolis IN 46231

Subscribed and sworn to before me this 17th day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Ann Last Butler

Date of Birth: Month 4 Day 27 Year 1966

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

Residence Address: R.R. #1, Box 73, Street or R. R. Clayton City, In. County 46118 State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

State of Indiana, County of HENDRICKS } ss:

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

* Signed Kimberly Ann Butler

New Address 11335 W. Washington Box 39 Indianapolis, IN 46231

Subscribed and sworn to before me this 17th day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* July, 19 85, *authorizing the joining together as husband and wife* WILLIAM BRADFORD EDWARDS *and* KIMBERLY ANN BUTLER

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

I, WILLIAM R. CLAYTON *hereby certify that on the* 10th *day of* AUGUST, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* WILLIAM BRADFORD EDWARDS *of* HENDRICKS *County, State of* IN *and, Bride* KIMBERLY ANN BUTLER *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* AUGUST, *19* 85.

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

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No. 356

File

Date of Application 7-17-85

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 6-29-85
Name of Physician Richard S. Funck MD.

FEMALE
Medical Examination Report Dated 7-17-85
Name of Physician Donald R. Wright 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 Phillip Middle E. Last Taylor
Date of Birth: Month 6 Day 29 Year 1962
Place of Birth (State or foreign country): Indianapolis, In. (City, County, State)
Residence Address: Street or R. R. 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

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

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

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

Signed Phillip E Taylor
New Address 1408 Miami Ct. North

Subscribed and sworn to before me this 17th day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Kristin Middle K. Last Wash
Date of Birth: Month 8 Day 2 Year 1966
Place of Birth (State or foreign country): Danville, In. (City, County, State)
Residence Address: Street or R. R. 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

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

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

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

Signed Kristin K. Wash
New Address 1408 Miami Ct N.

Subscribed and sworn to before me this 17 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* July, 1985, *authorizing the joining together as husband and wife* PHILLIP EDWARD TAYLOR *and* KRISTIN KAY WASH

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

I, MIKE BULLARD *hereby certify that on the* 3rd *day of* AUGUST, *one thousand nine hundred and* 85, *at* HOPE PRESBYTERIAN CHURCH, *County of* HENDRICKS, *State of Indiana, Groom* PHILLIP EDWARD TAYLOR *of* HENDRICKS *County, State of* IN, *and, Bride* KRISTIN KAY WASH *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3rd *day of* AUGUST, *19* 85.

Signed /s/ MIKE A. BULLARD
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 12th *day of* AUGUST, *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. 357

File

July 18, 1985
Date of Application

MALE
Medical Examination Report Dated 7-18-85
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 7-18-85
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: First Christopher Middle J. Last Kissell

Date of Birth: Month 10 Day 10 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 32 Alhambra Circle Apt 4 City Coral Gables County — State Fla.

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. Dias.

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

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

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

Signed Christopher J. Kissell
New Address 32 Alhambra Cir. #4 Coral Gables Florida
Subscribed and sworn to before me this 18th day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Hortensia Middle M. Last Sueiras

Date of Birth: Month 3 Day 31 Year 63

Place of Birth (State or foreign country) Cuba

Residence Address: Street or R. R. 32 Alhambra Circle Apt 4 City Coral Gables County — State Fla.

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. Dias.

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

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

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

Signed Hortensia M. Sueiras
New Address 32 Alhambra Circle Apt 4 Coral Gables Fla. 33134
Subscribed and sworn to before me this 18 day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup Ct Court by written order issued 3-Day Waiver and filed in 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* 18 *day of* July, 1985, *authorizing the joining together as husband and wife* CHRISTOHER J. KISSELL *and* HAMILTON HORTENSIA M. SUEIRAS

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

I, MARTIN A. PETER *hereby certify that on the* 26th *day of* JULY, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* CHRISTOPHER J. KISSELL *of* HAMILTON *County, State of* IN *and, Bride* HORTENSIA M. SUEIRAS *of* DADE *County, State of* FLORIDA, *were by me united 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* 26th JULY, *19* 85

Signed /s/ MARTIN A. PETER

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* JULY, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

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No. 358

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 7-18-85 Date of Application

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

MALE
Medical Examination Report Dated 7-10-85
Name of Physician Joyce Conyer-Gill

FEMALE
Medical Examination Report Dated 7-10-85
Name of Physician Joyce Conyer-Gill

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

MALE APPLICANT

Name: First Jack Middle Dwaine Last Stoner

Date of Birth: Month 6 Day 10 Year 43

Place of Birth (State or foreign country) Ind

Residence Address: 203 School St. Street or R. R. B'burg City Hend County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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.
   Jason D. Stoner
   Daniel L. Stoner
   Joshua A. Stoner
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 Stoner
   Residence of father (if deceased so state) B'burg
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Margarit Alice Burress
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Ind.

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

Signed X Jack D Stoner
New Address RR1 Box 159 Stilesville 46180

Subscribed and sworn to before me this 18 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Angeline Middle Lucienne Last Cividini

Date of Birth: Month 5 Day 13 Year 51

Place of Birth (State or foreign country) Oakpark, Ill

Residence Address: 2262 Hermitage Ct # 1007 Street or R. R. Indpls City Marion County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

☐ Other (Specify) .....

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

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

Signed X A L Cividini
New Address R.R. #1 Box 159 Stilesville Ind 46180

Subscribed and sworn to before me this 18 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* July, 19 85, *authorizing the joining together as husband and wife* JACK D. STONER *and* ANGELINE L. CIVIDINI

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

I, JAMES D. STENDES *hereby certify that on the* 27th *day of* JULY, *one thousand nine hundred and* 85 *at* OUR REDEEMER, *County of* MARION, *State of Indiana, Groom* JACK D. STONER *of* HENDRICKS *County, State of* IN, *and, Bride* ANGELINE L. CIVIDINI *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 22nd *day of* JULY, 19 85

Signed /s/ JAMES D. STENDES

Official Designation LUTHERAN CAMPUS PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* JULY, 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. 359

File

July 18, 1985
Date of Application

MALE
Medical Examination Report Dated 7-8-85
Name of Physician Dr. Timothy McHale

FEMALE
Medical Examination Report Dated 7-8-85
Name of Physician Dr. Timothy McHale

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

MALE APPLICANT

Name: First Jeffrey Middle A. Last Hill

Date of Birth: Month Wednesday Day 18 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 737 Lakeshore Dr. City Pitt. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed Jeffrey A. Hill
New Address 737 Lakeshore Dr

Subscribed and sworn to before me this 18 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Lorrie Middle A. Last Wilkerson

Date of Birth: Month June Day 9 Year 1963

Place of Birth (State or foreign country) Beckley W. Virginia

Residence Address: Street or R. R. 737 Lakeshore Dr. City Pltf. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arnold George Hatcher Jr
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Clara Belle Gartin
   Residence of mother (if deceased so state) Noblesville In.
   Birthplace of mother (State or foreign country) W. Virginia

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

Signed Lorrie A. Wilkerson
New Address 737 Lakeshore Dr.

Subscribed and sworn to before me this 18 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* July, 1985, *authorizing the joining together as husband and wife* JEFF A. HILL *and* LORRIE A. WILKERSON

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

I, D. STEPHENSON BOND *hereby certify that on the* 27th *day of* JULY, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* JEFF A. HILL *of* HENDRICKS *County, State of* IN *and, Bride* LORRIE A. WILKERSON *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 27th *day of* JULY, *19* 85

Signed /s/ D. STEPHENSON BOND

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* AUGUST, *19* 85

Signed.....*Clerk*

HENDRICKS *Circuit Court*

No. 360

File

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-18-85
Date of Application

MALE
Medical Examination Report Dated 7-9-85
Name of Physician Robert Flanders

FEMALE
Medical Examination Report Dated 7-8-85
Name of Physician Craig Miller

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

MALE APPLICANT

Name: First Daniel Middle Cline Last Danner
Date of Birth: Month March Day 1 Year 1951
Place of Birth (State or foreign country) Indpls Ind
Residence Address: Street or R. R. 8275 Hewlet dr. City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr Lee

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

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

State of Indiana, County of HENDRICKS } ss:

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

Signed Daniel C Danner
New Address 8275 HEWLET DR. Indpls 46268

Subscribed and sworn to before me this 18 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Teresa Middle anne Last Ward
Date of Birth: Month June Day 9 Year 1955
Place of Birth (State or foreign country) Martinsville Ind.
Residence Address: Street or R. R. 135 Bostick City Danville County Hendricks State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr Lee

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

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

State of Indiana, County of HENDRICKS } ss:

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

Signed Teresa A Ward
New Address 8275 Hewlet dr Indpls In 46268

Subscribed and sworn to before me this 18 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of August, 19 85, authorizing the joining together as husband and wife DAVID CLINE DANNER and TERESA ANNE WARD

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

I, J. KENNETH FORBES hereby certify that on the 10th day of AUGUST one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom DAVID CLINE DANNER of MARION County, State of IN, and, Bride TERESA ANNE WARD 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 AUGUST, 19 85.

Signed /s/ J. KENNETH FORBES
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this L$TH day of AUGUST, 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. 361

File 7-19-85
Date of Application

MALE
Medical Examination Report Dated 7-18-85
Name of Physician Kirtley

FEMALE
Medical Examination Report Dated 7-18-85
Name of Physician Kirtley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-8 prescribed "False statement.—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)."

MALE APPLICANT

Name: First William Middle Richard Last Kirtley
Date of Birth: Month 5 Day 16 Year 1941
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R. R. 2331 Hermitage City Speedway County Marion State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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 said court order or orders issued for their support.
8. Full name of father Robert Wayne Kirtley
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy Josephine Wright
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Ill

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

Signed X William R Kirtley
New Address 2331 Hermitage Ct Speedway 46224
Subscribed and sworn to before me this 18 day of July 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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Laura Middle Anne Last Lilly
Date of Birth: Month 8 Day 29 Year 63
Place of Birth (State or foreign country): Danville
Residence Address: Street or R. R. 731 W. Main City Danville County Hend State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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 said court order or orders issued for their support.
8. Full name of father Keith Anson Lilly
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Hazel Jean Deusler
   Residence of mother (if deceased so state) Ill.
   Birthplace of mother (State or foreign country) Ill.

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

Signed X Laura Anne Lilly
New Address 2331 Hermitage apt 805 Speedway
Subscribed and sworn to before me this 18 day of July 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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of July, 19 85, authorizing the joining together as husband and wife WILLIAM RICHARD KIRTLEY and LAURA ANNE LILLY

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

I, P. MICHAEL THORNBURG hereby certify that on the 27th day of JULY one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom WILLIAM RICHARD KIRTLEY of HENDRICKS County, State of IN and, Bride LAURA ANNE LILLY 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 27th day of JULY, 19 85.

Signed /s/ P. MICHAEL THORNBURG
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of JULY, 19 85.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 362

File

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-22-85
Date of Application

MALE
Medical Examination Report Dated July 18, 1985
Name of Physician Dr. Stegemoller

FEMALE
Medical Examination Report Dated July 18, 1985
Name of Physician Dr. Stegemoller

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

MALE APPLICANT

Name: First Jeffrey Middle Dean Last Summers

Date of Birth: Month 2 Day 16 Year 54

Place of Birth (State or foreign country) Greencastle Indiana

Residence Address: Street or R. R. 479 S. Wayne St. City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

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

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

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

× Signed Jeffrey Dean Summers

New Address 479 S. Wayne Danville In.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Jo Anne Middle Last Leach

Date of Birth: Month 2 Day 18 Year 56

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

Residence Address: Street or R. R. 479 S. Wayne St. City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

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

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

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

× Signed Jo Anne Leach

New Address 479 S. Wayne Danville In

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of July, 19 85, authorizing the joining together as husband and wife JEFFREY DEAN SUMMERS and JO ANNE LEACH

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

I, C. THOMAS STEINER hereby certify that on the 27th day of JULY one thousand nine hundred and 85, at GREENCASTLE, County of PUTNAM, State of Indiana, Groom JEFFREY DEAN SUMMERS of HENDRICKS County, State of IN, and, Bride JO ANNE LEACH 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 27th day of JULY, 19 85

Signed /s/ C. THOMAS STEINER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of JULY, 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. 363

File

7/24/85 Date of Application

MALE
Medical Examination Report Dated 7/16/85
Name of Physician Phillip Batista

FEMALE
Medical Examination Report Dated 7/16/85
Name of Physician Phillip 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: First Robert Middle M. Last Robertson

Date of Birth: Month 2 Day 15 Year 1965

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 6965 E. 350 N. City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

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

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

State of Indiana, County of HENDRICKS } ss:

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

☒ Signed Robt M Robertson Sr

New Address 6965 E 350N Brownsburg

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sheila Middle R. Last Murphy

Date of Birth: Month 10 Day 19 Year 1968

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 9317 Racketclub Dr. City Apt B County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers Permit also birth Certificate

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

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

State of Indiana, County of HENDRICKS } ss:

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

☒ Signed Sheila Murphy

New Address 9317 Racquetclub Dr. Apt B

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

Signed ..... Father

Signed Eileen Murphy Mother

Subscribed and sworn to before me this 24th day of July, 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 Circuit Court by written order issued Age 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* 26th *day of* July, 19 85, *authorizing the joining together as husband and wife* ..... *and* .....

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

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

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

Signed .....

Official Designation .....

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

Signed ..... *Clerk*

HENDRICKS *Circuit Court*

No. 364

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

July 24 1985
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1971

MALE
Medical Examination Report Dated 7-20-85
Name of Physician Alexander Ferenczy M.D.

FEMALE
Medical Examination Report Dated 7-20-85
Name of Physician Alexander Ferenczy 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 Ricky Middle E. Last Toney
Date of Birth: Month October Day 15 Year 1953
Place of Birth (State or foreign country): Bone Ky
Residence Address: Street or R. R. 2890 Hillsboro Dr City Indpls County Hend. State In

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Indiana 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.
   Alana Jones
   Jenna Jones
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Eugene Toney
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Betty Lou Sandusky
   Residence of mother (if deceased so state) Detroit Mi
   Birthplace of mother (State or foreign country) Michigan

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

Signed Ricky E. Toney
New Address 2890 Hillsboro Dr. Indpls. In.

Subscribed and sworn to before me this 24 day of July, 19 85.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Vicky Middle L. Last Jones
Date of Birth: Month March Day 6 Year 1953
Place of Birth (State or foreign country) Bloomington In.
Residence Address: Street or R. R. 2890 Hillsboro Dr City Indpls County Hend. State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Indiana 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.
   Alana Jones
   Jenna Jones
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Owen Jones
   Residence of father (if deceased so state) Bloomington, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris Louise Bush
   Residence of mother (if deceased so state) Bloomington, In.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Vicky L Jones
New Address 2890 Hillsboro Dr. Indpls. In.

Subscribed and sworn to before me this 24 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 29th *day of* July, 19 85, *authorizing the joining together as husband and wife* RICKEY E. TONEY *and* VICKY L. JONES

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

I, BRUCE A. BROWN *hereby certify that on the* 4th *day of* AUGUST, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* BRUCE A. BROWN *of* ~~MONRX~~ HENDRICKS *County, State of* IN, *and, Bride* VICKY L. JONES *of* MONROE *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~~ 4th AUGUST, 19 85.

Signed /s/ BRUCE A. BROWN
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* AUGUST, 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. 365

File

7-25-85
Date of Application

MALE
Medical Examination Report Dated 7-20-85
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 7-20-85
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: First Bruce Middle L. Last McGathey

Date of Birth: Month 4 Day 17 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 835 S. Lacrede City Indpls. County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Driver Lic.

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

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

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

Signed X Bruce L. McGathey
New Address 3509 N. Rybolt Apt. A Indpls

Subscribed and sworn to before me this 25 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Christine Middle E. Last Lockaby

Date of Birth: Month 1 Day 3 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7390 N. 850 E. City Brownsburg, County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Driver Lic.

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

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

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

Signed X Christine E. Lockaby
New Address 3509 N Rybolt Apt A Indpls

Subscribed and sworn to before me this 25 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* July, 19 85, *authorizing the joining together as husband and wife* BRUCE LEE McGATHEY *and* CHRISTINE ELAINE LOCKABY

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

I, HOLLIE S. MILLER *hereby certify that on the* 10th *day of* AUGUST, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* BRUCE LEE McGATHEY *of* MARION *County, State of* IN *and, Bride* CHRISTINE ELAINE LOCKABY *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 14th *day of* AUGUST, *19* 85.

Signed /s/ HOLLIE S. MILLER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

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No. 366

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7-25-85 Date of Application

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

MALE
Medical Examination Report Dated Neely
Name of Physician 7-23-85

FEMALE
Medical Examination Report Dated Neely
Name of Physician 7-23-85

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

MALE APPLICANT

Name: First George Middle E. Last Guy III
Date of Birth: Month Oct Day 20 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 229 N. Mill City Pitfd County Hend State In

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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 George E. Guy
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Leona Mae Fields
   Residence of mother (if deceased so state) Pitfd
   Birthplace of mother (State or foreign country) Ind.

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

Signed X George E Guy III
New Address 229 N. Mill St. Plainfield Ind 46168
Subscribed and sworn to before me this 25 day of July, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Nikki Middle A. Last Sullivan
Date of Birth: Month July Day 11 Year 1967
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 229 N. Mill City Pfld County Hend State In

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

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

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

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

Signed X Nikki Sullivan
New Address 299 N. Mill Plainfield IN 46168
Subscribed and sworn to before me this 25 day of July, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 29th *day of* July, 19 85, *authorizing the joining together as husband and wife* GEORGE E. GUY, III *and* NIKKI SULLIVAN

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

I, MARK WALTERS *hereby certify that on the* 9th *day of* AUGUST, *one thousand nine hundred and* 85, *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* GEORGE E. GUY III *of* HENDRICKS *County, State of* IN, *and, Bride* NIKKI SULLIVAN *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 9th *day of* AUGUST, 19 85.

Signed /S/ MARK WALTERS
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* AUGUST, 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. 367

File

7-25-85 Date of Application

MALE
Medical Examination Report Dated 7-8-85
Name of Physician Freida Thompson

FEMALE
Medical Examination Report Dated 7-8-85
Name of Physician Freida 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: First John Middle M. Last Morrison

Date of Birth: Month 9 Day 26 Year 51

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 115½ N. Vine St. City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. Fix,

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

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

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

Signed John M. Morrison

New Address 115½ N. VINE ST PLFD, IN 46168

Subscribed and sworn to before me this 25 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Roxie Middle C. Last Ford

Date of Birth: Month 12 Day 14 Year 28

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 115½ N. Vine St. City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. Fix,

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

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

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

Signed X Roxie C. Ford

New Address 115 ½ N. Vine St. Plainfield, IN 46168

Subscribed and sworn to before me this 25 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* July, 85, *authorizing the joining together as husband and wife* JOHN M. MORRISON *and* ROXIE C. FORD

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

I, MYRON BARNARD *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* JOHN M. MORRISON *of* HENDRICKS *County, State of* IN, *and, Bride* ROXIE C. FORD *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 17th *day of* AUGUST, *19* 85.

Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 368

File

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-26-1985
Date of Application

MALE
Medical Examination Report Dated 7-23-85
Name of Physician Larry D Lovall

FEMALE
Medical Examination Report Dated 7-23-85
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: Craig (First) Henry (Middle) Bowen (Last)
Date of Birth: Month 9 Day 4 Year 1956
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: 420 E. Columbia (Street or R. R.) Danville (City) Hendricks (County) In (State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr Le.

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

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

Signed Craig H Bowen
New Address RR 2 Bx 1276 DANVILLE IN

Subscribed and sworn to before me this 26 day of July, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: Karen (First) Sue (Middle) Walker (Last)
Date of Birth: Month 9 Day 3 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: RR 2 Box 20 Dpt 3 (Street or R. R.) Danville (City) Hendricks (County) Ind. (State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. Lee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Wayne Walker Jr.
   Benjamin Jacob Walker
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Eugene Compton
   Residence of father (if deceased so state) Englewood Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lorna Irene Bell
   Residence of mother (if deceased so state) Iowa
   Birthplace of mother (State or foreign country) Indiana

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

Signed Karen Walker
New Address RR 2 Bx 1276 Danville, In

Subscribed and sworn to before me this 26 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 31st day of July, 19 85, authorizing the joining together as husband and wife CRAIG HENRY BOWEN and KAREN SUE WALKER

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

I, ANDREW J. SIMKINS hereby certify that on the 2nd day of AUGUST, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom CRAIG HENRY BOWEN of HENDRICKS County, State of IN, and, Bride KAREN SUE WALKER 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 2nd day of AUGUST, 19 85.

Signed /s/ ANDREW J. SIMKINS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of AUGUST, 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. 369

File

7-26-85
Date of Application

MALE
Medical Examination Report Dated 7-19-85
Name of Physician Daniel M Hadley

FEMALE
Medical Examination Report Dated 7-19-85
Name of Physician Daniel Hadley

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

MALE APPLICANT

Name: First Terence Middle Dwayne Last Hatfield

Date of Birth: Month June Day 3 Year 1959

Place of Birth (State or foreign country) Detroit Mich.

Residence Address: Street or R. R. 3623 Clark Creek Rd City Indpls County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr Lee

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

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

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

Signed Terence Dwayne Hatfield
New Address Plainfield Ind.

Subscribed and sworn to before me this 26 day of July, 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Christina Middle Ruth Last Cox

Date of Birth: Month Jul Day 13 Year 1966

Place of Birth (State or foreign country) Brazil Ind

Residence Address: Street or R. R. 131 Easternaire pkd. City Hendricks County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr Lee

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

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

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

Signed Christina Ruth Cox
New Address Plainfield, In.

Subscribed and sworn to before me this 26 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* Aug. *, 19* 85 *, authorizing the joining together as husband and wife* TERENCE DWAYNE HATFIELD *and* CHRISTINA RUTH COX

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

I, JAMES H. PORTER *hereby certify that on the* 10th *day of* AUGUST *, one thousand nine hundred and* 85 *at* BRAZIL *, County of* CLAY *, State of Indiana, Groom* TERENCE DWAYNE HATFIELD *of* HENDRICKS *County, State of* IN *and, Bride* CHRISTINA RUTH COX *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* AUGUST *, 19* 85 *.*

Signed /s/ JAMES H. PORTER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* AUGUST *, 19* 85 *.*

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 370

File

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7/26/85 Date of Application

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

MALE
Medical Examination Report Dated 7/22/85
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 7/22/85
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: First Mahmoud Middle Abdalla Last Abdalla
Date of Birth: Month 11 Day 13 Year 1964
Place of Birth (State or foreign country) Kufr Qadoum
Residence Address: Street or R. R. City Brownsburg County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed Mahmoud
New Address 1526 LaPlant St. Vincennes In. apt(B)
Subscribed and sworn to before me this 26 day of July, 1985
Maryjane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Julie Middle Ann Last Jones
Date of Birth: Month 6 Day 23 Year 1966
Place of Birth (State or foreign country) Ind
Residence Address: Street or R. R. 1175 Westside Dr. City Brownsburg County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

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

X Signed Julie A. Jones
New Address 1526 LaPlant Vincennes In Apt B
Subscribed and sworn to before me this 26 day of July, 1985
Maryjane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 31st day of July, 1985, authorizing the joining together as husband and wife MAHMOUD ABDALLA ABDALLA and JULIE ANN JONES

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

I, PAUL KENT hereby certify that on the 3rd day of AUGUST one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom MAHMOUD ABDALLA ABDALLA of FAHAHEEL CITY XXXXXXXXXXXX COUNTRY OF KUWAIT and, Bride JULIE ANN JONES 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 31st day of JULY, 19 85.

Signed /s/ PAUL KENT
Official Designation EVANGELIST

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of AUGUST, 19 85

Signed Maryjane 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. 371

File

7-26-85 Date of Application

MALE
Medical Examination Report Dated 7-23-85
Name of Physician Capt. M.A. Ross, USAF

FEMALE
Medical Examination Report Dated 7-10-85
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 pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stephen Middle Eugene Last Pollom

Date of Birth: Month Nov Day 2 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3937 Rainbow View Dr. City Marion County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

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

Signed Stephen S. Pollom

New Address 164 VILLAGE PARK RANTOUL ILL.

Subscribed and sworn to before me this 26 day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Kaye Last Wood

Date of Birth: Month Feb. Day 4 Year 1964

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. Rt 4 Box 268 City Clayton County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

Signed x Cheryl Kaye Wood

New Address 164 Village Park Rantoul, In

Subscribed and sworn to before me this 26 day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31 *day of* July, 19 85, *authorizing the joining together as husband and wife* STEPHEN POLLOM *and* CHERYL WOOD

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

I, JOHN PARSONS *hereby certify that on the* 11th *day of* AUGUST, *one thousand nine hundred and* 85 *at* NORTH VIEW CHRISTIAN CHURCH, DANVILLE *County of* HENDRICKS *State of Indiana, Groom* JOHN PARSONS *of* MARION *County, State of* IN *and, Bride* CHERYL WOOD *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* AUGUST, *19* 85.

Signed /s/ JOHN PARSONS

Official Designation ELDER PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* AUGUST, *19* 85

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 372

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 7-26-85 Date of Application

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

MALE
Medical Examination Report Dated 7-23-85
Name of Physician Neely

FEMALE
Medical Examination Report Dated 7-23-85
Name of Physician Neely

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

MALE APPLICANT

Name: First William Middle Ray Last Trump
Date of Birth: Month Mar Day 20 Year 1948
Place of Birth (State or foreign country) In
Residence Address: Street or R. R. 1013 Valley View Dr. #2 City Plainfield County In State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

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

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

Signed William Trump
New Address RT 1 Box 11 Clayton

Subscribed and sworn to before me this 26 day of July, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Susan Middle Jane Last Dennin
Date of Birth: Month May Day 10 Year 1949
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. Rt 1 Box 11 City Clayton County In. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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.
   Carl Dennin
   Scott Dennin
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Scatterday
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Esther Mitchell
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) In.

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

Signed Susan Dennin
New Address RR1 Box 11 Clayton In

Subscribed and sworn to before me this 26 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of Aug, 85, authorizing the joining together as husband and wife WILLIAM RAY TRUMP and SUSAN JANE DENNIN

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

I, LARRY R. HESSON hereby certify that on the 2nd day of AUGUST, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom WILLIAM RAY TRUMP of HENDRICKS County, State of IN, and, Bride SUSAN JANE DENNIN 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 2nd day of AUGUST, 19 85.

Signed /s/ LARRY R. HESSON
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of AUGUST, 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. 373

File

7-26-85 Date of Application

MALE
Medical Examination Report Dated 7-25-85
Name of Physician E. Kovarny

FEMALE
Medical Examination Report Dated 7-25-85
Name of Physician E. Kovarny

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

MALE APPLICANT

Name — First: Mark Middle: Randall Last: Crump

Date of Birth — Month: 6 Day: 24 Year: 61

Place of Birth (State or foreign country): Indiana

Residence Address — Street or R. R.: 122 W. Donely St. City: Br. Blvd. County: Br. State: Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Military I.D.

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Vaude Earl Crump
   Residence of father (if deceased so state): Brownsburg Ind.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mildred Jane Devillins
   Residence of mother (if deceased so state): Same
   Birthplace of mother (State or foreign country): Maryland

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

Signed X Mark R Crump

New Address 2109 Stanley Rd.

Subscribed and sworn to before me this 26 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name — First: Victoria Middle: Regina Last: Wiese

Date of Birth — Month: 10 Day: 6th Year: 63

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

Residence Address — Street or R. R.: 2109 Stanley Rd. City: Mooresville County: Mor. State: Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Fred Frank Wiese
   Residence of father (if deceased so state): Mooresville Ind.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Sharlene Ruth Miller
   Residence of mother (if deceased so state): Same
   Birthplace of mother (State or foreign country): Indiana

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

Signed X Victoria R Wiese

New Address 2109 Stanley Rd. Mooresville

Subscribed and sworn to before me this 26 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* August, 19 85, *authorizing the joining together as husband and wife* MARK RANDALL CRUMP *and* VICTORIA REGINA WIESE

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

I, THOMAS LANDWERLEN *hereby certify that on the* 1st *day of* AUGUST, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* MARK RANDALL CRUMP *of* HENDRICKS *County, State of* IN *and, Bride* VICTORIA REGINA WIESE *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* AUGUST, 19 85.

Signed /s/ THOMAS LANDWERLEN

Official Designation JUDGE, PRO TEM

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* AUGUST, 19 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 374

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 7-26-85 Date of Application

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

MALE
Medical Examination Report Dated 7-24-85
Name of Physician Robert A. Heaven

FEMALE
Medical Examination Report Dated 7-24-85
Name of Physician Robert A. Heaven

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

MALE APPLICANT

Name: First James Middle Allen Last Robinson

Date of Birth: Month 12 Day 8 Year 51

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 16 City Stilesville County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☒ Other (Specify) 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.
   James Matthew Robinson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Robinson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Molly J. Scraggs
   Residence of mother (if deceased so state) Stilesville Ind.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed X James A Robinson
New Address Box 16 Stilesville In 46180

Subscribed and sworn to before me this 26 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle Kay Last Spencer

Date of Birth: Month 5 Day 22 Year 53

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. Box 16 City Stilesville County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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
   Joshua Scott Spencer
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Darrell Wayne Malott
   Residence of father (if deceased so state) Indiana Stilesville
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Kathleen P Tegate
   Residence of mother (if deceased so state) Ind
   Birthplace of mother (State or foreign country) Kentucky

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

Signed X Deborah K Spencer
New Address Box 16 Stilesville In. 46180

Subscribed and sworn to before me this 26 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of July, 19 85, authorizing the joining together as husband and wife JAMES A. ROBINSON and DEBORAH K. SPENCER

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

I, LARRY R. HESSON hereby certify that on the 2nd day of AUGUST one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JAMES A. ROBINSON of HENDRICKS County, State of IN and, Bride DEBORAH K. SPENCER 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 2nd day of AUGUST, 19 85.

Signed /s/ LARRY R. HESSON
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of AUGUST, 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. 375

File

7-26-85 Date of Application

MALE
Medical Examination Report Dated 7-17-85
Name of Physician Minton-Sauer

FEMALE
Medical Examination Report Dated 7-17-85
Name of Physician Minton-Sauer

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

MALE APPLICANT

Name: First Richard Middle C Last Crist

Date of Birth: Month June Day 13 Year 1931

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 208 Gordon Ct City Brownsburg County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

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

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

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

Signed Richard C Crist

New Address 208 Gordon Ct Brownsburg

Subscribed and sworn to before me this 26 day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Emma Middle Sue Last Jones

Date of Birth: Month July Day 2 Year 1934

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 208 Gordon Ct City Brownsburg County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed E Sue Jones

New Address 208 Gordon Ct.

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

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 31st *day of* July, 1985, *authorizing the joining together as husband and wife* RICHARD C. CRIST *and* EMMA SUE JONES

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

I, JANICE S. CHILEWSKI *hereby certify that on the* 3rd *day of* AUGUST, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* RICHARD C. CRIST *of* HENDRICKS *County, State of* IN *and, Bride* EMMA SUE JONES *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 3rd *day of* AUGUST, *19* 85.

Signed /s/ JANICE S. CHILWESKI

Official Designation 1st DEPUTY CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* AUGUST, *19* 85

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

60

No. 376

File

Date of Application 7/26/85

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 7/15/85
Name of Physician Garnet R. Harris

FEMALE
Medical Examination Report Dated 7/15/85
Name of Physician Garnet R. Harris

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

MALE APPLICANT

Name: First David Middle John Last King

Date of Birth: Month 7 Day 13 Year 1982

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 413 Parke Dr. City Plnfd County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

X Signed David J. King
New Address 111-14 Married Student Apts. W. Lafayette INDIANA 47906

Subscribed and sworn to before me this 26 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Wendy Middle Jo Last Bridegroom

Date of Birth: Month 11 Day 10 Year 1963

Place of Birth (State or foreign country) Calif

Residence Address: Street or R. R. 122 N. 475 E. City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License

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

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

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

X Signed Wendy Jo Bridegroom
New Address 111-14 Married Student Apts West Lafayette, In.

Subscribed and sworn to before me this 26 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* / *day of* Aug, 19 85, *authorizing the joining together as husband and wife* DAVID J. KING *and* WENDY JO BRIDEGROOM

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

I, C. S. CHESEBROUGH *hereby certify that on the* 10th *day of* AUGUST, *one thousand nine hundred and* 85, *at* ~~HENDRICKS~~ PLFD., *County of* HENDRICKS, *State of Indiana, Groom* DAVID J. KING *and, Bride* WENDY JO BRIDEGROOM *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, State of* IN.

Dated this 9th *day of* AUGUST, 19 85.

Signed /s/ C.S. CHESEBROUGH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* AUGUST, 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. 377

File

7-29-85 Date of Application

MALE
Medical Examination Report Dated 7-20-85
Name of Physician Dr. Lovall

FEMALE
Medical Examination Report Dated 7-20-85
Name of Physician Dr. Lovall

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

MALE APPLICANT

Name: First Dean Middle A Last Thurnall

Date of Birth: Month 5 Day 31 Year 33

Place of Birth (State or foreign country) Farmers City, Illinois

Residence Address: Street or R. R. 703 S. Cross City Danville County Indiana State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Darry Stanley Thurnall
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be 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 Nelson Thurnall
   Residence of father (if deceased so state) N. Salem, Indiana
   Birthplace of father (State or foreign country) Madison, Ind.
9. Full maiden name of mother Clara Belle Gregory
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

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

× Signed Dean A Thurnall
New Address 703 S Cross St

Subscribed and sworn to before me this 29 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle L Last Thurnall

Date of Birth: Month 5 Day 27 Year 32

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R. R. 703 S. Cross City Danville County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License

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

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

× Signed Mary L. Thurnall
New Address 703 S. Cross St.

Subscribed and sworn to before me this 29 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1 *day of* Aug, 19 85, *authorizing the joining together as husband and wife* DEAN A. THURNALL *and* MARY L. THURNALL

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

I, JOSEPH B. PARR *hereby certify that on the* 24th *day of* AUGUUST, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DEAN A. THURNALL *of* HENDRICKS *County, State of* IN *and, Bride* MARY L. THURNALL *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* AUGUST, *19* 85.

Signed /s/ JOSEPH B. PARR

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 378

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 7.29.85 Date of Application

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

MALE
Medical Examination Report Dated 7.22.85
Name of Physician Dr Joseph F Thompson

FEMALE
Medical Examination Report Dated 7.22.85
Name of Physician Dr. Joseph F. 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: First Donald Middle R. Last Thompson

Date of Birth: Month 5 Day 2 Year 61

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

Residence Address: Street or R. R. 345 N. Richie City Indianapolis County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers Licnse

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

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

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

X Signed Donald Ray Thompson

New Address 3150 Normandy Rd.

Subscribed and sworn to before me this 29 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Donna Middle J. Last Mabis

Date of Birth: Month 10 Day 29 Year 60

Place of Birth (State or foreign country) Danville Indiana

Residence Address: Street or R. R. 458 Price Crt. City Plfd. County In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License

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

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

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

X Signed Donna Jean Mabis

New Address 3150 Normandy Rd. INDPLS 46222

Subscribed and sworn to before me this 29 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* August, 19 85, *authorizing the joining together as husband and wife* DONALD R. THOMPSON *and* DONNA JEAN MABIS

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

I, H. THOMAS PITCHER *hereby certify that on the* 7th *day of* AUGUST, *one thousand nine hundred and* 85, *State of Indiana, Groom* DONALD R. THOMPSON *at* AVON, *County of* HENDRICKS, *and, Bride* DONNA JEAN MABIS *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, State of* IN, *Dated this* 6th *day of* AUGUST, 19 85.

Signed /s/ THOMAS PITCHER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* AUGUST, 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. 379

File

7-29-85 Date of Application

MALE
Medical Examination Report Dated 7-23-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-23-85
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: First Robin Middle Scott Last McBride

Date of Birth: Month 1 Day 11 Year 60

Place of Birth (State or foreign country) Paris Illinois

Residence Address: Street or R. R. 2241 Lake of Lanterns E. City Indpls. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Robin McBride

New Address 2241 LAKE OF LANTERNS E. DR. INDIANAPOLIS IN. 46234

Subscribed and sworn to before me this 29 day of July, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sandra Middle Kay Last Bradley ~~Gilman~~

Date of Birth: Month 5 Day 13 Year 57

Place of Birth (State or foreign country) Paris Illinois

Residence Address: Street or R. R. 2241 Lake of Lanterns E. City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Sandra K. Gilman

New Address 2241 Lake of Lanterns E. Dr. Indpls., IN 46234

Subscribed and sworn to before me this 29 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of* Aug *, 19* 85*, authorizing the joining together as husband and wife* ROBIN S. McBRIDE *and* SANDRA K. GILMAN

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

I, JOHN L. CROSE *hereby certify that on the* 17th *day of* AUGUST*, one thousand nine hundred and* 85 *at* AVON*, County of* HENDRICKS*, State of Indiana, Groom* ROBIN S. McBRIDE *of* HENDRICKS *County, State of* IN*, and, Bride* SANDRA K. GILMAN *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 17th *day of* AUGUST*, 19* 85.

Signed /s/ JOHN L. CROSE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* AUGUST*, 19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 380

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

7-29-85 Date of Application

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

MALE
Medical Examination Report Dated 7-25-85
Name of Physician Wm. H. Jones

FEMALE
Medical Examination Report Dated 7-25-85
Name of Physician Wm. H. Jones

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

MALE APPLICANT

Name: First Billy Middle Ray Last Carter Jr.

Date of Birth: Month 5 Day 3 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: 30 Hedgewood Dr. City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) 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 Billie Ray Carter Sr.
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Barbara Jane Spradlin
   Residence of mother (if deceased so state) Danville Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Billy Ray Carter Jr.

New Address 30 Hedgewood Dr.

Subscribed and sworn to before me this 29 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Theresa Middle Pauline Last Johnson

Date of Birth: Month 12 Day 4 Year 64

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

Residence Address: 30 Hedgewood Dr. City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

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

Signed X Theresa Pauline Johnson

New Address 30 Hedgewood Dr.

Subscribed and sworn to before me this 29 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed Malachi Johnson Father

Signed X Jewel P Johnson Mother

Subscribed and sworn to before me this 29 day of July, 19 85

Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of* Aug *and* 85, *authorizing the joining together as husband and wife* BILLY RAY CARTER *and* THERESA PAULINE JOHNSON

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

I, DAVID J. GIBSON *hereby certify that on the* 19th *day of* AUGUST, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* BILLY RAY CARTER *of* HENDRICKS *County, State of* IN, *and, Bride* THERESA PAULINE JOHNSON *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 19th *day of* AUGUST, *19* 85.

Signed /s/ DAVID J. GIBSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* AUGUST, *19* 85.

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. 381

File

7-29-85 Date of Application

MALE
Medical Examination Report Dated 7-19-85
Name of Physician John W. Dimsdale

FEMALE
Medical Examination Report Dated 7-19-85
Name of Physician John W. Dimsdale

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

MALE APPLICANT

Name: First Kip Middle Edward Last Robinson

Date of Birth: Month 12 Day 15 Year 66

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

Residence Address: Street or R. R. 285 S. Green City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

Signed X Kip E. Robinson

New Address R1 Box 41-1 Lizton 46149

Subscribed and sworn to before me this 29 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Marnie Middle A. Last Groover

Date of Birth: Month 11 Day 18 Year 66

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

Residence Address: Street or R. R. 285 S. Green City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

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

Signed X Marnie Groover

New Address R1 Box 41-1 Lizton 46149

Subscribed and sworn to before me this 29 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7 *day of* Aug, 19 85, *authorizing the joining together as husband and wife* Kip Edward Robinson *and* Marnie Ann Groover

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

I, Dennis L. Dodson *hereby certify that on the* 10th *day of* August, *one thousand nine hundred and* 85 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Kip Edward Robinson *of* Hendricks *County, State of* IN, *and, Bride* Marnie Ann Groover *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* August, *19* 85.

Signed /s/ Dennis L. Dodson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* August, *19* 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 382

File

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-29-85
Date of Application

MALE
Medical Examination Report Dated 7-9-85
Name of Physician E. D. Clark

FEMALE
Medical Examination Report Dated 7-9-85
Name of Physician E. D. 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 John Middle C. Last Cooper

Date of Birth: Month 7 Day 1 Year 49

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 130 City North Salem County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) 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.
   Charlie
   Marjorie
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Eugene Russell Cooper Jr.
   Residence of father (if deceased so state) Virginia
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Mary Elizabeth Brace
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

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

Signed X John C Cooper

New Address Box 130 North Salem IND.

Subscribed and sworn to before me this 29 day of July, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Marlene Middle E. Last Graham

Date of Birth: Month 2 Day 28 Year 52

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6057 Augusta Dr. City Dulpa. 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.

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

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

Signed Marlene E. Graham

New Address Box 130 North Salem In

Subscribed and sworn to before me this 29 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of August, 19 85, JOHN CHARLES COOPER and MARLENE ELAINE GRAHAM

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

I, FRED SHARP hereby certify that on the 3rd day of AUGUST one thousand nine hundred and 85, State of Indiana, Groom JOHN CHARLES COOPER at NORTH SALEM, County of HENDRICKS, and, Bride MARLENE ELAINE GRAHAM 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 MARION County, State of IN, Dated this 2nd day of AUGUST, 19 85

Signed /s/ FRED SHARP

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of AUGUST, 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. 383

File

7-29-85
Date of Application

MALE
Medical Examination Report Dated 7-20-85
Name of Physician Scudder

FEMALE
Medical Examination Report Dated 7-20-85
Name of Physician Scudder

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

MALE APPLICANT

Name: First George Middle Everard Last Glossop III

Date of Birth: Month Oct Day 8 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 37 Hammons Dr. City B'Burg County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) 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 George Everard Glossop II
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Washington
9. Full maiden name of mother Doris Marie Bragg
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

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

Signed George E. Glossop III

New Address 239 N. ADAMS BROWNSBURG IN. 46112

Subscribed and sworn to before me this 29 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Theresa Middle Lynn Last Goens

Date of Birth: Month Feb Day 1 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 239 N. adams St. City B'Burg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Nathaniel Scott Goens
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Harrison Inge
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley ann Oliphant
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Theresa L. Goens

New Address 239 N. Adams B. Burg In. 46112

Subscribed and sworn to before me this 29 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* August, 19 85, *authorizing the joining together as husband and wife* GEORGE EVERARD GLOSSOP III *and* THERESA LYNN GOENS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVE KOVALOW-ST. JOHN *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 85 *at* 1:15A.M., *County of* HENDRICKS, *State of Indiana, Groom* GEORGE EVERARD GLOSSOP III *of* HENDRICKS *County, State of* IN *and, Bride* THERESA LYNN GOENS *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* AUGUST, *19* 85

Signed /s/ DAVE KOVALOW-ST. John

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 384

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

7-30-85
Date of Application

MALE
Medical Examination Report Dated 7-3-85
Name of Physician Thomas W. Kyle

FEMALE
Medical Examination Report Dated 7-3-85
Name of Physician Thomas W. Kyle

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Randall Last White
Date of Birth: Month 1 Day 7 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 5405 Knowles Rd. City Shelbyville County Shelby State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children
   Shane Anthony McKenna
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. White
   Residence of father (if deceased so state) Mooresville Indiana
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Harriett Jane Frame
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X John R. White
New Address 6012 West Lake North Dr. #D

Subscribed and sworn to before me this 30 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle Kay Last Borer
Date of Birth: Month 11 Day 12 Year 64
Place of Birth (State or foreign country) Danville Indiana
Residence Address: Street or R. R. 154 E Rd. 200S. City Danville County Hend. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Borer
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mavis Von Behrens
   Residence of mother (if deceased so state) Danville Indiana
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sharon K. Borer
New Address 6012 West Lake North Dr. #D

Subscribed and sworn to before me this 30 day of July, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of August, 19 85, authorizing the joining together as husband and wife JOHN RANDALL WHITE and SHARON KAY BORER
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, JAMES A. JONES hereby certify that on the 3rd day of AUGUST one thousand nine hundred and 85, at INDIANAPOLIS, County of MARION, State of Indiana, Groom JOHN RANDALL WHITE of MARION County, State of IN and, Bride SHARON KAY BORER 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 3rd day of AUGUST, 19 85.

Signed /s/ JAMES A. JONES
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of AUGUST, 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. 385

File

Date of Application

MALE
Medical Examination Report Dated 7-20-85
Name of Physician Phillip J. Sterne

FEMALE
Medical Examination Report Dated 7-20-85
Name of Physician Phillip J. Sterne

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jack Middle A. Last Caldwell Jr.
Date of Birth: Month July Day 17 Year 1943
Place of Birth (State or foreign country) Columbus Ohio
Residence Address: 2485 Sullivant Ave. Columbus Ohio (Street or R. R. / City / County / State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Stephanie Caldwell
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Caldwell Sr.
   Residence of father (if deceased so state) Columbus, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Gloria Ann Braden
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jack A. Caldwell Jr.
New Address 1124 McCarley Dr. E. Columbus Oh
Subscribed and sworn to before me this 30 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Vicki Middle J. Last Michel
Date of Birth: Month July Day 20 Year 1950
Place of Birth (State or foreign country) Valparaiso Porter Co.
Residence Address: 1124 McCarley Dr. E. Columbus Ohio (Street or R. R. / City / County / State)
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wilbur Michel
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ethel Vanmise
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Vicki J Michel
New Address 1124 McCarley Dr. E. Columbus, Ohio
Subscribed and sworn to before me this 30 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* August, 19 85, *authorizing the joining together as husband and wife* JACK A. CALDWELL JR. *and* VICKI J. MICHEL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. MICHAEL THORNBURG *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JACK A. CALDWELL JR. *of* FRANKLIN *County, State of* OHIO *and, Bride* VICKI J. MICHEL *of* FRANKLIN *County, State of* OHIO, *were by me united 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, *19* 85.

Signed /s/ P. MICHAEL THORNBURG
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

70

No. 386

File 7-30-85

Date of Application

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 7-23-85
Name of Physician Gard

FEMALE
Medical Examination Report Dated 7-23-85
Name of Physician Gard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randel Middle Clyde Last Miller II

Date of Birth: Month Feb. Day 25 Year 1961

Place of Birth (State or foreign country) Greencastle

Residence Address: 9880 Street or R. R. 30-5 W. 10th City Indpls. County Hend State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Randel Clyde Miller
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dorothy May Shaw
   Residence of mother (if deceased so state) Indpls.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Randel Clyde Miller II

New Address 9880 30-5 W 10th INDPLS

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Doris Middle Jean Last Galbreath

Date of Birth: Month Aug Day 30 Year 1962

Place of Birth (State or foreign country) Indpls

Residence Address: 9880 Street or R. R. 30-5 W. 10th City Indpls County Hend State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles R. Galbreath
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Germany
9. Full maiden name of mother Wilma F. Smith
   Residence of mother (if deceased so state) unknown
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Doris Jean Galbreath

New Address 9880 30-5 W. 10th Indpls

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* August, 1985, *authorizing the joining together as husband and wife* RANDAEL CLYDE MILLER II *and* DORIS JEAN GALBREATH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ANDREW P. CROWLEY *hereby certify that on the* 7th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* RANDEL CLYDE MILLER II *of* HENDRICKS *County, State of* IN, *and, Bride* DORIS JEAN GALBREATH *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* SEPTEMBER, *19* 85.

Signed /s/ ANDREW P. CROWLEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* SEPTEMBER, *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. 387

File July 30, 1985
Date of Application

MALE
Medical Examination Report Dated 7-17-85
Name of Physician J. Thompson

FEMALE
Medical Examination Report Dated 7-16-85
Name of Physician J. 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: First Shawn Middle Clayton Last Ford

Date of Birth: Month July Day 12 Year 1965

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. Box 25 Advance City Advance County Boone State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm T. Ford
   Residence of father (if deceased so state) Advance, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Juanita Darrah
   Residence of mother (if deceased so state) same
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shawn Ford
New Address Plainfield In.

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Tamara Middle Lynn Last Asher

Date of Birth: Month May Day 20 Year 1966

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1573 Clara Ct City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert L. Asher
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Debra Mc Colloom
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tamara Asher
New Address Plainfield

Subscribed and sworn to before me this 30 day of July, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6 *day of* Aug. *, 19* 85 *, authorizing the joining together as husband and wife* SHAWN CLAYTON FORD *and* TAMARA LYNN ASHER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DEWEY A. THACKSTON *hereby certify that on the* 10th *day of* August *, one thousand nine hundred and* 85 *at* PLAINFIELD *, County of* HENDRICKS *, State of Indiana, Groom* SHAWN CLAYTON FORD *of* HENDRICKS *County, State of* IN *and, Bride* TAMARA LYNN ASHER *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* AUGUST *, 19* 85 .

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 13th *day of* AUGUST *, 19* 85 .

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

'72

No. 388

File

7-30-85
Date of Application

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 7-22-85
Name of Physician Mary M. Dexter

FEMALE
Medical Examination Report Dated 7-22-85
Name of Physician Vivian Sanford

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eric Middle Bruce Last Pickett

Date of Birth: Month 8 Day 10 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2313 Bowling Ave. City Indpls. County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Eugene Bruce Pickett
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Beard
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Eric B. Pickett
New Address 2313 Bowling Ave Indpls.

Subscribed and sworn to before me this 30 day of July, 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Dinah Middle June Last Bennett

Date of Birth: Month 1 Day 9 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Same 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Woodrow W. Bennett
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother June Edna Love
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dinah J Bennett
New Address 2313 Bowling Ave Indpls IN

Subscribed and sworn to before me this 30 day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of August, 19 85, authorizing the joining together as husband and wife ERIC BRUCE PICKETT and DINAH JUNE BENNETT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GERALD L. IRBY hereby certify that on the 10th day of AUGUST one thousand nine hundred and 85 at ASSEMBLY OF GOD, County of CLINTON, State of Indiana, Groom ERIC BRUCE PICKETT of HENDRICKS County, State of IN, and, Bride DINAH JUNE BENNETT 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 August, 19 85.

Signed /s/ GERALD L. IRBY
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of AUGUST, 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. 389

File

8-1-85 Date of Application

MALE
Medical Examination Report Dated 7-16-85
Name of Physician Charles E. Jones

FEMALE
Medical Examination Report Dated 7-16-85
Name of Physician Charles E. Jones

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Bruce Last Shank

Date of Birth: Month 3 Day 13 Year 51

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5510 N. 1000 E. City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Wm. Edward Shank
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Virginia Kirkpatrick
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) W. Va. Oregon

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert B Shank

New Address 5510 N 1000 E

Subscribed and sworn to before me this 1 day of Aug., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lisa Middle Elizabeth Last Cutrell

Date of Birth: Month 3 Day 26 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5510 N. 1000 E. City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 James Samuel Cutrell
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Whetsell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lisa E. Cutrell

New Address 5510 N. 1000 E.

Subscribed and sworn to before me this 1 day of Aug., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* August, 19 85, *authorizing the joining together as husband and wife* ROBERT BRUCE SHANK *and* LISA ELIZABETH CUTRELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, THEODORE E. CUTRELL *hereby certify that on the* 9th *day of* AUGUST, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT BRUCE SHANK *of* HENDRICKS *County, State of* IN *and, Bride* LISA ELIZABETH CUTRELL *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 9th *day of* AUGUST, *19* 85.

Signed /s/ THEODORE E. CUTRELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

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No. 390

File

Date of Application 8-1-85

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 7-23-85
Name of Physician Dr Gard

FEMALE
Medical Examination Report Dated 7-23-85
Name of Physician Dr Gard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bryan Middle Edward Last Smiley
Date of Birth: Month Dec Day 21 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 7C City Mdpls County Marion State IN
5937 Westbury Dr. N
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 Fee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Smiley
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Effie Bell Mowery
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bryan Smiley
New Address 111 Kaymar Dr Danville, IN 46122
Subscribed and sworn to before me this 1 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Stephanie Middle Jo Last Lindahl
Date of Birth: Month April Day 26 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 605 Brentwood Dr. City Plfd. County Hendricks State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr Fee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alfred Gustaf Lindahl
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Janet Yvonne Deardurff
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stephanie Lindahl
New Address 111 Kaymar Danville, In 46122
Subscribed and sworn to before me this 1 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County ..... Court by written order issued ..... and filed
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of Aug, 19 85, authorizing the joining together as husband and wife BRYAN EDWARD SMILEY and STEPHANIE JO LINDAHL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARVIN L. PARLI hereby certify that on the 17th day of AUGUST one thousand nine hundred and 85, at MOROCCO, County of NEWTON, State of Indiana, Groom BRYAN EDWARD SMILEY of MARION County, State of IN, and, Bride STEPHANIE JO LINDAHL 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 AUGUST, 19 85

Signed /s/ MARVIN L. PARLI
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of August, 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. 391

File 8-2-85
Date of Application

MALE
Medical Examination Report Dated 7-25-85
Name of Physician Batista

FEMALE
Medical Examination Report Dated 7-20-85
Name of Physician Stouder

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Troy Middle Allen Last Edens

Date of Birth: Month 4 Day 16 Year 62

Place of Birth (State or foreign country) Hend. Co. Ind.

Residence Address: Street or R. R. P.O. Box 121 City Lizton County Hend State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Robert Lee Edens
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruth Evelyn Norman
   Residence of mother (if deceased so state) Pittsboro
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Troy A. Edens
New Address P.O. Box 121 Lizton IN 46149
Subscribed and sworn to before me this 2 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Ann Last Hiland

Date of Birth: Month 11 Day 4 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. P.O. Box 121 City Lizton County Hend State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Harold Leroy Hiland
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Janette Caudill
   Residence of mother (if deceased so state) Indpls.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kimberly Ann Hiland
New Address P.O. Box 121 Lizton, IN 46149
Subscribed and sworn to before me this 2 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 *day of* Aug, 19 85, *authorizing the joining together as husband and wife* TROY ALLEN EDENS *and* KIMBERLY ANN HILAND

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVE KOVALOW-ST. JOHN *hereby certify that on the* 10th *day of* AUGUST, *one thousand nine hundred and* 85 *at* 2:30 p.m., *County of* HENDRICKS, *State of Indiana, Groom* TROY ALLEN EDENS *of* HENDRICKS *County, State of* IN *and, Bride* KIMBERLY ANN HILAND *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* AUGUST, *19* 85.

Signed /s/ DAVE KOVALOW-ST. JOHN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

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No. 392

File

8-2-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 7-30-85
Name of Physician J. Drammell

FEMALE
Medical Examination Report Dated 7-30-85
Name of Physician J. Drammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle David Last Brickert

Date of Birth: Month 9 Day 27 Year 65

Place of Birth (State or foreign country) Danville, Ind.

Residence Address: Street or R. R. 3209 Avon Rd. City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Harry Brickert
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Jean Watson
   Residence of mother (if deceased so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X John D. Brickert
New Address 3209 Avon Rd.

Subscribed and sworn to before me this 2 day of Dec., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Peggy Middle Sue Last Davis

Date of Birth: Month 8 Day 3 Year 58

Place of Birth (State or foreign country) Indpls. Indiana

Residence Address: Street or R. R. 3209 Avon Rd. City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Phil Davis
   Residence of father (if deceased so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nita Joan Stinnett
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Peggy S. Davis
New Address 3209 Avon Rd.

Subscribed and sworn to before me this 2 day of Dec., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County Court by written order issued and filed

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of August, 19 85, authorizing the joining together as husband and wife JOHN DAVID BRICKERT and PEGGY SUE DAVIS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 8th day of AUGUST, one thousand nine hundred and 85, at DANVILLE, County of HENDRICKS, State of Indiana, Groom JOHN DAVID BRICKERT of HENDRICKS County, State of IN, and, Bride PEGGY SUE DAVIS 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 auGUST, 19 85.

Signed /s/ MARY LEE COMER
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of AUGUST, 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. 393

File

8-2-85 Date of Application

MALE
Medical Examination Report Dated 7-26-85
Name of Physician Michael Dooley

FEMALE
Medical Examination Report Dated 7-26-85
Name of Physician Michael Dooley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Craig Middle J. Last Newkirk

Date of Birth: Month 7 Day 26 Year 65

Place of Birth (State or foreign country) Evansville Ind.

Residence Address: Street or R. R. 202 W. Main St. City Pitts. County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Wm. Ray Newkirk
   Residence of father (if deceased so state) Pitts. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Ann Hart
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Craig J. Hawkirk

New Address 202 Kentucky ST

Subscribed and sworn to before me this 2 day of Aug, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Linda Middle K. Last Lee

Date of Birth: Month 4 Day 28 Year 66

Place of Birth (State or foreign country) Vidalia Ind.

Residence Address: Street or R. R. 1904 Daisy Rd. City Mooresville County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 John Anthony Lee
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Jean Dennis
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Linda K. Lee

New Address 202 Kentucky St

Subscribed and sworn to before me this 2 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4 *day of* Aug., 19 85, *authorizing the joining together as husband and wife* CRAIG J. NEWKIRK *and* LINDA K. LEE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DARRELL W. COX *hereby certify that on the* 10th *day of* AUGUST, *one thousand nine hundred and* 85 *at* MAPLE GROVE BAPTIST CHURCH *County of* HENDRICKS, *State of Indiana, Groom* CRAIG J. NEWKIRK *of* HENDRICKS *County, State of* IN *and, Bride* LINDA K. LEE *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* AUGUST, *19* 85.

Signed /s/ DARRELL W. COX

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

78

No. 394

File

8-2-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 7-25-85
Name of Physician J. Drammell

FEMALE
Medical Examination Report Dated 7-25-85
Name of Physician J. Drammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Allen Last Cruikshank

Date of Birth: Month 4 Day 24 Year 47

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 738 Hanna St. City Pitts. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Brett
   Michelle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Wallace Cruikshank
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Lucas P. Holderby
   Residence of mother (if deceased so state) Illinois
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mark A. Cruikshank

New Address 738 Hanna St

Subscribed and sworn to before me this 2 day of Aug., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Loretta Middle , Last Bridgman

Date of Birth: Month 4 Day 26 Year 55

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 3484 W. Kansas St. City Indpls. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Jeffrey
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. D. Woolridge
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth J. McBride
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Loretta Bridgman

New Address 738 Hanna St

Subscribed and sworn to before me this 2 day of Aug., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in HENDRICKS County Court by written order issued ..... and filed ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9 *day of* Aug., 19 85, *authorizing the joining together as husband and wife* MARK A. CRUIKSHANK *and* LORRETTA BRIDGMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM L. FISHER *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 85, *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* MARK A. CRUIKSHANK *of* MARION HENDRICKS *County, State of* IN, *and, Bride* LORRETTA BRIDGMAN *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 17th *day of* AUGUST, 19 85.

Signed /s/ WILLIAM L. FISHER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* SEPTEMBER, *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. 395

File

8-2-85 Date of Application

MALE
Medical Examination Report Dated 7-29-85
Name of Physician Steigmoller

FEMALE
Medical Examination Report Dated 7-29-85
Name of Physician Steigmoller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Wesley Middle Oran Last Livingston

Date of Birth: Month May Day 16 Year 1965

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1713 Beechwood Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Oran Livingston
   Residence of father (if deceased so state) Coatesville In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Vivian Simmons
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Fla.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wesley Livingston

New Address Indpls.

Subscribed and sworn to before me this 2 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Teresa Middle Sue Last Martin

Date of Birth: Month May Day 2 Year 1965

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. Rt 2 Bx 547 City Colonial Dr. County Coatesville State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Martin
   Residence of father (if deceased so state) Coatesville In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mary Wells
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teresa Sue Martin

New Address Indpls. In

Subscribed and sworn to before me this 2 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of August, 19 85, authorizing the joining together as husband and wife WESLEY ORAN LIVINGSTON and TERESA SUE MARTIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, TONY ALAN JOHNSON hereby certify that on the 24th day of AUGUST, one thousand nine hundred and 85 at BEN DAVIS CHRISTIAN CHURCH INDPLS, County of MARION, State of Indiana, Groom WESLEY ORAN LIVINSTON of HENDRICKS County, State of IN and, Bride TERESA SUE MARTIN of PUTNAM 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 AUGUST, 19 85.

Signed /s/ TONY ALAN JOHNSON

Official Designation ASSOCIATE MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of AUGUST, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 396

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

August 2 1985
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 7-27-85
Name of Physician Richard D. Floyd

FEMALE
Medical Examination Report Dated 7-27-85
Name of Physician Richard D. Floyd.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffrey Middle D. Last Novak

Date of Birth: Month June Day 8 Year 1963

Place of Birth (State or foreign country) Akron Ohio

Residence Address: Street or R. R. 4556 Springbrook Dr. City Columbus County Bartholomew State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Andrew Michael Novak
   Residence of father (if deceased so state) Lebanon, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Virginia Ann Grammer
   Residence of mother (if deceased so state) Lebanon, Ohio
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey D. Novak

New Address 4556 Springbrook Dr., Columbus, IN 47203

Subscribed and sworn to before me this 2 day of August, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Paula Middle A. Last George

Date of Birth: Month October Day 30 Year 1962

Place of Birth (State or foreign country) Bucyrus Marion Co. Ohio

Residence Address: Street or R. R. 8780 E. 700 N. City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leroy C. George
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred I. Cole
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paula A. George

New Address 4556 Springbrook Dr. Columbus, In 47203

Subscribed and sworn to before me this 2 day of August, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* Aug, 1985, *authorizing the joining together as husband and wife* JEFFREY D. NOVAK *and* PAULA A. GEORGE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY L. BELLVILLE *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 85, *State of Indiana, Groom* JEFFREY D. NOVAK *at* BROWNSBURG, *County of* HENDRICKS, *and, Bride* PAULA A. GEORGE *of* BARTHOLOMEW *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County, State of* INDIANA, *County.*

Dated this 17th *day of* AUGUST, 19 85.

Signed /s/ LARRY L. BELLVILLE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* AUGUST, 19 85

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

Prescribed By
State Board of
Under Authority
31-1-3-2
July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 397

File

8-2-85
Date of Application

MALE
Medical Examination Report Dated 7-22-85
Name of Physician J.C. Dascoli MD.

FEMALE
Medical Examination Report Dated 7-22-85
Name of Physician J.C. Dascoli 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 Scott Middle A. Last Lepper

Date of Birth: Month May Day 29 Year 1964

Place of Birth (State or foreign country): Beech Grove Ind

Residence Address: Street or R. R. 2740 Avon Rd. City Plainfield County , State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Lepper
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Avis A. Gramlich
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Scott A. Lepper

New Address 6232 Lakeview DR. INDPLS. IND.

Subscribed and sworn to before me this 2nd day of Aug, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lisa Middle L. Last Lackey

Date of Birth: Month May Day 8 Year 1963

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 9638 Harmony Dr. City Indpls. County , State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Lee Lackey
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Karen L. Dusp
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa L Lackey

New Address 6232 LAKEVIEW DRIVE, INDPLS, IN

Subscribed and sworn to before me this 2nd day of Aug, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 th *day of* August, 19 85, *authorizing the joining together as husband and wife* SCOTT A. LEPPER *and* LISA L. LACKEY *Be it further remembered, the following marriage certificate was filed in my office, to-wit: I,* DAVID L. POPPLEWELL *hereby certify that on the* 10th *day of* AUGUST, *one thousand nine hundred and* 85 *at* MT. OLIVE UNITED METHODIST CHURCH, *County of* MARION, *State of Indiana, Groom* SCOTT A. LEPPER *of* MARION *County, State of* IN, *and, Bride* LISA L. LACKEY *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* AUGUST, *19* 85.

Signed /s/ DAVID L. POPPLEWELL

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 398

File

8-5-85
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 8-1-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-1-85
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: First [illegible] Middle J. Last Fisher

Date of Birth: Month 3 Day 10 Year 52

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11080 W. Wash Apt 6 City Indpls. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Iss.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Fisher
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary J. Jordan
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Larry J Fisher

New Address 2225 W. Washington #72 46231

Subscribed and sworn to before me this 5 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle K. Last McKee

Date of Birth: Month 6 Day 30 Year 52

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR. 2 Box 315 A City Crawfordsville County [illegible] State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Iss.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Nicole Renee
   Samantha McKee

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Philpott
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gertrude E. Bray
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Linda K McKee

New Address 2225 W. WASH. #72 Indpls In 46231

Subscribed and sworn to before me this 5 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* Aug., 19 85, *authorizing the joining together as husband and wife* LARRY J. FISHER *and* LINDA K. McKEE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN HESSELDENZ *hereby certify that on the* 10th *day of* AUGUST, *one thousand nine hundred and* 85 *at* INDPLS., *State of Indiana, Groom* LARRY J. FISHER *of* HENDRICKS *County, State of* IN, *and, Bride* LINDA K. McKEE *of* MONTGOMERY *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* AUGUST, 19 85.

Signed /s/ JOHN HESSELDENZ

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* AUGUST, *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. 399

File

8-5-85
Date of Application

MALE
Medical Examination Report Dated 7-18-85
Name of Physician Key

FEMALE
Medical Examination Report Dated 7-26-85
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: First Kenneth Middle Douglas Last Lofton
Date of Birth: Month Mar Day 10 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 39 Pepperwood Dr City Danville County Hendricks State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronnie Joe Lofton Sr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Latova ann Jones
   Residence of mother (if deceased so state) Ind
   Birthplace of mother (State or foreign country) ark

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kenneth D Lofton
New Address 39 Pepperwood Dr. Danville

Subscribed and sworn to before me this 5th day of August, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Terri Middle Ruth Last Snell
Date of Birth: Month Jan Day 13 Year 1966
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR #2 Box 457 City Clayton County Hendricks State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edward Snell
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) —
9. Full maiden name of mother Faye Marie Crane
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) —

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terri R. Snell
New Address R2 Box 457 Clayton

Subscribed and sworn to before me this 5th day of August, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of August, 19 85, authorizing the joining together as husband and wife KENNETH DOUGLAS LOFTON and TERRI RUTH SNELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEVAN W. RANSON hereby certify that on the 10th day of AUGUST, one thousand nine hundred and 85 at CLAYTON, County of HENDRICKS, State of Indiana, Groom KENNETH DOUGLAS LOFTON of HENDRICKS County, State of IN, and, Bride TERRI RUTH SNELL 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 AUGUST, 19 85.

Signed /s/ STEVAN W. RANSON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of AUGUST, 1985.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 400

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

8-5-85
Date of Application

MALE
Medical Examination Report Dated 8-1-85
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 8-1-85
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas; Middle W.; Last Mulroney

Date of Birth: Month 7; Day 21; Year 1959

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. RR#3 Box 324E; City Clayton; County Hendricks; State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License ✓

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fred R. Mulroney
   Residence of father (if deceased so state) New Jersey
   Birthplace of father (State or foreign country) Mass.
9. Full maiden name of mother Barbara Ann Keith
   Residence of mother (if deceased so state) Texas
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas W. Mulroney

New Address

Subscribed and sworn to before me this 5th day of August, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Zina; Middle Marie; Last Von Burg

Date of Birth: Month 10; Day 3; Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1353 S Meridian; City Indpls; County Marion; State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate ✓

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stanley J. Von Burg
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Mae Bernhardt
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Zina Von Burg

New Address

Subscribed and sworn to before me this 5th day of August, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3 day Waiver and filed in 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* 5th *day of* AUGUST, *19* 85, *authorizing the joining together as husband and wife* THOMAS W. MULRONEY *and* ZINA MARIE VONBURG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 5th *day of* AUGUST, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* THOMAS W. MULRONEY *of* HENDRICKS *County, State of* IN, *and, Bride* ZINA MARIE VONBURG *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 5th *day of* AUGUST, *19* 85.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE, HENDRICKS SUPERIOR COURT NO. 2

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* AUGUST, *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. 401

File

8-5-85
Date of Application

MALE
Medical Examination Report Dated 7-20-85
Name of Physician Shull

FEMALE
Medical Examination Report Dated 7-20-85
Name of Physician Shull

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to 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 Eugene Terrell (First, Middle, Last)
Date of Birth: Month Jan Day 4 Year 1967
Place of Birth (State or foreign country): Ohio
Residence Address: 10333 N. 1000 E. (Street or R. R.) Bburg (City) Hend (County) In (State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Ronald D. Terrell
   Residence of father (if deceased so state): Bburg
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Ethyl L. Bowen
   Residence of mother (if deceased so state): Bburg
   Birthplace of mother (State or foreign country): Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Chris Terrell
New Address 9770 N. 800E, Bburg
Subscribed and sworn to before me this 5 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: Lisa Marie Wilson (First, Middle, Last)
Date of Birth: Month March Day 9 Year 1968
Place of Birth (State or foreign country): Delanon
Residence Address: 9770 N. 800 E. (Street or R. R.) Bburg (City) Hend (County) In (State)
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Arthur Robert Wilson
   Residence of father (if deceased so state): Bburg
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Marjorie Ellen Mush
   Residence of mother (if deceased so state): Bburg
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lisa Wilson
New Address 9770 N 800E, Bburg
Subscribed and sworn to before me this 5 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of Aug, 19 85, authorizing the joining together as husband and wife CHRISTOPHER EUGENE TERRELL and LISA MARIE WILSON
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, GEORGE W. DAVIS hereby certify that on the 10th day of AUGUST, one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom CHRISTOPHER of HENDRICKS County, State of IN and, Bride LISA M. WILSON 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 AUGUST, 19 85.
Signed /s/ GEORGE W. DAVIS
Official Designation UNITEID METHODIST MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this 13th day of AUGUST, 19 85
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 402

File

8-5-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 8-1-85
Name of Physician Joseph C. Kyelin

FEMALE
Medical Examination Report Dated 8-1-85
Name of Physician Joseph C. Kyelin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Leon Middle Martin Last Wright

Date of Birth: Month 9 Day 28 Year 62

Place of Birth (State or foreign country) Florida

Residence Address: Street or R. R. 310 ½ N. St. City Pitt. County Pitt. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. 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 Leon Henry Wright
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Betty C. McKibben
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Leon M. Wright
New Address 310 ½ NORTH St., PLFD, IN

Subscribed and sworn to before me this 5 day of Aug, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Terry Middle L. Last Gibbs

Date of Birth: Month 5 Day 30 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 602 Mooresville Rd. City Mooresville County Morgan State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Francis W. Nelson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ellayan Harlan
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Terry L. Gibbs
New Address 310 ½ North St. Plainfield

Subscribed and sworn to before me this 5 day of Aug, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9 *day of* Aug, 19 85, *authorizing the joining together as husband and wife* LEON M. WRIGHT *and* TERRY L. GIBBS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LAWRENCE HESKETT *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 85 *at* MOORESVILLE, *County of* MORGAN, *State of Indiana, Groom* LEON M. WRIGHT *of* HENDRICKS *County, State of* IN, *and, Bride* TERRY L. GIBBS *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* AUGUST, *19* 85.

Signed /s/ LAWRENCE HESKETT

Official Designation pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* AUGUST, *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. 403

File

8-5-85 Date of Application

MALE
Medical Examination Report Dated 7-29-85
Name of Physician M.L. Neely, M.D.

FEMALE
Medical Examination Report Dated 7-29-85
Name of Physician M.L. Neely, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold Middle A. Last Smith

Date of Birth: Month 2 Day 13 Year 1962

Place of Birth (State or foreign country) San Diego, California

Residence Address: 7056 Cohasset Ct. 30, Street or R. R. Indpls., City In. 46226 County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold David Smith
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Marsha Elaine Elmore
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harold A. Smith

New Address 7056 Cohasset Ct. Indpls.

Subscribed and sworn to before me this 5th day of August, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mara Middle K. Last Whitaker

Date of Birth: Month 3 Day 29 Year 1962

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: 253 E. Broadway, Street or R. R. Noblesville, City In. 46060 County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Siegfried Leroy Whitaker, Jr.
   Residence of father (if deceased so state) Noblesville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ko Ko Iwama
   Residence of mother (if deceased so state) Noblesville, In.
   Birthplace of mother (State or foreign country) Japan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mara K Whitaker

New Address Same

Subscribed and sworn to before me this 5th day of August, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* Aug. *19* 85, *authorizing the joining together as husband and wife* HAROLD A. SMITH *and* MARA K. WHITAKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HOWARD W. BEER *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 85 *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* HAROLD A. SMITH *of* MARION *County, State of* IN *and, Bride* MARA K. WHITAKER *of* HEDNRICKS *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 17th *day of* AUGUST, *19* 85.

Signed /s/ HOWARD W. BEER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* AUGUST, *19* 85

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 404

File

8-7-85
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 8-5-85
Name of Physician James Black MD.

FEMALE
Medical Examination Report Dated 8-5-85
Name of Physician M. 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 Danny Middle J. Last Miller
Date of Birth: Month 5 Day 31 Year 1964
Place of Birth (State or foreign country) Danville, Indiana
Residence Address: Street or R. R. 316 Maplebrook Dr. City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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.
   Candice M. 3 yrs.
   Father has legal custody.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stephen G. Miller
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Ann Stevens
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Danny T. Miller
New Address 407 Janet Dr.
Subscribed and sworn to before me this 7 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Teresa Middle Lynn Last Glidden
Date of Birth: Month 1 Day 7 Year 1960
Place of Birth (State or foreign country) Lebanon In.
Residence Address: Street or R. R. 407 Janet Dr. City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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.
   Amber K. 7 yrs.
   Sara L. 4 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 Ronald E. Swenford
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra K. Williams
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teresa Lynn Glidden
New Address 407 Janet Dr.
Subscribed and sworn to before me this 8th day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* Aug, 19 85, *authorizing the joining together as husband and wife* DANNY T. MILLER *and* TERESA LYNN GLIDDEN
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ROBERT W. FREESE *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 85, *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* DANNY T. MILLER *of* HENDRICKS *County, State of* IN, *and, Bride* TERESA LYNN GLIDDEN *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 17th *day of* AUGUST, 19 85.

Signed /s/ ROBERT W. FREESE
Official Designation JUDGE PRO-TEMPORE

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* AUGUST, 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. 405

File

8-7-85 Date of Application

MALE
Medical Examination Report Dated 8-1-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-1-85
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: First Mark Middle E. Last Dayton

Date of Birth: Month 10 Day 17 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 258 Avon Ave. City Plfd. County Hnd. 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Melissa Lee Taylor
   Ashley Brook Taylor
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lloyd E. Taylor
   Residence of father (if deceased so state) Pfld. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Lee Lee
   Residence of mother (if deceased so state) Dana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mark E. Taylor
New Address 258 Avon AVE Plainfield

Subscribed and sworn to before me this 7 day of Aug, 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lori Middle L. Last Alexander

Date of Birth: Month 9 Day 29 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 258 Avon Ave City Plfd County Hnd 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Aaron Alexander
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry A. Wiora
   Residence of father (if deceased so state) Brazil Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sondra Sue Carnes
   Residence of mother (if deceased so state) Martinsville Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lori L Alexander
New Address 258 Avon Ave, Plainfield

Subscribed and sworn to before me this 7 day of Aug, 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* Aug, 19 85, *authorizing the joining together as husband and wife* MARK E. TAYLOR *and* LORI L. TAYLOR

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HOWARD G. ROBINSON *hereby certify that on the* 14th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* MARK E. TAYLOR *of* HENDRICKS *County, State of* IN, *and, Bride* LORI L. TAYLOR *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 14th *day of* SEPTEMBER, 19 85.

Signed /s/ HOWARD G. ROBINSON

Official Designation REVERAND

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* SEPTEMBER, 19 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 406

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

August 7 1985
Date of Application

MALE
Medical Examination Report Dated 7-29-85
Name of Physician Susan Burkholder, Md.

FEMALE
Medical Examination Report Dated 7-29-85
Name of Physician Susan Burkholder, 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 Terry Middle R. Last Blackwell
Date of Birth: Month January Day 8 Year 1948
Place of Birth (State or foreign country): Gordon Co. Georgia
Residence Address: Street or R. R. R.R. 1 Bx 132C City North Salem County Hendricks State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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.
   Rhonda Nicole Blackwell
   Jessie Lynn "
   Barry Joseph " Lisa Ann Blackwell
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Luke Berry Blackwell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Mildred Allene Clark
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed .....
New Address .....
Subscribed and sworn to before me this 7th day of August, 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 .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Amber Middle D. Last Stalcup
Date of Birth: Month March Day 16 Year 1968
Place of Birth (State or foreign country): Linton Indiana
Residence Address: Street or R. R. R.R. 1 Bx 132C City North Salem County Hendricks State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Gene Stalcup
   Residence of father (if deceased so state) Lexington, Ky.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Delores Stiffler
   Residence of mother (if deceased so state) Bridgeport, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed .....
New Address .....
Subscribed and sworn to before me this 7th day of August, 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
Evelyn D. Lyles has custody of applicant.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Evelyn D. Lyles Mother
Subscribed and sworn to before me this 7th day of August, 19 85.
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 in HENDRICKS County Sup. Court 2 Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* August, 19 85, *authorizing the joining together as husband and wife* TERRY R. BALCKWELL *and* AMBER D. STALCUP
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, RAYMOND H. DUFF *hereby certify that on the* 10th *day of* AUGUST, *one thousand nine hundred and* 85, *at* NORTH SALEM, *County of* HENDRICKS, *State of Indiana, Groom* TERRY R. BLACKWELL *of* HENDRICKS *County, State of* IN, *and, Bride* AMBER D. STALCUP *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 7th *day of* AUGUST, *19* 85.

Signed /s/ RAYMOND H. DUFF
Official Designation CHRISTIAN MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* SEPTEMBER, *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. 407

File

8-7-85 Date of Application

MALE
Medical Examination Report Dated 7-31-85
Name of Physician

FEMALE
Medical Examination Report Dated 7-31-85
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: First Edward Middle Paul Last Hernandez

Date of Birth: Month Oct. Day 17 Year 1957

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. University East Apt 310 City Bloomington 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) B

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Valerie Monique Hernandez
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward Hernandez
   Residence of father (if deceased so state) La Puente, Ca
   Birthplace of father (State or foreign country) Ca
9. Full maiden name of mother Esperanza Fernandez
   Residence of mother (if deceased so state) L. Mex.
   Birthplace of mother (State or foreign country) Same

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edward Paul Hernandez

New Address 310 University East Bloomington IN

Subscribed and sworn to before me this 27 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Diane Middle Last Mosser

Date of Birth: Month 10 Day 24 Year 1961

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. Plainfield, In. City County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roger K. Mosser
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Nancy K. Bagwell
   Residence of mother (if deceased so state) Plainfield, Ins.
   Birthplace of mother (State or foreign country) Indiana)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diane Mosser

New Address ~~310 Univ~~ Bloomington IN

Subscribed and sworn to before me this 7 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* August, 19 85, *authorizing the joining together as husband and wife* EDWARD PAUL HERNANDEZ *and* DIANE MOSSER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON *hereby certify that on the* 31st *day of* AUGUST, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS *State of Indiana, Groom* EDWARD PAUL HERNANDEZ *of* LOS ANGELES *County, State of* CALIFORNIA *and, Bride* DIANE MOSSER *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 31st *day of* AUGUST, *19* 85

Signed /s/ WILLIAM R. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* SEPTEMBER, *19* 85

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 408

File

8-8-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 8-5-85
Name of Physician J. C. Kerlin M.D.

FEMALE
Medical Examination Report Dated 8-5-85
Name of Physician J. C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle E. Last Hewitt

Date of Birth: Month 2 Day 7 Year 1943

Place of Birth (State or foreign country) Columbus, In.

Residence Address: Street or R. R. R.R. #4, Box [redacted]50d City Nineveh County Johnson State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Troy Eugene Hewitt

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wesley Hewitt
   Residence of father (if deceased so state) Deceased.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lilly Marie Bryant
   Residence of mother (if deceased so state) Columbus, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Ronald E Hewitt

New Address 500 N Jefferson St Danville 8th

Subscribed and sworn to before me this 8th day of August, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carolyn Middle I. Last Neal

Date of Birth: Month 10 Day 19 Year 1947

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 500 N. Jefferson City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Julie Neal
   Brian Neal

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert N. Emmett
   Residence of father (if deceased so state) Lebanon, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Constance May Mathews
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Carolyn I Neal

New Address 500 N. Jefferson, Danville, In.

Subscribed and sworn to before me this 8th day of August, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* August, 19 85, *authorizing the joining together as husband and wife* RONALD E. HEWITT *and* CAROLYN I. NEAL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEPHEN S. BENTLEY *hereby certify that on the* 24th *day of* AUGUST, *one thousand nine hundred and* 85 *at* NINEVEH, *County of* JOHNSON, *State of Indiana, Groom* RONALD E. HEWITT *and, Bride* CAROLYN I. NEAL *of* JOHNSON *County, State of* IN *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 14th *day of* AUGUST, 19 85.

Signed /s/ STEPHEN S. BENTLEY

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* SEPTEMBER, 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. 409

File

8-8-85
Date of Application

MALE
Medical Examination Report Dated 7-22-85
Name of Physician Louise Smith

FEMALE
Medical Examination Report Dated 7-22-85
Name of Physician Louise 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: First Mark Middle A. Last Oakes

Date of Birth: Month 1 Day 29 Year 59

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. RR2 Box 442 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William A. Oakes
   Residence of father (if deceased so state) Hollidaysburg, Florida
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lorna Lillian Nelson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mark A Oakes

New Address

Subscribed and sworn to before me this 8 day of Aug., 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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Judith Middle C. Last Armenoff

Date of Birth: Month 11 Day 5 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR2 Box 442 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   George D. Armenoff

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Armenoff
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha C. Kelly
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Judith C. Armenoff

New Address RR2 Box 442

Subscribed and sworn to before me this 6 day of Aug., 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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of Aug., 19 85, authorizing the joining together as husband and wife MARK A. OAKES and JUDITH ARMENOFF

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JIM B. LUTTRELL hereby certify that on the 18th day of AUGUST, one thousand nine hundred and 85 at RAINBOW ACRES CHURCH OF GOD, County of HENDRICKS, State of Indiana, Groom MARK A. OAKES of HENDRICKS County, State of INDIANA, and, Bride JUDITH ARMENOFF of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of AUGUST, 19 85.

Signed /s/ JIM B. LUTTRELL

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of AUGUST, 19 85.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 410

File 9

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

8-9-85 Date of Application

MALE
Medical Examination Report Dated 8-7 7-22-85
Name of Physician Glenn W. Baker MD.

FEMALE
Medical Examination Report Dated 7-22-85
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: First Victor Middle Lynn Last Barnes

Date of Birth: Month June Day 3 Year 1958

Place of Birth (State or foreign country) Torence California

Residence Address: Street or R. R. Louisville City Ky. 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) Ky. 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 Billy Elton Barnes
   Residence of father (if deceased so state) Louisville Ky.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Virgie Helen Blan
   Residence of mother (if deceased so state) Louisville Ky.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Victor L. Barnes

New Address

Subscribed and sworn to before me this 9 day of Aug, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Ovedia Middle Fayrene Last Adams

Date of Birth: Month Oct. Day 15 Year 1963

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address: Street or R. R. Brownsburg. City In. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James A. Adams
   Residence of father (if deceased so state) Kentucky
   Birthplace of father (State or foreign country) Brownsburg In.
9. Full maiden name of mother Laura Ovedia Whitaker
   Residence of mother (if deceased so state) Brownsburg
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ovedia F. Adams

New Address

Subscribed and sworn to before me this 9 day of Aug, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13th *day of* AUGUST, *19* 85, *authorizing the joining together as husband and wife* VICTOR LYNN BARNES *and* OVEDIA FAYRENE ADAMS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES A. ADAMS *hereby certify that on the* 15th *day of* AUGUST, *one thousand nine hundred and* 85 *at* 8:40 A.M., *County of* HENDRICKS, *State of Indiana, Groom* VICTOR LYNN BARNES *of* JEFFERSON *County, State of* KENTUCKY *and, Bride* OVEDIA FAYRENE ADAMS *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15th *day of* AUGUST, *19* 85.

Signed /s/ JAMES A. ADAMS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* AUGUST, *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

No. 411

HENDRICKS County

File

8-9-85 Date of Application

MALE
Medical Examination Report Dated 8-9-85 Physicion Blood test
Name of Physician S. Thomas

FEMALE
Medical Examination Report Dated 8-9-85
Name of Physician S. Thomas

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Douglas Middle William Last Scott

Date of Birth: Month Jan. Day 25 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2540 Crystal Ct, Apt 109 City Woodridge County State Ill.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert F. Scott
   Residence of father (if deceased so state) Terre Haute, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Cecilia Sek
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) N.Y.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Douglas Scott

New Address 2540 Crystal Ct #109 Woodridge IL

Subscribed and sworn to before me this 9th day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Ellen Middle Kull Last Hopkins

Date of Birth: Month Jul Day 3 Year 1959

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 624 S. Green City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Frederick Hopkins
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Tex
9. Full maiden name of mother Mary Louise Kull
   Residence of mother (if deceased so state) Brownsburg
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ellen Kull Hopkins

New Address 2540 Crystal Ct., #109, Woodridge IL

Subscribed and sworn to before me this 9 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* Aug, 19 85, *authorizing the joining together as husband and wife* DOUGLAS WILLIAM SCOTT *and* ELLEN KULL HOPKINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRED W. FIEDLER *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* DOUGLAS WILLIAM SCOTT *of* DU PAGE *County, State of* ILLINOIS *and, Bride* ELLEN KULL HOPKINS *of* HENDRICKS *County, State of* INDIANA, *were by me united 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, 19 85.

Signed /s/ FRED W. FIEDLER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* AUGUST, 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

No. 411

HENDRICKS County

File

Extension on Blood test

8-9-85
Date of Application

MALE
Medical Examination Report Dated 8-9-85
Name of Physician S. Thomas

FEMALE
Medical Examination Report Dated 8-9-85
Name of Physician S. Thomas

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Douglas Middle William Last Scott

Date of Birth: Month Jan. Day 25 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2540 Crystal Ct, Apt 109 City Woodridge County Ill. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female ap[plicant] [illegible] No ☑ Y[es] ☐
4. Are you now under the influenc[e]
5. Are you now under the influenc
6. List the full names of any depe

7. Are you required by any cou[rt] dependent children?
   If answer is "yes", it is requ[ired]
   compliance with any court
8. Full name of father
   Residence of father (if dece
   Birthplace of father (State
9. Full maiden name of moth[er]
   Residence of mother (if dec
   Birthplace of mother (Stat[e]

State of Indiana,
County of HENDR[ICKS]

S[worn]

New Ac[count]

Subscribed and sworn to b[efore]
Mary J[ane Russell]

CONSENT OF PARENTS

We, the parents, of this [applicant]
signs, state facts which render the consent of the other parent unnecessary

State of Indiana,
County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Ellen Middle Kull Last Hopkins

Date of Birth: Month Feb Day 3 Year 1959

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 624 S. Green City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 ☐

State of Indiana,
County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

Comes now Douglas W. Scott AND Ellen K. Hopkins and orally petitions the court for an extension of the date on the Premarital Examination Certificate.

The Court being advised, finds that extension should be granted to and including 20 August 1985

Mary R. Hess
JUDGE

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Aug., 1985, authorizing the joining together as husband and wife DOUGLAS WILLIAM SCOTT and ELLEN KULL HOPKINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRED W. FIEDLER hereby certify that on the 17th day of AUGUST, one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom DOUGLAS WILLIAM SCOTT of DU PAGE County, State of ILLINOIS, and, Bride ELLEN KULL HOPKINS of HENDRICKS County, State of INDIANA, were by me united 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, 19 85.

Signed /s/ FRED W. FIEDLER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of AUGUST, 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. 412

File

8-9-85
Date of Application

MALE
Medical Examination Report Dated 7-31-85
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 7-31-85
Name of Physician Larry D. Lovell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stephen Middle Joseph Last Himsel

Date of Birth: Month 1 Day 7 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR#1 City North Salem County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 W. Lee Himsel
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris Marie Traylor
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stephen J. Himsel

New Address

Subscribed and sworn to before me this 9th day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Debra Middle Jan Last Lents

Date of Birth: Month 3 Day 23 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR#2, Box 376-14 City Rockdale County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 William Russell
   Residence of father (if deceased so state) Paulding Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Norma Jean Keyt
   Residence of mother (if deceased so state) Greencastle, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra J. Lents

New Address

Subscribed and sworn to before me this 9th day of August, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* Aug, 19 85, *authorizing the joining together as husband and wife* STEPHEN JOSEPH HIMSEL *and* DEBRA JEAN LENTS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ANDREW MASON *hereby certify that on the* 31st ~~31~~ *day of* AUGUST, *one thousand nine hundred and* 85 *at* NORTHVIEW CHRISTIAN CHURCH, *County of* HENDRICKS, *State of Indiana, Groom* STEPHEN JOSEPH HIMSEL *of* HENDRICKS *County, State of* IN, *and, Bride* DEBRA JEAN LENTS *of* PUTNAM *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 31st *day of* AUGUST, *19* 85.

Signed /s/ ANDREW MASON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* SEPTEMBER, *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. 413

File

Aug. 12, 1985
Date of Application

MALE
Medical Examination Report Dated 8-8-85
Name of Physician Ronald Stegemoller M.D.

FEMALE
Medical Examination Report Dated Aug. 8, 1985
Name of Physician Dr. Hoggatt

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle D. Last Fonderkide

Date of Birth: Month 5 Day 26 Year 1961

Place of Birth (State or foreign country) Greenville Ohio

Residence Address: Street or R. R. R # 4 Box 302 City Clayton County , In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fred L. Fonderkide
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Dayton Ohio
9. Full maiden name of mother Sandra Lee Shaban
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James D Fonderhide

New Address R4 Box 302 CLAYTON IN 46118

Subscribed and sworn to before me this 12 day of August, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Terri Middle Jean Last Gibson

Date of Birth: Month 4 Day 27 Year 61

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. R # 4 Box 302 City Clayton County In. State 46118

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Christina Marie Gibson
   D. Matthew Gibson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Buddy Lee Fisher
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Hend. Co. Indiana
9. Full maiden name of mother Mary Lou Thorpe
   Residence of mother (if deceased so state) Danville In.
   Birthplace of mother (State or foreign country) Hend. Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terri J Gibson

New Address R4 Box 302 Clayton, IN 46118

Subscribed and sworn to before me this 12 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* Aug., 19 85, *authorizing the joining together as husband and wife* JAMES D. FONDERHIDE *and* TERRI JEAN GIBSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 16th *day of* AUGUST, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JAMES D. FONDERHIDE *of* HENDRICS *County, State of* IN *and, Bride* TERRI JEAN GIBSON *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 16th *day of* AUGUST, *19* 85.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 414

File

Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 8-12-85
Name of Physician Ochsner

FEMALE
Medical Examination Report Dated 8-1285
Name of Physician Ochsner

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Thomas Last Scheidler

Date of Birth: Month July Day 2 Year 1951

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1815½ Forest Lake dr, City Tusc. Co. County ala. 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 Ltr.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Anthony Lawrence Scheidler
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary ann Wenning
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Thomas Scheidler

New Address 1815½ Forest Lake Dr, Tuscaloosa, AL 35401

Subscribed and sworn to before me this 12 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....,

.....Clerk

FEMALE APPLICANT

Name: First Sharon Middle Kay Last Calhoon

Date of Birth: Month May Day 2 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 410 S. Blake St. City Haverhill County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr Ltr.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Paul Calhoon Sr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) S.D.
9. Full maiden name of mother Peggy Jean McCall
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) S.C.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon Kay Calhoon

New Address 1815½ Forest Lake Dr. Tuscaloosa, AL 35401

Subscribed and sworn to before me this 12 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....,

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* AUGUST, *19* 85, *authorizing the joining together as husband and wife* MICHAEL THOMAS SCHEIDLER *and* SHARON KAY CALHOON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BRENDA L. BIERDEMAN *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* MICHAEL THOMAS SCHEIDLER *of* TUSCALOOSA *County, State of* ALABAMA, *and, Bride* SHARON KAY CALHOON *of* HENDRICKS *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16th *day of* AUGUST, *19* 85

Signed /s/ BRENDA L. BIERDEMAN

Official Designation REVEREND

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* AUGUST, *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. 415

File

8-12-85
Date of Application

MALE
Medical Examination Report Dated 8-10-85
Name of Physician John D. Moe, M.D.

FEMALE
Medical Examination Report Dated 8-10-85
Name of Physician John D. Moe, 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 Patrick Middle A. Last Drollinger

Date of Birth: Month 3 Day 17 Year 1956

Place of Birth (State or foreign country) Danville Illinois

Residence Address: Street or R. R. 1109 DuRane Ct. City Indpls. County Dn. State 46234

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Amanda Lee Drollinger
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard A. Drollinger
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Rosalie Whaley
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patrick A. Drollinger

New Address 210 N. Adams St. Brownsburg In.

Subscribed and sworn to before me this 12th day of August, 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Vicki Middle Lynn Last Williams

Date of Birth: Month 8 Day 9 Year 1955

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 210 North Adams, City Brownsburg, County In. State 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Vicki Sue Condon
   Robert Douglas Condon
   Saleana 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 Roy W. Hankins
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Bitton
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Vicki L. Williams

New Address 210 N. Adams St.

Subscribed and sworn to before me this 12th day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* Aug. *, 19*85*, authorizing the joining together as husband and wife* PATRICK A. DROLLINGER *and* VICKI LYNN WILLIAMS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS L. DODSON *hereby certify that on the* 31st *day of* AUGUST *, one thousand nine hundred and* 85 *at* BROWNSBURG *, County of* HENDRICKS *, State of Indiana, Groom* PATRICK A. DROLLINGER *of* MARION *County, State of* IN *and, Bride* VICKI LYNN 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 16th *day of* AUGUST *, 19*85*.

Signed /s/ DENNIS L. DODSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* SEPTEMBER *, 19*85*

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 416

File

8-13-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 8-1-85
Name of Physician Houston, MD.

FEMALE
Medical Examination Report Dated 8-1-85
Name of Physician Houston, 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)".

FEMALE APPLICANT

Name: First Ursula Middle Greta Last Rowe

Date of Birth: Month Oct Day 22 Year 1934

Place of Birth (State or foreign country) Germany

Residence Address: Street or R. R. 2338 Avon Rd City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☑
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Kurelle
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Germany
9. Full maiden name of mother Ida Grzywna
   Residence of mother (if deceased so state) Germany
   Birthplace of mother (State or foreign country) Germany

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Ursula E. Rowe

New Address RR I Box 438 Poland Ind 47868

Subscribed and sworn to before me this 13 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

MALE APPLICANT

Name: First Marvin Middle R. Last Rowe

Date of Birth: Month Dec Day 21 Year 1927

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. Rt 1 Box 438 City Poland County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Army Discharge

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☑
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sam Rowe
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Betty Montgomery
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marvin R. Rowe

New Address R.R. #1 Box 438 Poland, In 47868

Subscribed and sworn to before me this 13 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of Aug, 1985, authorizing the joining together as husband and wife MARVIN R. ROWE and URSULA ERICKA ROWE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HOWARD FARRELL hereby certify that on the 1st day of SEPTEMBER, one thousand nine hundred and 85 at 5:00 P.M., County of MUSKEGON HEIGHTS, State of Indiana, Groom MARVIN R. ROWE of OWEN County, State of INDIANA, and, Bride URSULA E. ROWE of HENDRICKS County, State of INDIANA, were by me united 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 SEPTEMBER, 19 85.

Signed /s/ HOWARD FARRELL

Official Designation PASTOR NEW JERUSALEM CHURCH

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of SEPTEMBER, 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. 417

File

8-13-85 Date of Application

MALE
Medical Examination Report Dated 8-3-85
Name of Physician Hadley

FEMALE
Medical Examination Report Dated 8-3-85
Name of Physician D. Hadley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rex Middle alan Last Murat

Date of Birth: Month Aost Day 29 Year 1963

Place of Birth (State or foreign country) Indpls Indiana

Residence Address: Street or R. R. 1400 Black Rock Ct City Plainfield County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Gene Murat
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carlene Lois Boler
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rex Alan Murat
New Address 4165 Hickory Trail East Beech Grove, IN

Subscribed and sworn to before me this 16 day of Aug, 19 85

Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Jill Middle Diann Last Pearl

Date of Birth: Month Aug Day 29 Year 1965

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 734 Woodside Dr. City Plainfield County - State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Pearl
   Residence of father (if deceased so state) Plainfield
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Barbara A. Gilmour
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jill Diann Pearl
New Address 4165 Hickory Tr E Beech Grove, In

Subscribed and sworn to before me this 13 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* August, 19 85, *authorizing the joining together as husband and wife* REX ALAN MURAT *and* JILL DIANN PEARL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WM. SPENCER GILLESPIE *hereby certify that on the* 24th *day of* AUGUST, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* REX ALAN MURAT *of* HENDRICKS *County, State of* IN *and, Bride* JILL DIANN PEARL *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* AUGUST, 19 85

Signed /s/ WM. SPENCER GILLESPIE

Official Designation PASTOR, FIRST BAPTIST CHURCH

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* AUGUST, 19 85

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

No. 418

File

8-14-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 8-8-85
Name of Physician Miller

FEMALE
Medical Examination Report Dated 8-8-85
Name of Physician Miller

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randy Middle L. Last Brickert

Date of Birth: Month 9 Day 4 Year 61

Place of Birth (State or foreign country) Danville

Residence Address: Street or R. R. 1971 Broyles Rd City Plfd County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Harry Cecil Brickert
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Norma Jean Watson
   Residence of mother (if deceased so state) Plfd.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Randy Brickert
New Address 1971 Broyles Rd Plainfield, Ind.
Subscribed and sworn to before me this 14 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Debera Middle L. Last Thornburgh

Date of Birth: Month 8 Day 16 Year 59

Place of Birth (State or foreign country) St. Louis, Missouri

Residence Address: Street or R. R. 1971 Broyles Rd City Plfd County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Beau R. Thornburgh
   William R. Thornburgh
   Brittney N. Thornburgh
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph D. ~~Dd~~ Smith
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Irene May Mangrum
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Debera L. Thornburgh
New Address 1971 Broyles Rd. Plainfield, Ind.
Subscribed and sworn to before me this 14 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* Aug., *19* 85, *authorizing the joining together as husband and wife* RANDY L. BRICKERT *and* DEBERA L. THORNBURGH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ARTHUR E. GRESS *hereby certify that on the* 24th *day of* AUGUST, *one thousand nine hundred and* 85, *State of Indiana, Groom* RANDY L. BRICKERT *at* CLAYTON, *County of* HENDRICKS, *and, Bride* DEBERA L. THORNBURGH *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* AUGUST, *19* 85.

Signed /s/ ARTHUR E. GRESS
Official Designation ASSOCIATE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* AUGUST, *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. 419

File

8-15-85
Date of Application

MALE
Medical Examination Report Dated 8-14-85
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 8-14-85
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: First Dirk Middle David Last Smith

Date of Birth: Month 5 Day 22 Year 60

Place of Birth (State or foreign country) IN

Residence Address: Street or R. R. 3841 S. Center City Pitts. County Pitts. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Bio. Epist.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Avery Smith
   Residence of father (if deceased so state) Pitts. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Jane Pitts
   Residence of mother (if deceased so state) Dana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dirk D. Smith

New Address 4056 Golden Eagle dr. Indpls.

Subscribed and sworn to before me this 15 day of Aug., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Janice Middle Marie Last Kinsel

Date of Birth: Month 6 Day 29 Year 64

Place of Birth (State or foreign country) Minnesota

Residence Address: Street or R. R. 1949 Blackrock Rd. City Pitts. County Pitts. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Bio. Epist.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard James Kinsel
   Residence of father (if deceased so state) Pitts. Ind.
   Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Mary McKenzie
   Residence of mother (if deceased so state) Dana
   Birthplace of mother (State or foreign country) Scotland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Janice M Kinsel

New Address 4056 Golden Eagle OK Indpls.

Subscribed and sworn to before me this 15 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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 23 day of Aug., 19 85, authorizing the joining together as husband and wife DIRK DAVID SMITH and JANICE MARIE KINSEL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD ZORE hereby certify that on the 21st day of SEPTEMBER, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom DIRK DAVID SMITH of MARION County, State of IN, and, Bride JANICE MARIE KINSEL 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 SEPTEMBER, 19 85

Signed /s/ RICHARD ZORE

Official Designation ROMAN CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of SEPTEMBER, 19 85

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 420

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

8-15-85
Date of Application

MALE
Medical Examination Report Dated 8-15-85
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 8-15-85
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: First Richard Middle Dean Last Cunningham

Date of Birth: Month 2 Day 17 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 3 Box 148 City Danville County, Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Cunningham
   Residence of father (if deceased so state) Ind. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judy C. Sheean
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Richard D. Cunningham
New Address RR. 3 box 148 DANVILLE, IN 46122

Subscribed and sworn to before me this 15 day of Aug., 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Dawn Middle Marie Last Binninger

Date of Birth: Month 11 Day 29 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 3 Box 148 City Danville County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Brandie Lee Binninger
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David A. Binninger
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bonnie J. Lawson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dawn Marie Binninger
New Address RR 3 Box 148 Danville, In 46122

Subscribed and sworn to before me this 15 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed X Dawn Signed by Father

Signed ..... Mother

Subscribed and sworn to before me this 15th day of August, 19 85

Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued Consent to Dawn and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15th *day of* August, 19 85, *authorizing the joining together as husband and wife* RICHARD DEAN CUNNINGHAM *and* DAWN MARIE BINNINGER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY JANE RUSSELL *hereby certify that on the* 15th *day of* AUGUST, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* RICHARD DEAN CUNNINGHAM *of* HENDRICKS *County, State of* IN, *and, Bride* DAWN MARIE BINNINGER *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 15th *day of* AUGUST, 19 85.

Signed /s/ MARY JANE RUSSELL

Official Designation CLERK HENDRICKS CO.

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* AUGUST, 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. 421

File

8-15-85 Date of Application

MALE
Medical Examination Report Dated 8-15-85
Name of Physician Myron K. Dill

FEMALE
Medical Examination Report Dated 8-9-85
Name of Physician Myron K. Dill

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Brian Middle Alan Last Perdue

Date of Birth: Month 5 Day 18 Year 66

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 2710 Earlham Ln. City Indpls. County Hendricks Co. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wayne Perdue
   Residence of father (if deceased so state) Mooresville, Ind Georgia
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Deana Sue Hixson
   Residence of mother (if deceased so state) Mooresville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Brian A. Perdue

New Address 2710 EARLHAM LANE, INDPLS IN

Subscribed and sworn to before me this 15 day of Aug, 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

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle Ann Last Harrison

Date of Birth: Month 12 Day 3 Year 68

Place of Birth (State or foreign country) Beech Grove, Ind.

Residence Address: Street or R. R. 2710 Earlham Ln. City Indpls. County Hendricks Co. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Lee Harrison
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sharon Stroud
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Pamela Harrison

New Address 2410 Earlham Dr

Subscribed and sworn to before me this 15 day of Aug, 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

State of Indiana, County of HENDRICKS } ss:

Signed X Walter L Harrison Sr. Father

Signed X Sharon L Harrison Mother

Subscribed and sworn to before me this 15 day of Aug, 19 85

Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued Aug 15 Warren and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 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* 15 *day of* Aug, 19 85, *authorizing the joining together as husband and wife* BRIAN ALAN PERDUE *and* PAMELA ANN HARRISON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RON HALLOCK *hereby certify that on the* 24th *day of* AUGUST, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* BRIAN ALAN PERDUE *of* HENDRICKS *County, State of* IN, *and, Bride* PAMELA ANN HARRISON *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* AUGUST, *19* 85

Signed /s/ RON HALLOCK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* AUGUST, *19* 85

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 422

File

8-16-85
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 8-15-85
Name of Physician John J. Moe, M.D.

FEMALE
Medical Examination Report Dated 8-15-85
Name of Physician John J. Moe, 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 Alvin Middle G. Last Maessner
Date of Birth: Month 3 Day 22 Year 1926
Place of Birth (State or foreign country) Asley, North Dakota
Residence Address: Street or R. R. R.R.#3, Box 374 City Clayton County Hen. State 46118

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Maessner
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Russia
9. Full maiden name of mother Katherine Burf
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Unknown

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alvin G. Maessner
New Address RR3 Box 374 Clayton Ind
Subscribed and sworn to before me this 16th day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Lola Middle J. Last Lynn
Date of Birth: Month 1 Day 10 Year 1942
Place of Birth (State or foreign country) Caraway, Arkansas
Residence Address: Street or R. R. R.R.#3, Box 374, City Clayton, County Hen. State 46118

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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 Franklin Stone
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Zora Casey
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Arkansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lola J. Lynn
New Address Rt. 3 Box 374 Clayton Ind
Subscribed and sworn to before me this 16th day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20th *day of* August, *19* 85, *authorizing the joining together as husband and wife* ALVIN G. MAESSNER *and* LOLA J. LYNN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, not ledgeable *hereby certify that on the* 12th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* ALVIN G. MAESSNER *of* HENDRICKS *County, State of* IN, *and, Bride* LOLA LYNN *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* OCTOBER, *19* 85.

Signed /s/ not ledgeable
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* OCTOBER, *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. 423

File

8-16-85 Date of Application

MALE
Medical Examination Report Dated 8-13-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-13-85
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: First George Middle — Last Nichols

Date of Birth: Month 11 Day 20 Year 20

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. 397 Victoria Rd. City Venice County Hendricks 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. Lia -

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jacob Roland Nichols
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Pearl F. Beebe
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X George H. Nichols
New Address 2150 Havana Rd.

Subscribed and sworn to before me this 16 day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Doris Middle — Last Feola

Date of Birth: Month 6 Day 8 Year 27

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 2150 Havana Rd. City Plfd County Hnd. 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. Lia

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bishop L. Burton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Otta McKenney
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Doris A Feola
New Address 2150 Havana Rd

Subscribed and sworn to before me this.....day of....., 19.....

Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3-Day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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* 16 *day of* Aug, 19 85, *authorizing the joining together as husband and wife* GEORGE HENRY NICHOLS *and* DORIS (BURTON) FEOLA

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD ZORE *hereby certify that on the* 17th *day of* AUGUST, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* GEORGE HENRY NICHOLS *of* SARASOTA *County, State of* FLORIDA, *and, Bride* DORIS (BURTON) FEOLA *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 17th *day of* AUGUST, *19* 85.

Signed /s/ RICHARD ZORE

Official Designation REVEREND (ROMAN CATHOLIC PRIEST)

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* Sept, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 424

File

8-16-85 Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 8-10-85
Name of Physician Kerlin

FEMALE
Medical Examination Report Dated 8-10-85
Name of Physician Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul Middle allen Last Tinnell
Date of Birth: Month September Day 6 Year 1964
Place of Birth (State or foreign country) Greencastle Indiana
Residence Address: Street or R.R. RR #2 Box 327 City Clayton County Hendricks State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Harry Tinnell
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Helen Louise Shane
   Residence of mother (if deceased so state) Clayton In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul A. Tinnell
New Address P.O. Box 267 Clayton In

Subscribed and sworn to before me this 16 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Cynthia Middle ann Last Mitchell
Date of Birth: Month July Day 12 Year 1956
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R.R. Box 267 City Clayton County Hendricks State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Mary Elizabeth ann Mitchell
   Amanda Chasity Mitchell
   David James Wayne Mitchell
   Amber Mitchell Mitchell
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Phillip Howard Morgan
   Residence of father (if deceased so state) Ky
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Geraldine ann Ward
   Residence of mother (if deceased so state) Clayton Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia A. Mitchell
New Address P O Box 267 Clayton

Subscribed and sworn to before me this 16 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of Aug, 1985, authorizing the joining together as husband and wife PAUL ALLEN TINNELL and CYNTHIA ANN MITCHELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEVAN W. RANSON hereby certify that on the 23rd day of AUGUST one thousand nine hundred and 85 at CLAYTON, County of HENDRICKS, State of Indiana, Groom PAUL ALLEN TINNELL of HENDRICKS County, State of IN and, Bride CYNTHIA ANN MITCHELL 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 23rd day of AUGUST, 19 85.

Signed /s/ STEVAN W. RANSON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of SEPTEMBER, 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. 425

File 8-16-85
Date of Application

MALE
Medical Examination Report Dated 8-15-85
Name of Physician Morris

FEMALE
Medical Examination Report Dated 8-9-85
Name of Physician Cohen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle Andrew Last Montgomery
Date of Birth: Month 6 Day 19 Year 1961
Place of Birth (State or foreign country) Anderson
Residence Address: Street or R. R. 1021 Oakdale Dr. City Anderson County Madison State In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Kenneth Rubert Montgomery
   Residence of father (if deceased so state) Anderson
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Shirley Anne Meyer
   Residence of mother (if deceased so state) Anderson
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joseph A. Montgomery
New Address 3054 N. Tillotson Apt 94
Subscribed and sworn to before me this 16 day of Aug 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle Lynn Last Homeier
Date of Birth: Month 2 Day 29 Year 1963
Place of Birth (State or foreign country) Indpls
Residence Address: Street or R. R. 1408 Dinan Dr. City Plfld County Hend State In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) 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 Ronald Fredrick Homeier
   Residence of father (if deceased so state) Plfld.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Karen Elizabeth Dugan
   Residence of mother (if deceased so state) Plfld.
   Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah Lynn Homeier
New Address Muncie, In 47304
Subscribed and sworn to before me this 16 day of Aug 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of Aug, 19 85, authorizing the joining together as husband and wife JOSEPH ANDREW MONTGOMERY and DEBORAH LYNN HOMEIER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL J. KACER hereby certify that on the 24th day of AUGUST, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom JOSEPH ANDREW MONTGOMERY of MADISON County, State of IN, and, Bride DEBORAH LYNN HOMEIER 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 AUGUST, 19 85.

Signed /s/ DANIEL KACER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of SEPTEMBER, 19 85.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 426

File

8-16-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 8-15-85
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 8-15-85
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Roger Middle E Last Miller
Date of Birth: Month 5 Day 9 Year 1940
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. P.O. Box 21462 City Indianapolis County State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers 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 Harrison Everett Miller
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen J. Smedley
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Roger E Miller
New Address 64 N Road 500 E Danville Ind

Subscribed and sworn to before me this 16th day of August, 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Barbara Middle J. Last Carter
Date of Birth: Month 8 Day 5 Year 1948
Place of Birth (State or foreign country) Martinsville, In.
Residence Address: Street or R. R. 64 N. Rd. 500 East City Danville County State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Michael Lee Carter

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer Ray Spradlin
   Residence of father (if deceased so state) Martinsville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Helen Donnie Squires
   Residence of mother (if deceased so state) Martinsville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara J Carter
New Address 64 No Rd 500 E Danville, Ind.

Subscribed and sworn to before me this 16th day of August, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Superior # II Court by written order issued S Mary Warner and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of August, 19 85, authorizing the joining together as husband and wife ROGER E. MILLER and BARBARA J. CARTER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 16th day of AUGUST, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom ROGER E. MILLER of MARION County, State of INDIANA, and, Bride BARBARA J. CARTER of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16th day of AUGUST, 19 85.

Signed /s/ LARRY R. HESSON
Official Designation JUDGE, HENDRICKS SUPERIOR COURT 2

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of AUGUST, 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. 427

File

8-16-85
Date of Application

MALE
Medical Examination Report Dated 7-24-85
Name of Physician Heaven

FEMALE
Medical Examination Report Dated 7-24-85
Name of Physician Heaven

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle Randall Last McEnulty

Date of Birth: Month May Day 6 Year 1966

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. Rt 2 Bx 10 City Coatesville County Ha. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth L. McEnulty
   Residence of father (if deceased so state) Pueblo, Co.
   Birthplace of father (State or foreign country) Co.
9. Full maiden name of mother Anita Barr
   Residence of mother (if deceased so state) Greencastle, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William R. McEnulty
New Address RR 6 Bx 113 Danville In.

Subscribed and sworn to before me this 16 day of Aug, 19 85

Mary Janet Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Denise Middle Robin Last Cordray

Date of Birth: Month Nov Day 15 Year 1963

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. Rt 2 Bx 10 City Coatesville County Ha. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Cordray
   Residence of father (if deceased so state) Coatesville In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Marion Bryant
   Residence of mother (if deceased so state) Dane
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Denise Robin Cordray
New Address RR 6 Box 113 Danville In. 46122

Subscribed and sworn to before me this 16 day of Aug, 19 85

Mary Janet Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* August, *19* 85, *authorizing the joining together as husband and wife* WILLIAM R. McENULTY *and* DENISE ROBIN CORDRAY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRANK BUNN *hereby certify that on the* 25th *day of* AUGUST, *one thousand nine hundred and* 85 *at* COATESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* WILLIAM R. McENULTY *of* HENDRICKS *County, State of* IN, *and, Bride* DENISE ROBIN CORDRAY *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 20th *day of* AUGUST, *19* 85.

Signed /s/ FRANK BUNN

Official Designation CHRISTIAN MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* AUGUST, *19* 85.

Signed Mary Janet Russell *Clerk*
HENDRICKS *Circuit Court*

No. 428

File

8-19-85
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 8-10-85
Name of Physician Scamahorn

FEMALE
Medical Examination Report Dated 8-10-85
Name of Physician Scamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Brian Last Commeville
Date of Birth: Month June Day 16 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 47 West Main City B'Burg County Hendricks State In.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr Ler.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Louis R. Commeville
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janice Jean Gardner
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Brian Commeville
New Address 47 W. Main St. Brownsburg.

Subscribed and sworn to before me this 19 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Twila Middle Sue Last Bullock
Date of Birth: Month Sep. Day 30 Year 1953
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 47 W. Main City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr Ler.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Cricy Noel Bullock
   Trisha Renee Bullock.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Francis Everett
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Irene Coshow
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Twila Sue Bullock
New Address 47 West Main St. Brownsburg

Subscribed and sworn to before me this 19 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 27th *day of* August, 19 85, *authorizing the joining together as husband and wife* RICHARD B. COMMEVILLE *and* TWILA SUE BULLOCK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KEVIN LANDIS *hereby certify that on the* 7th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* 1:30 P.M., *County of* HENDRICKS, *State of Indiana, Groom* RICHARD B. COMMEVILLE *of* HENDRICKS *County, State of* IN *and, Bride* TWILA S. BULLOCK *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* SEPTEMBER, *19* 85.

Signed /s/ KEVIN LANDIS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10 ~~xixx~~ *day of* SEPTEMBER, *19* 85.

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. 429

File

8-19-85 Date of Application

MALE
Medical Examination Report Dated 8-15-85
Name of Physician Walker

FEMALE
Medical Examination Report Dated 8-15-85
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: First Michael Middle Lee Last Lyons

Date of Birth: Month 12 Day 16 Year 60

Place of Birth (State or foreign country) Lebanon

Residence Address: 8 Maple Lane #4 Street or R. R. B'burg City HENDRICKS County Ind State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Harold C. Lyons
   Residence of father (if deceased so state) B'burg.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sharon Marie Giddwell
   Residence of mother (if deceased so state) B'burg.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Michael L. Lyons

New Address 8 Maple Lane #4 B'burg

Subscribed and sworn to before me this 19 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle Harman Last Ford

Date of Birth: Month 1 Day 26 Year 64

Place of Birth (State or foreign country) Indpls

Residence Address: 8 Maple Lane #4 Street or R. R. B'burg City HENDRICKS County Ind State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James E. Ford
   Residence of father (if deceased so state) California
   Birthplace of father (State or foreign country) Colorado
9. Full maiden name of mother Indpls
   Residence of mother (if deceased so state) Virginia A. Potter
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Barbara H. Ford

New Address 8 Maple Ln. Apt. 4

Subscribed and sworn to before me this 19 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of August, 1985, authorizing the joining together as husband and wife MICHAEL LEE LYONS and BARBARA HARMAN FORD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RONNY L. De LONG hereby certify that on the 24th day of AUGUST, one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom MICHAEL LEE LYONS of HENDRICKS County, State of IN and, Bride BARBARA HARMAN FORD 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 AUGUST, 19 85.

Signed /s/ RONNY L. DeLong

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of SEPTEMBER, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 430

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 8-19-85 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 8-8-85
Name of Physician Scamahorn

FEMALE
Medical Examination Report Dated 8-8-85
Name of Physician Scamahorn

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First John Middle Webber Last Salmon

Date of Birth: Month 5 Day 26 Year 56

Place of Birth (State or foreign country) Delanor

Residence Address: Street or R. R. 201 E. College City B'burg County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Urban Salmon
   Residence of father (if deceased so state) B'burg
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Margret Stewart Meadows
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Webber Salmon

New Address 201 East College

Subscribed and sworn to before me this 19 day of Aug, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Ellen Middle Lynne Last Crafton

Date of Birth: Month 1 Day 19 Year 1953

Place of Birth (State or foreign country) Texas

Residence Address: Street or R. R. 201 E. College City B'burg County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Carey Crafton
   Casey Crafton

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Delwood Johnston
   Residence of father (if deceased so state) B'burg
   Birthplace of father (State or foreign country) Penn
9. Full maiden name of mother Beryl Althea Henry
   Residence of mother (if deceased so state) B'burg
   Birthplace of mother (State or foreign country) Penn

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ellen L. Crafton

New Address 201 E. College Brownsburg IN

Subscribed and sworn to before me this 19 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of August, 1985, authorizing the joining together as husband and wife JOHN WEBBER SALMON and ELLEN LYNNE CRAFTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM L. FISHER hereby certify that on the 25th day of AUGUST one thousand nine hundred and 85 at CLERMONT, County of HENDRICKS, State of Indiana, Groom JOHN WEBBER SALMON of HENDRICKS County, State of IN and, Bride ELLEN LYNNE CRAFTON of HENDRICKS County, State of XXXXX 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 3rd day of SEPTEMBER, 19 85.

Signed /s/ WILLIAM L. FISHER

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of SEPTEMBER, 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. 431

File

8-19-85
Date of Application

MALE
Medical Examination Report Dated 8-3-85
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 8-3-85
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: First Robert Middle Eugene Last Alkire

Date of Birth: Month 10 Day 15 Year 63

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R. R. RR 2, Box 404 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Dean Alkire
   Residence of father (if deceased so state) Clayton Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dwayna Sheryl Wills
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert E. Alkire
New Address P.O. Box 513 Cloverdale In.

Subscribed and sworn to before me this 19 day of Aug., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Paula Middle Rose Last Puckett

Date of Birth: Month 7 Day 19 Year 65

Place of Birth (State or foreign country) Danville, Ind.

Residence Address: Street or R. R. RR 2, Box 412 City Clayton County Hend. Co. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☑
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Peter P. Puckett
   Residence of father (if deceased so state) El Cajon CA.
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Rowena R. Johnson
   Residence of mother (if deceased so state) El Cajon CA.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Paula R. Puckett
New Address P.O. Box 513 Cloverdale In

Subscribed and sworn to before me this 19 day of Aug., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27th *day of* Aug., 19 85, *authorizing the joining together as husband and wife* ROBERT EUGENE ALKIRE *and* PAULA ROSE PUCKETT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, dan j. smetzer *hereby certify that on the* 31 *day of* AUGUST, *one thousand nine hundred and* 85 *at* STILESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT EUGENE ALKIRE *of* HENDRICKS *County, State of* IN *and, Bride* PAULA ROSE PUCKETT *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* AUGUST, *19* 85.

Signed /s/ DAN J. S METZER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* Sept, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 432

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 8-20-85 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 8-12-85
Name of Physician Edwards

FEMALE
Medical Examination Report Dated 8-12-85
Name of Physician Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Douglas Middle Keith Last Hensley

Date of Birth: Month 7 Day 11 Year 1934

Place of Birth (State or foreign country) Tenn.

Residence Address: Street or R.R. R.R. 1 Box 484 Lakewood Est. City Jacksboro County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Brian Hensley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Bertha Viola Murray
   Residence of mother (if deceased so state) Pikeville
   Birthplace of mother (State or foreign country) Tenn

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Douglas K. Hensley
New Address 918 Cartersburg Rd, Plainfield, In
Subscribed and sworn to before me this 20 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Opal Middle Irene Last Redding

Date of Birth: Month 7 Day 15 Year 31

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 918 Cartersburg Rd City Pfld County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Victor Hanus Darrell
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Hazel Elizabeth Arnold
   Residence of mother (if deceased so state) Crawfordsville
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Opal I. Redding
New Address 918 Cartersburg Rd Plainfield In 46168
Subscribed and sworn to before me this 20 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24th *day of* Aug, *19* 85, *authorizing the joining together as husband and wife* DOUGLAS KEITH HENSLEY *and* OPAL IRENE REDDING

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HARLAN KINCADE *hereby certify that on the* 25th *day of* AUGUST, *one thousand nine hundred and* 85 *at* HOPPER CAMP GROUNDS, *County of* HENDRICKS, *State of Indiana, Groom* DOUGLAS KEITH HENSLEY *of* CAMPBELL *County, State of* TENNESEE *and, Bride* OPAL IRENE REDDING *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* AUGUST, *19* 85.

Signed /s/ HARLAN KINCADE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27th *day of* AUGUST, *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. 433

File

8-20-85 Date of Application

MALE
Medical Examination Report Dated 8-19-85
Name of Physician Ludmilla Iramswell

FEMALE
Medical Examination Report Dated 8-19-85
Name of Physician Ludmilla Iramswell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Noble Middle Edward Last Dawes

Date of Birth: Month 9 Day 4 Year 1945

Place of Birth (State or foreign country) Orleans, In.

Residence Address: Street or R. R. City Indianapolis, In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Cheri Dawes 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 Richard E. Dawes
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Jones
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Noble E. Dawes
New Address 6995 Marcey Ct Plainfield Ind

Subscribed and sworn to before me this 20 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Ann Middle Elizabeth Last Sembach

Date of Birth: Month Jan. Day 19 Year 1954

Place of Birth (State or foreign country) Muncie In.

Residence Address: Street or R. R. Plainfield City In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jennifer Sembach 4 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 Charles Hardin
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Parker
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ann E. Sembach
New Address 6995 Marcey Ct., Plainfield, IN

Subscribed and sworn to before me this 20 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County, Superior #1 Court by written order issued 3 day waiver and filed in Clerks 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* 20th *day of* AUGUST, *19* 85, *authorizing the joining together as husband and wife* NOBLE EDWARD DAWES *and* ANN ELIZABETH SEMBACH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER *hereby certify that on the* 23rd *day of* AUGUST, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* NOBLE EDWARD DAWES *of* MARION *County, State of* IN *and, Bride* ANN ELIZABETH SEMBACH *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 23rd *day of* AUGUST, *19* 85.

Signed /s/ MARY LEE COMER

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* AUGUST, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 434

File

Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 8-20-85
Name of Physician Neely

FEMALE
Medical Examination Report Dated 8-20-85
Name of Physician Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Roger Middle Dean Last Hamil

Date of Birth: Month May Day 9 Year 1964

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1040 Buchanan City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Jacuse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dean Hamil
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) In
9. Full maiden name of mother Helen Poe
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Roger D. Hamil
New Address 1040 Buchanan PLFD

Subscribed and sworn to before me this 20 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Charla Middle Lo Ann Last Tincher

Date of Birth: Month May Day 25 Year 1964

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1040 Buchanan City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Jacuse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Tincher
   Residence of father (if deceased so state) Crothersville, In.
   Birthplace of father (State or foreign country) In
9. Full maiden name of mother Frances Smith
   Residence of mother (if deceased so state) Centerton, Fla
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charla Tincher
New Address 1040 Buchanan St Plainfield

Subscribed and sworn to before me this 20 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Aug, 1985, authorizing the joining together as husband and wife ROGER DEAN HAMIL and CHARLA Lo ANN TINCHER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHARLES W. SANDERS hereby certify that on the 24th day of AUGUST one thousand nine hundred and 85 at 1440 BLACKROCK RD., County of HENDRICKS, State of Indiana, Groom ROGER DEAN HAMIL of HENDRICKS County, State of IN, and, Bride CHARLA LoANN TINCHER 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 AUGUST, 19 85.

Signed /s/ CHARLES W. SANDERS
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of SEPTEMBER, 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. 435

File

8-21-85 Date of Application

MALE
Medical Examination Report Dated 8-17-85
Name of Physician Harriet R. Harris

FEMALE
Medical Examination Report Dated 8-17-85
Name of Physician Harriet R. Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Howard Middle E. Last Gibbs

Date of Birth: Month 11 Day 9 Year 53

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 133 Spring St. City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Fee w/pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☑
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jennifer Lynn

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Franklin Gibbs
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lydia Ann Maston
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Howard E. Gibbs

New Address 133 Spring St. Plfd.

Subscribed and sworn to before me this 21 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Wrae Middle Jean Last Krieg

Date of Birth: Month 2 Day 9 Year 60

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 133 Spring St. City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Fee w/pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Fee 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 Paul Herbert Williams
   Residence of father (if deceased so state) Ohio Indiana
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Averil Foster Anderson
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Wraejean Krieg

New Address 133 Spring St. Plfd.

Subscribed and sworn to before me this 21 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26th *day of* August, *19* 85, *authorizing the joining together as husband and wife* HOWARD E. GIBBS *and* WRAE JEAN KRIEG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM P. HENDRICKS *hereby certify that on the* 31st *day of* AUGUST, *one thousand nine hundred and* 85 *at* WASHINGTON TOWNSHIP, *County of* HENDRICKS, *State of Indiana, Groom* HOWARD E. GIBBS *of* HENDRICKS *County, State of* IN, *and, Bride* WRAE JEAN KRIEG *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* AUGUST, *19* 85.

Signed /s/ WILLIAM P. HENDRICKS

Official Designation PASTOR, AVON CHRISTIAN CHURCH

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* SEPTEMBER, *19* 85.

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. 436

File

8-22-85
Date of Application

MALE
Medical Examination Report Dated 8-17-85
Name of Physician David B. Haygood

FEMALE
Medical Examination Report Dated 8-17-85
Name of Physician David B. Haygood

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Thomas Last Haley

Date of Birth: Month April Day 28 Year 1961

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 416 North Center Apt 23 City Plfd. County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Doyle Raymond Haley
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edythe marie McConnell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John T. Haley
New Address 416 N CENTER #23 PLAINFIELD IN.

Subscribed and sworn to before me this 29 day of aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Janet Middle Marie Last Boesch

Date of Birth: Month 10 Day 26 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 923 Mary St. City Plfd County Hend State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lic. w/pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James C. Boesch
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Euphrosine Josephine Jung
   Residence of mother (if deceased so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janet Marie Boesch
New Address 416 No. Center St. Apt #23, Plfd, IN 46168

Subscribed and sworn to before me this 22 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29th *day of* AUGUST, *19* 85, *authorizing the joining together as husband and wife* JOHN THOMAS HALEY *and* JANET MARIE BOESCH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD ZORE *hereby certify that on the* 30 *day of* AUGUST, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* JOHN THOMAS HALEY *of* HENDRICKS *County, State of* IN, *and, Bride* JANET MARIE BOESCH *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 30th *day of* AUGUST, *19* 85.

Signed /s/ RICHARD ZORE

Official Designation ROMAN CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* SEPTEMBER, *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. 437

File

8-22-85 Date of Application

MALE
Medical Examination Report Dated 8-6-85
Name of Physician Dupler

FEMALE
Medical Examination Report Dated 8-6-85
Name of Physician Dupler

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Roger Middle W. Last Hanna

Date of Birth: Month 5 Day 28 Year 64

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. 1159 Milroy St. City Frankfort County Clinton State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry Milton Hanna
   Residence of father (if deceased so state) Frankfort Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Carol Allen
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Roger W. Hanna
New Address 1354 W. JEFFERSON

Subscribed and sworn to before me this 22 day of Aug, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Karen Middle Kay Last Lippard

Date of Birth: Month January Day 27 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 121 Pamela Parkway City B'Burg County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Todd M. Lippard
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathleen Eleanor Howell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen Lippard
New Address 1354 W. Jefferson St. Frankfort

Subscribed and sworn to before me this 22 day of Aug, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of August, 19 85, authorizing the joining together as husband and wife ROGER W. HANNA and KAREN K. LIPPARD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PAUL J. PRICE hereby certify that on the 5th day of OCTOBER, one thousand nine hundred and 85 at FRANKFORT, County of CLINTON, State of Indiana, Groom ROGER W. HANNA of CLINTON County, State of INDIANA, and, Bride KAREN K. LIPPARD of HENDRICKS County, State of INDIANA, were by me united 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 OCTOBER, 19 85.

Signed /s/ PAUL J. PRICE
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of OCTOBER, 19 85.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 438

File

8-22-85
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 8-13-85
Name of Physician Clarence H. Thomas

FEMALE
Medical Examination Report Dated 8-13-85
Name of Physician Clarence H. Thomas

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Huston Last Dickey
Date of Birth: Month 10 Day 16 Year 58
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. RR 2, Box 13 DD City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. Pic w/pict

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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, Malcolm Dickey
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Barbara Huston
   Residence of mother (if deceased so state) Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David Huston Dickey
New Address RR2 Box 13DD Danville

Subscribed and sworn to before me this 22 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Rose Middle Ella Last Douglas
Date of Birth: Month 5 Day 14 Year 64
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. RR 6 Box 198 City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry William Douglas
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Butler, Penn.
9. Full maiden name of mother Mary Katherine Yarger
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Rose Ella Douglas
New Address RR 2 BOX 13 DD Danville

Subscribed and sworn to before me this 22 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of Aug, 19 85, authorizing the joining together as husband and wife DAVID HUSTON DICKEY and ROSE ELLA DOUGLAS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. MICHAEL THORNBURG hereby certify that on the 30th day of AUGUST, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DAVID HUSTON DICKEY of HENDRICKS County, State of IN, and, Bride ROSE ELLA DOUGLAS 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 30th day of AUGUST, 19 85.

Signed /s/ P. MICHAEL THORNBURG
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of SEPTEMBER, 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. 439

File

8-22-85 Date of Application

MALE
Medical Examination Report Dated 8-19-85
Name of Physician Clark

FEMALE
Medical Examination Report Dated 8-19-85
Name of Physician E. D. 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 Larry Middle Ray Last Deckard

Date of Birth: Month 3 Day 11 Year 1963

Place of Birth (State or foreign country) Marion Co.

Residence Address: Street or R. R. 7702 Chatterly Ct. City Indpls. County Marion State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Keith Deckard
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Edna Mae Dillard
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed [signature]

New Address 7702 CHATERLEY CT #F INDPLS 46224

Subscribed and sworn to before me this 22 day of Aug, 85

Mary June Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sherry Middle Lynn Last Clark

Date of Birth: Month 4 Day 29 Year 65

Place of Birth (State or foreign country) Danville

Residence Address: Rt 6 Box 300 Street or R. R. Danville City Hand County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry M. Clark
   Residence of father (if deceased so state) Bburg
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary J. Brennan
   Residence of mother (if deceased so state) Dville
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed [signature]

New Address 7702 Chaterley Ct #F Indpls. 46224

Subscribed and sworn to before me this 22 day of Aug, 85

Mary June Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 22 day of August, 19 85, authorizing the joining together as husband and wife LARRY RAY DECKARD and SHERRY LYNN CLARK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOE D. STUMP hereby certify that on the 7th day of SEPTEMBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom LARRY RAY DECKARD of MAIRON County, State of IN, and, Bride SHERRY LYNN CLARK 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 SEPTEMBER, 19 85.

Signed /s/ JOSEPH D. STUMP

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of SEPTEMBER, 19 85.

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. 440

File

8-23-85
Date of Application

MALE
Medical Examination Report Dated 8-19-85
Name of Physician Lovall

FEMALE
Medical Examination Report Dated 8-19-85
Name of Physician Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William, Middle Lee, Last Sweet
Date of Birth: Month 8, Day 18, Year 48
Place of Birth (State or foreign country): Iowa
Residence Address: Street or R. R. 7036 Delwood Dr., City Mooresville, County Morgan, State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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.
   Kim Sweet
   Sharon Sweet
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Edward Sr.
   Residence of father (if deceased so state) Mooresville
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Frances Marie Stolty
   Residence of mother (if deceased so state) Mooresville
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Wm. L Sweet
New Address 11425 Tulip Dr. Indy.

Subscribed and sworn to before me this 23 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Deborah, Middle Kay, Last Yearwood
Date of Birth: Month 3, Day 30, Year 1965
Place of Birth (State or foreign country) Richmond, In
Residence Address: Street or R. R. RR 2 Box 259, City Clayton, County Hend, State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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.
   Robert Booher
   Chesley Yearwood
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Clayton Knox
   Residence of father (if deceased so state) Clayton
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Shirley Wiegand
   Residence of mother (if deceased so state) Clayton
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Deborah Yearwood
New Address 11425 Tulip Drive Indy

Subscribed and sworn to before me this 23 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of August, 19 85, authorizing the joining together as husband and wife WILLIAM LEE SWEET and DEBORAH KAY YEARWOOD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRANK E. KNIGHT hereby certify that on the 5th day of SEPTEMBER one thousand nine hundred and 85, State of Indiana, Groom WILLIAM LEE SWEET at MOORESVILLE, County of MORGAN, and, Bride DEBORAH KAY YEARWOOD 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, State of IN.

Dated this 5th day of SEPTEMBER, 19 85.

Signed /s/ FRANK E. KNIGHT
Official Designation MOORESVILLE TOWN JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of SEPTEMBER, 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. 441

File

8-22-85 Date of Application

MALE
Medical Examination Report Dated 8-8-85
Name of Physician William V. Wolf Jr. D.O.

FEMALE
Medical Examination Report Dated 8-8-85
Name of Physician William V. Wolf Jr. D.O.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jimmie Middle L. Last Henline

Date of Birth: Month 10 Day 14 Year 1951

Place of Birth (State or foreign country) Munnington, In.

Residence Address: Street or R. R. Brownsberg City In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 K. Henline
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clara C. Wagner
   Residence of mother (if deceased so state) Frankfort, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Jimmie Henline
New Address 3 Green Acre Dr. Brownsburg Ind.

Subscribed and sworn to before me this 22 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kathy Middle M. Last Fallowfield

Date of Birth: Month 5 Day 7 Year 1963

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. Brownsburg City In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter D. Fallowfield
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Beech Grove, In.
9. Full maiden name of mother Carolyn R. Wagner
   Residence of mother (if deceased so state) Beech Grove, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Kathy Fallowfield
New Address 5 Green acre Drive

Subscribed and sworn to before me this 22 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of August, 19 85, authorizing the joining together as husband and wife JIMMIE LEE HENLINE and KATHY MARIE FALLOWFIELD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVE L. KOVALOW-ST. JOHN hereby certify that on the 7th day of SEPTEMBER, one thousand nine hundred and 85 at 5:30 P.M., County of HENDRICKS, State of Indiana, Groom JIMMIE LEE HENLINE of HENDRICKS County, State of IN, and, Bride KATHY MARIE FALLOWFIELD 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 SEPTEMBER, 19 85.

Signed /s/ DAVE L. KOVALOW- ST. JOHN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of SEPTEMBER, 19 85.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 442

File

Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1 1977

MALE
Medical Examination Report Dated 8-6-85
Name of Physician Dr. Walker

FEMALE
Medical Examination Report Dated 8-5-85
Name of Physician Dr. Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eric Middle Blaine Last Wiles

Date of Birth: Month July Day 8 Year 1965

Place of Birth (State or foreign country): Hendricks Co. City Indiana County State

Residence Address: R. R. North Salem, Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Gerald Dyle Wiles
   Residence of father (if deceased so state): North Salem In.
   Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Buck Ann Wilson
   Residence of mother (if deceased so state): North Salem In.
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Eric B. Wiles

New Address 72C Cadoga Ave. North Salem

Subscribed and sworn to before me this 23 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Julie Middle Anne Last Smith

Date of Birth: Month October Day 28 Year 1964

Place of Birth (State or foreign country): Hendricks County Ind.
City County State

Residence Address: R. R. Pittsboro, Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Edward Lee Smith
   Residence of father (if deceased so state): Pittsboro. In.
   Birthplace of father (State or foreign country): Lebanon. In.
9. Full maiden name of mother: Patricia Jane Leland
   Residence of mother (if deceased so state): Indpls. In.
   Birthplace of mother (State or foreign country): Indpls In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Julie Anne Smith

New Address .....

Subscribed and sworn to before me this 23 day of Aug., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of August, 19 85, authorizing the joining together as husband and wife ERIC BLAINE WILES and JULIE ANNE SMITH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHRIS WYNN hereby certify that on the 7th day of SEPTEMBER, one thousand nine hundred and 85, at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom ERIC BLAINE WILES of HENDRICKS County, State of IN, and, Bride JULIE ANNE 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 7th day of SEPTEMBER, 19 85.

Signed /s/ REV. CHRIS WYNN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of OCTOBER, 19 85.

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. 443

File

8-26-85 Date of Application

MALE
Medical Examination Report Dated 8-12-85
Name of Physician Kenneth M.H. Lee

FEMALE
Medical Examination Report Dated 8-12-85
Name of Physician Kenneth M.H. Lee

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle J. Last Byorick

Date of Birth: Month 2 Day 8 Year 61

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R. R. 2400 Rivermeade Terrace City Alexandria County State 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) 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 Frank J. Byorick
   Residence of father (if deceased so state) Missouri
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Estherd. Worley
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Michael J. Byorick

New Address 6106 Amherst Ave, Springfield VA.

Subscribed and sworn to before me this 26 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle R. Last Paquette

Date of Birth: Month 4 Day 17 Year 57

Place of Birth (State or foreign country) Minnesota

Residence Address: Street or R. R. 4815 Ridge Hill Way City Pasadena County State Md.

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 Richard A. Paquette
   Residence of father (if deceased so state) Pasadena Md.
   Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Patricia A. McAlpine
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Minnesota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Patricia R Paquette

New Address 6106 Amherst Ave, Springfield, Va

Subscribed and sworn to before me this 26 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30th day of August, 19 85, authorizing the joining together as husband and wife MICHAEL J. BYORICK and PATRICIA R. PAQUETTE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD ZORE hereby certify that on the 14th day of SEPTEMBER, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom MICHAEL J. BYORICK of FAIRFAX County, State of VIRGINIA, and, Bride PATRICIA R. PAQUETTE of MARICOPA County, State of ARIZONA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30th day of AUGUAT, 19 85.

Signed /s/ RICHARD ZORE

Official Designation ROMAN CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of SEPTEMBER, 19 85.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 444

File

8-27-85
Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 8-24-85
Name of Physician Neely

FEMALE
Medical Examination Report Dated 8-24-85
Name of Physician Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First Kevin Middle L. Last Hypes

Date of Birth: Month Dec Day 17 Year 1957

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1742 Esther Ct. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify): Dr. Hynes

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard L. Hypes
   Residence of father (if deceased so state) Anapolis In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Nancy Cramer
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin L. Hypes

New Address 1742 ESTHER CT.

Subscribed and sworn to before me this 27 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rhonda Middle L. Last Dodds

Date of Birth: Month Feb Day 1 Year 1957

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1742 Esther Ct. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Ryan Dodds
   Lindsey Dodds
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert L. Kurtz
   Residence of father (if deceased so state) Camby, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Gayle Makan
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rhonda L. Dodds

New Address 1742 Esther Ct. Plainfield

Subscribed and sworn to before me this 27 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of Sept., 1985, authorizing the joining together as husband and wife KEVIN L. HYPES and RHONDA L. DODDS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARK THACKER hereby certify that on the 7th day of SEPTEMBER, one thousand nine hundred and 85, at FIRST BAPTIST CHURCH, County of BOONE, State of Indiana, Groom KEVIN L. HYPES of HENDRICKS County, State of IN, and, Bride RHONDA L. DODDS of GUILFORD 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 SEPTEMBER, 19 85.

Signed /s/ MARK THACKER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of SEPTEBMER, 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. 445

File

8-7-85 Date of Application

MALE
Medical Examination Report Dated 8-19-85
Name of Physician Walker

FEMALE
Medical Examination Report Dated 8-19-85
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: First Kevin Middle Darrell Last Hampton

Date of Birth: Month Jan Day 29 Year 1962

Place of Birth (State or foreign country) Indpls Indiana

Residence Address: Street or R. R. RR#1 BX 257 City Clayton County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Joseph Jackson Hampton Jr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Burneda Franks
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin Darrell Hampton
New Address 7126 Heather Ridge Ct.

Subscribed and sworn to before me this 27 day of aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Vicki Middle Rae Last Richardson

Date of Birth: Month Dec Day 26 Year 1961

Place of Birth (State or foreign country) Lafayette Indiana

Residence Address: Street or R. R. 1111 Ridgewood Dr. City Plfd County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Darrell Raemon Richardson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sonja Sue Clement
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Vicki Rae Richardson
New Address 7126 Heather Ridge Ct #304 Indpls In.

Subscribed and sworn to before me this 27 day of aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* September, 19 85, *authorizing the joining together as husband and wife* KEVIN DARRELL HAMPTON *and* VICKI RAE RICHARDSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN CALDWELL *hereby certify that on the* 7th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* AVON, *County of* HENDRICKS, *State of Indiana, Groom* KEVIN DARRELL HAMPTON *of* HENDRICKS *County, State of* IN, *and, Bride* VICKI RAE RICHARDSON *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* SEPTEMBER, *19* 85.

Signed /s/ JOHN CALDWELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* SEPTEMBER, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

130

No. 446

File

8-29-85
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 8-28-85
Name of Physician Roskam

FEMALE
Medical Examination Report Dated 8-28-85
Name of Physician Roskam

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Edward Last Lach
Date of Birth: Month Sept Day 29 Year 1965
Place of Birth (State or foreign country) Texas
Residence Address: Street or R. R. 420 Trevor City Brownsburg County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas E. Lach
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Penn
9. Full maiden name of mother Linda Lee Brown
   Residence of mother (if deceased so state) Alexandria, Va
   Birthplace of mother (State or foreign country) Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald E. Lach
New Address 420 Trevor St.
Subscribed and sworn to before me this 29th day of Aug, 1985.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Deborah Middle Joyce Last Koons
Date of Birth: Month July Day 25 Year 1969
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R. R. 5354 Chelsea City Naples County Collier State Fla.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert F. Koons, Jr.
   Residence of father (if deceased so state) Catasauqua, Pa.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mary Louise Fox
   Residence of mother (if deceased so state) Naples, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah Koons
New Address 420 Trevor St.
Subscribed and sworn to before me this 29 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed See Attached Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued Age & three day waiver and filed in Clerk's authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29th *day of* August, 19 85, *authorizing the joining together as husband and wife* Donald Edward Lach *and* Deborah Joyce Koons

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Janice S. Chilewski *hereby certify that on the* 29th *day of* August, *one thousand nine hundred and* 85 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Donald Edward Lach *of* Hendricks *County, State of* Indiana, *and, Bride* Deborah Joyce Koons *of* Hendricks *County, State of* Indiana, *were by me united 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* August, 19 85.

Signed Janice S. Chilewski
Official Designation 1st Deputy Clerk, Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* August, 19 85.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

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No. 446

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

8-29-85 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 8-28-85
Name of Physician Roskam

FEMALE
Medical Examination Report Dated 8-28-85
Name of Physician Roskam

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Edward Last Lach

Date of Birth: Month Sept Day 29 Year 1965

Place of Birth (State or foreign country) Texas

Residence Address: Street or R. R. 420 Trevor City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas E. Lach
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Linda Lee Brown
   Residence of mother (if deceased so state) Alexandria, Va
   Birthplace of mother (State or foreign country) Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald E. Lach

New Address 420 Trevor St.

Subscribed and sworn to before me this 29th day of Aug, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Deborah Middle Joyce Last Koons

Date of Birth: Month July Day 25 Year 1969

Place of Birth (State or foreign country) Missouri

Residence Address: 5354 Chelsea Street or R. R. Indpls City Marion County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 H. Koons, Jr.
   Residence of father (if deceased so state) Catasauqua, Pa.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mary Louise Fox
   Residence of mother (if deceased so state) Indpls, In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah Koons

New Address 420 Trevor St.

Subscribed and sworn to before me this 29 day of Aug, 1985

Mary Jane Russell HENDRICKS Circuit Court

...marriage. If only one parent ...unnecessary

...Father ...Mother ...19... ...Clerk

...named parties, the ...ver ...and filed

...Circuit Court ...husband and wife ...Circuit Court ...Clerk ...Circuit Court

FILED
AUG 29 1985
Mary Jane Russell
CLERK HENDRICKS CIRCUIT COUR
SUPERIOR

90 Stonewood Place
Catasauqua, Pennsylvania 18032
August 16, 1985

Marion County Courts
Marriage License Department
Indianapolis, Indiana

TO WHOM IT MAY CONCERN:

Please accept this letter as official notification that I, Robert H. Koons, Jr., as sole legal guardian do hereby grant permission for my daughter, Deborah Joyce Koons to be married at any time after the date indicated above.

Should you require any additional information, or if there are forms that I must execute, please contact me at the above address.

Very truly yours,

Robert H. Koons, Jr.

(Deborah J. Koons - D.O.B. July 25, 1969)

Subscribed and sworn to before me this 16th day
Of August 1985

Robin D. Holderman

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 447

File

8/29/85
Date of Application

MALE
Medical Examination Report Dated 8-26-85
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-27-85
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: First Patrick Middle D. Last Clenton

Date of Birth: Month 9 Day 20 Year 1963

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 2149 Eaglewood Dr. City Indpls. County Hendricks State In. 46224

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Robert Clenton
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara June Haynes
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Patrick D. Denton
Signed

New Address 2149 Eaglewood Dr. Apt. A

Subscribed and sworn to before me this 29th day of August, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Janet Middle L. Last Taylor

Date of Birth: Month 2 Day 2 Year 1964

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. Rt #3, Box 202 City Monrovia County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Wesley Taylor
   Residence of father (if deceased so state) Monrovia, In.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Lois May Huber
   Residence of mother (if deceased so state) Monrovia, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Janet R. Taylor
Signed

New Address 2149 Eagleview Dr. Apt A.

Subscribed and sworn to before me this 29th day of August, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 3 day of Sept, 19 85, authorizing the joining together as husband and wife PATRICK D. DENTON and JANET L. TAYLOR

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, G. DAVID COX hereby certify that on the 7th day of SEPTEMBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom PATRICK D. DENTON of MARION County, State of IN, and, Bride JANET L. TAYLOR 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 3rd day of SEPTEMBER, 19 85.

Signed /s/ G. DAVID COX

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of SEPTEMPBER, 19 85.

..... Clerk

Signed HENDRICKS Circuit Court

No. 448

File

Aug 30, 1985
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 8-27-85
Name of Physician O. Kourany MD.

FEMALE
Medical Examination Report Dated 8-27-85
Name of Physician O. Kourany 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 David Middle A. Last Barrow
Date of Birth: Month 9 Day 3 Year 1964
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R. R. City Clayton, County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin D. Barrow
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruby L. Lawson
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David A. Barrow
New Address P.O. Box 278 Clayton, In. 46118

Subscribed and sworn to before me this 30 day of August, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Anna Middle S. Last Nevins
Date of Birth: Month 9 Day 17 Year 1964
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. City Plainfield, County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lion Kenneth Nevins
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Prilla C. Hawkins
   Residence of mother (if deceased so state) Plainfield, In
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Anna Nevins
New Address P O Box 278 Clayton In 46118

Subscribed and sworn to before me this 30 day of August, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of September, 19 85, authorizing the joining together as husband and wife DAVID A. BARROW and ANNA S. NEVINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BUDDY FEHRMAN hereby certify that on the 21 day of SEPTEMBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DAVID ALLEN BARROW of HENDRICKS County, State of IN, and, Bride ANNA S. NEVINS 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 3rd day of SEPTEMBER, 19 85.

Signed /s/ BUDDY FEHRMAN
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of SEPTEMBER, 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. 449

File

8-30-85
Date of Application

MALE
Medical Examination Report Dated Aug 27, 1985
Name of Physician Philip Batista MD.

FEMALE
Medical Examination Report Dated Aug 27
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: First James, Middle R., Last ~~Barclay~~ Barclay

Date of Birth: Month Dec, Day 13, Year 1951

Place of Birth (State or foreign country): West Chester Penn.

Residence Address: Street or R. R. ____, City Indianapolis, County ____, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James A. Barclay
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marian Stokes Haines
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Medford, New Jersey

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James R Barkley
New Address 2009 Country Club Rd Indpls

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk

FEMALE APPLICANT

Name: First Judith, Middle A., Last Toney

Date of Birth: Month May, Day 21, Year 1954

Place of Birth (State or foreign country): Lebanon In.

Residence Address: Street or R. R. Danville, City ____, County ____, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Russell E. Toney
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Louise Sandusky
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Pontiac, Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judith A. Toney
New Address 2009 Country Club Rd Indpls In.

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ HENDRICKS ____ County ____ Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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* 4 *day of* Sept. ____ *and* JUDITH A. TONEY

JAMES R. BARCLAY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BRUCE A. BROWN *hereby certify that on the* 7th *day of* SEPTEMBER *, one thousand nine hundred and* 85 *at* BROWNSBURG *, County of* HENDRICKS *, State of Indiana, Groom* JAMES R. BARCLAY *of* MARION *County, State of* IN *, and, Bride* JUDITH A. TONEY *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* SEPTEMBER *, 19* 85.

Signed /s/ BRUCE A. BROWN

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* SEPTEMBER *, 19* 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 450

File

8-30-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 8-24-85
Name of Physician D. B. Hayyard

FEMALE
Medical Examination Report Dated 8-24-85
Name of Physician D. B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle D. Last Smith
Date of Birth: Month 7 Day 11 Year 54
Place of Birth (State or foreign country) Florida
Residence Address: Street or R. R. 37 Briarwood Ct City Greenwood County Ind. State

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Raymond Smith
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Barbara Ryle Hudson
   Residence of mother (if deceased so state) Iowa
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Michael D. Smith
New Address 624 HARDING ST, PLAINFIELD
Subscribed and sworn to before me this 30 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Toni Middle R. Last Killum
Date of Birth: Month 3 Day 1 Year 53
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 624 Harding St. City Plfd. County Hnd. 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. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Jaime Michelle Killum
   James Hendrix "
   Jill Ervin "

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ronald Williams
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Rae Pierson
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Toni R. Killum
New Address 624 Harding St, Plfd
Subscribed and sworn to before me this 30 day of Aug., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 9th *day of* Sept, 19 85, *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. 451

File

8-30-85
Date of Application

MALE
Medical Examination Report Dated Aug 26, 1985
Name of Physician Thomas J. Moritto

FEMALE
Medical Examination Report Dated Aug. 26, 85
Name of Physician Thomas J. Moritto

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Brian Middle Keith Last Houk

Date of Birth: Month 9 Day Year 1966

Place of Birth (State or foreign country): Brazil In.

Residence Address: Street or R. R. Indianapoles, City In County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dennis R. Houk
   Residence of father (if deceased so state) Redsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pamela J. Younts
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Brian Houk
New Address 7430 w St. Clair Indpls In. 46204

Subscribed and sworn to before me this 30 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Shannon Middle Lee Last Glauber

Date of Birth: Month 10 Day 26 Year 1966

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. Brownsburg City In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne N. Glauber
   Residence of father (if deceased so state) Brownsburg In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Ann Brown
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Shannon Glauber
New Address 7430 W. St. Clair Indpls. Ind.

Subscribed and sworn to before me this 30 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of Sept, 19 85, authorizing the joining together as husband and wife BRIAN KEITH HOUK and SHANNON LEE GLAUBER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY L. WILLIAMS hereby certify that on the 7th day of SEPTEMBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom BRIAN KEITH HOUK of MARION County, State of IN, and, Bride SHANNON LEE GLAUBER 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 SEPTEMBER, 19 85.

Signed /s/ JERRY L. WILLIAMS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of SEPTEMBER, 19 85.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 452

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

8-30-85
Date of Application

MALE
Medical Examination Report Dated 8-19-85
Name of Physician Harriett R. Harris

FEMALE
Medical Examination Report Dated 8-19-85
Name of Physician Harriet R. Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle Paul Last Swartzbaugh

Date of Birth: Month 1 Day 7 Year 59

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 7008 Rocky Dr. City Indpls. County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Swartzbaugh
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Bishop
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kenneth P Swartzbaugh
New Address 7306 Nantucket Ct Apt 3C

Subscribed and sworn to before me this 30 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Janet Middle Marie Last Nave

Date of Birth: Month 7 Day 2 Year 64

Place of Birth (State or foreign country) Delaware, Ind.

Residence Address: Street or R. R. Rt 2, Box 276 City Danville County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Teddy David Nave
   Residence of father (if deceased so state) Danville Ind.
   Birthplace of father (State or foreign country) Iowa.
9. Full maiden name of mother Wilma Lee Wethington
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Janet Marie Nave
New Address 7306 Nantucket Ct Apt 3C Indpls In 46224

Subscribed and sworn to before me this 30 day of Aug, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* Sept, 19 85, *authorizing the joining together as husband and wife* KENNETH PAUL SWARTZBAUGH *and* JANET MARIE NAVE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVID L. POPPLEWELL *hereby certify that on the* 14th *day of* SESPTEMBER *one thousand nine hundred and* 85 *at* MT. OLIVE UNITED METH. CHURCH *County of* MARION, *State of Indiana, Groom* KENNETH PAUL SWARTZBAUGH *of* MARION *County, State of* IN, *and, Bride* JANET MARIE NAVE *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 14th *day of* SEPTEMBER, 19 85.

Signed /s/ DAVID L. POPPLEWELL

Official Designation PASOTR

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* SEPTEMBER, 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. 453

File

8-30-85 Date of Application

MALE
Medical Examination Report Dated 8-26-85
Name of Physician John Cronkhite

FEMALE
Medical Examination Report Dated 8-26-85
Name of Physician John Cronkhite

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle D. Last Scott

Date of Birth: Month 10 Day 16 Year 1964

Place of Birth (State or foreign country): Danville, In.

Residence Address: Street or R. R. Brownsburg City In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvey Scott
   Residence of father (if deceased so state) Rushville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma D. Bilbee
   Residence of mother (if deceased so state) Pittsboro In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard D. Scott

New Address 238 North Grant ST. Brownsburg In.

Subscribed and sworn to before me this 30 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lisa Middle Carol Last Parsley

Date of Birth: Month 12 Day 20 Year 1959

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R. Brownsburg City In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licens

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 David Parsley
   Residence of father (if deceased so state) Brownsburg In.
   Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Myrtle Louise Barnhart
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa Carol Parsley

New Address 238 N. Grant Brownsburg, IN

Subscribed and sworn to before me this 30 day of Aug, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of September, 19 85, authorizing the joining together as husband and wife RICHARD DARIN SCOTT and LISA CAROL PARSLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD TYLER hereby certify that on the 14th day of SEPTEMBER, one thousand nine hundred and 85 at BETHESDA BAPTIST CHURCH, County of HENDRICKS, State of Indiana, Groom RICHARD DARIN SCOTT of HENDRICKS County, State of IN, and, Bride LISA CAROL PARSLEY 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 14th day of SEPTEMBER, 19 85. Signed /s/ DONALD TYLER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of SEPTEMBER, 19 85

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 454

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Re-Marriage

9-3-85
Date of Application

MALE
Medical Examination Report Dated 8-31-85
Name of Physician Dorman C. Whitney

FEMALE
Medical Examination Report Dated 8-31-85
Name of Physician Dorman C. Whitney

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle M. Last Bennett
Date of Birth: Month 6 Day 28 Year 1937
Place of Birth (State or foreign country) Mecca Park, Ind.
Residence Address: Street or R. R. RR #2 Box 20 City Danville, County, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Morris L. Bennett
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertha L. Barnhart
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James M Bennett
New Address RR2 Box 20 Danville

Subscribed and sworn to before me this 3 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle A. Last Bennett
Date of Birth: Month 9 Day 25 Year 1941
Place of Birth (State or foreign country) Jasper Co. Miss. Arkansas
Residence Address: Street or R. R. R# 2 Box 20 City Danville, County, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Andrew J. Gardenhire
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Okla.
9. Full maiden name of mother Barbara Barbara C. Price
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara A Bennett
New Address R R 2 Box 20 Danville

Subscribed and sworn to before me this 3 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of September, 19 85, authorizing the joining together as husband and wife JAMES M. BENNETT and BARBARA A. BENNETT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRANK E. KNIGHT hereby certify that on the 8th day of SEPTEMBER one thousand nine hundred and 85 at MOORESVILLE, County of MORGAN, State of Indiana, Groom JAMES MARVIN BENNETT of HENDRICKS County, State of IN, and, Bride BARBARA ANN BENNETT 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 SEPTEMBER, 19 85.

Signed /s/ FRANK E. KNIGHT
Official Designation MOORESVILLE TOWN JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of SEPTEMBER, 19 85.

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. 455

File

9-4-85 Date of Application

MALE
Medical Examination Report Dated 8-30-85
Name of Physician Steven W. Baker

FEMALE
Medical Examination Report Dated 8-22-85
Name of Physician John B. Sauer

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Joseph Last Kapps

Date of Birth: Month 2 Day 17 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3105 N. 800 E. City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Kapps
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edith L. Kilver
   Residence of mother (if deceased so state) Indiana, Brownsburg
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael J. Kapps

New Address 7308 Back Bay Ct. 41-D Indpls, In. 46224

Subscribed and sworn to before me this 4 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kimberley Middle Anne Last Clore

Date of Birth: Month 8 Day 25 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 601 School St. City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hal S. Clore
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha H. Brayer
   Residence of mother (if deceased so state) Brownsburg, Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kimberley Anne Clare

New Address 7308 Back Bay Ct #1D Indpls In 46224

Subscribed and sworn to before me this 4 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of Sept, 1985, authorizing the joining together as husband and wife MICHAEL JOSEPH KAPPS and KIMBERLEY ANNE CLORE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE W. DAVIS hereby certify that on the 14th day of SEPTEMBER, one thousand nine hundred and 85 at BROWNSBURG, County of ~~IN~~ HENDRICKS, State of Indiana, Groom MICHAEL J. KAPPS of HENDRICKS County, State of IN, and, Bride KIMBERLEY A. CLORE 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 14th day of SEPTEMBER, 19 85. Signed /s/ GEORGE W. DAVIS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of SEPTEMBER, 19 85

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 456

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 9-4-85 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 8-24-85
Name of Physician Reitz

FEMALE
Medical Examination Report Dated 8-24-85
Name of Physician Reitz

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry 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 Willard Last Frizzell
Date of Birth: Month Dec. Day 17 Year 1957
Place of Birth (State or foreign country) Ky.
Residence Address: 735 Street or R. R. Lake Forest Dr. City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Frizzell
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) N.Y.
9. Full maiden name of mother Edna Morton
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Willard Frizzell
New Address 735 LAKE FOREST DR. PLAINFIELD
Subscribed and sworn to before me this 4 day of Sept., 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle Ann Last Stepp
Date of Birth: Month Nov. Day 14 Year 1956
Place of Birth (State or foreign country) In.
Residence Address: 735 Street or R. R. Lake Forest Dr. City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas R. Stepp, Jr.
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) S. Car.
9. Full maiden name of mother Marjorie Henkle
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Ann Stepp
New Address 735 Lake Forest Drive Plainfield
Subscribed and sworn to before me this 4 day of Sept., 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of September, 19 85, authorizing the joining together as husband and wife JAMES WILLARD FRIZZELL and SANDRA ANN STEPP

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARVIN WITTKOPF hereby certify that on the 28th day of SEPTEMBER one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom JAMES WILLARD FRIZZELL of HENDRICKS County, State of IN and, Bride SANDRA ANN STEPP 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 SEPTEMBER, 19 85.

Signed /s/ MARVIN WITTKOPF
Official Designation PASTOR OF FAITH LUTHERAN CHURCH

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of OCTOBER, 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. 457

File

9-5-85 Date of Application

MALE
Medical Examination Report Dated 9-2-85
Name of Physician Aiello

FEMALE
Medical Examination Report Dated 9-2-85
Name of Physician 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: First Timothy Middle David Last Anderson

Date of Birth: Month 2 Day 19 Year 1962

Place of Birth (State or foreign country) Logansport, In

Residence Address: Street or R. R. 11113 W. 10th City Indpls County Hend State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Albert Anderson
   Residence of father (if deceased so state) Royal Center, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jane Elizabeth Collett
   Residence of mother (if deceased so state) Royal Center, Ind
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Timothy D. Anderson

New Address 11113 W 10th St. INDPLS. IN. 46234

Subscribed and sworn to before me this 5 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Lynn Last Biddle

Date of Birth: Month 2 Day 28 Year 1963

Place of Birth (State or foreign country) Logansport, In

Residence Address: Street or R. R. 11113 W. 10th City Indpls County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Neal Biddle
   Residence of father (if deceased so state) Royal Center, In
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judith Ellen Braun
   Residence of mother (if deceased so state) Logansport
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jennifer L. Biddle

New Address 11113 W. 10th St. Indianapolis Indiana 46234

Subscribed and sworn to before me this 5 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* Sept., 19 85, *authorizing the joining together as husband and wife* TIMOTHY DAVID ANDERSON *and* JENNIFER LYNN BIDDLE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY L. WILLIAMS *hereby certify that on the* 14th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* TIMOTHY DAVID ANDERSON *of* HENDRICKS *County, State of* IN, *and, Bride* JENNIFER LYNN BIDDLE *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 14th *day of* SEPTEMBER, *19* 85

Signed /s/ JERRY L. WILLIAMS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* SEPTEMBER, *19* 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 458

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

9-6-85 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 9-4-85
Name of Physician Thomas Walker MD.

FEMALE
Medical Examination Report Dated 9-4-85
Name of Physician Thomas Walker MD.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Francis Last Broderick

Date of Birth: Month 3 Day 9 Year 1954

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 140 W. Donnelly Dr City Brownsburg County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Martin W. Broderick
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda Morrele
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Italy

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Broderick /c

New Address 140 Downell Dr

Subscribed and sworn to before me this 6th day of September, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lisa Middle Ann Last Randolph

Date of Birth: Month 11 Day 7 Year 1960

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 140 W. Donnelly Dr. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licinse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Lyndsy 3 yrs.
   Wesley 1 yr.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edmond B. Randolph
   Residence of father (if deceased so state) Martinsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ann Blake
   Residence of mother (if deceased so state) Carey North Carolina
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa Ann Randolph

New Address 140 W Donnelly Dr. Brownsburg IN 46112

Subscribed and sworn to before me this 6th day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* SEPTEMBER, *19* 85, *authorizing the joining together as husband and wife* ROBERT FRANCIS BRODERICK *and* LISA ANN RANDOLPH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 6th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT FRANCIS BRODERICK *of* HENDRICKS *County, State of* IN, *and, Bride* LISA ANN RANDOLPH *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* SEPTEMBER, *19* 85.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE, HENDRICKS SUPERIOR COURT NO. 2

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* SEPTEMBER, *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. 459

File

9-6-85 Date of Application

MALE
Medical Examination Report Dated 9-3-85
Name of Physician Kirby

FEMALE
Medical Examination Report Dated 8-29-85
Name of Physician Kirlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Daniel Middle Eugene Last Hollars

Date of Birth: Month 11 Day 29 Year 53

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R. R. Rt 2 Box 244 City Danville County Hend State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Robert Lloyd Hollars
   Residence of father (if deceased so state) Port Charlotte, Fla
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Eva Jan Robinson
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /s/ Daniel E Hollars

New Address RR 2 Box 244 Danville In 46122

Subscribed and sworn to before me this 6 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Karen Middle Elaine Last Kehrein

Date of Birth: Month 7 Day 5 Year 64

Place of Birth (State or foreign country) Danville

Residence Address: Street or R. R. Rt 1 Box 319 City Clayton County Hend State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Karl Edward Kehrein
   Residence of father (if deceased so state) Clayton
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Ruby Flory Pritchett
   Residence of mother (if deceased so state) Clayton
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /s/ Karen E Kehrein

New Address Rt. R 2 Box 294 Danville In

Subscribed and sworn to before me this 6 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of Sept, 19 85, authorizing the joining together as husband and wife DANIEL EUGENE HOLLARS and KAREN ELAINE KEHREIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GLEN A. CLARKSON hereby certify that on the 15th day of SEPTEMBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DANIEL EUGENE HOLLARS HENDRICKS County, State of IN, and, Bride KAREN ELAINE KEHREIN 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 SEPTEMBER, 19 85.

Signed /s/ GLEN A. CLARKSON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of SEPTEMBER, 19 85.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 460

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Sept 6 1985
Date of Application

MALE
Medical Examination Report Dated 8-21-85
Name of Physician Rudisill

FEMALE
Medical Examination Report Dated 8-21-85
Name of Physician Robert L Stirling

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle Allen Last Nickels

Date of Birth: Month 4 Day 13 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2017 W. Obispo Ave. City Mesa County Maricopa State AZ

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Jack Marcel Nickels
   Residence of father (if deceased so state) AZ
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Margaret Ellen Unger
   Residence of mother (if deceased so state) AZ
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy Allen Nickels
New Address 2017 W. Obispo Ave. Mesa, Az 85202
Subscribed and sworn to before me this 13 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sherry Middle J. Last Norman

Date of Birth: Month 3 Day 9 Year 1961

Place of Birth (State or foreign country) West Hamlin West Virginia

Residence Address: Street or R. R. Indpls. In City County Hendricks State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Owen J. Norman Jr.
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Deloris Jean Workman
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sherry J Norman
New Address 2017 W. Obispo Ave Mesa, AZ 85202
Subscribed and sworn to before me this 6th day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of Sept, 19 85, authorizing the joining together as husband and wife TIMOTHY ALLEN NICKELS and SHERRY IRENE NORMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ALEXANDER ANDERSON hereby certify that on the 14th day of SEPTEMBER one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom TIMOTHY ALLEN NICKELS of MARICOBA County, State of ARIZONA, and, Bride SHERRY IRENE NORMAN of HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of SEPTEMBER, 19 85.

Signed /s/ ALEXANDER ANDERSON
Official Designation PASOTR

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of SEPTEMBER, 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. 461

File 9-6-85
Date of Application

MALE
Medical Examination Report Dated 8-27-85
Name of Physician Philip Batista MD.

FEMALE
Medical Examination Report Dated 8-27-85
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: First Terry Middle Lee Last Hicks

Date of Birth: Month March Day 9 Year 1960

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. 5855 on 136 City B'Burg County In. State

Previous Marital Status: Never Married ☐ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Buford Hicks
   Residence of father (if deceased so state) Russellville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elsie Sue Parrish
   Residence of mother (if deceased so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terry L. Hicks
New Address 5855 on 136 Brownsburg Ind
Subscribed and sworn to before me this 13 day of Sept. 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Gloria Middle K. Last Merritt

Date of Birth: Month 6 Day 25 Year 1964

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. Brownsburg, In City County State

Previous Marital Status: Never Married ☒ OR ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 P. Merritt
   Residence of father (if deceased so state) Frankfort Ind
   Birthplace of father (State or foreign country) Lebanon In.
9. Full maiden name of mother Patricia Anne West
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Lebanon, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gloria K. Merritt
New Address 5855 on 136 Brownsburg In.
Subscribed and sworn to before me this 6th day of Sept 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of Sept, 19 85, authorizing the joining together as husband and wife TERRY LEE HICKS and GLORIA K. MERRITT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PAUL GALEN HICKS hereby certify that on the 20th day of SEPTEMBER, one thousand nine hundred and 85 at 7:00 P.M., County of BOONE, State of Indiana, Groom TERRY LEE HICKS of HENDRICKS County, State of IN, and, Bride GLORIA K. MERRITT 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 20th day of SEPTEMBER, 19 85. Signed /s/ PAUL G. HICKS
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of SEPTEMBER, 19 85
Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 462

File

9-9-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 8-26-85
Name of Physician Joseph F. Thompson

FEMALE
Medical Examination Report Dated 8-26-85
Name of Physician Joseph F. 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: First Terrell Middle [illegible] Last Willingham

Date of Birth: Month 8 Day 26 Year 1961

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 1336 Sharon Hae. City Indpls. County [illegible] State In. 46222

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Donald Willingham
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Jean Melton
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Terrell Willingham

New Address RR 2 BOX 158 DANVILLE IND 46122

Subscribed and sworn to before me this 9th day of September, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Penny Middle L. Last White

Date of Birth: Month 1 Day 26 Year 1962

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. R.R. #2, Box 155, City Danville, County [illegible] State In. 46122

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wintford James White
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Martena Ann Smith
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Penny L. White

New Address RR 2 Box 155 Danville, Ind. 46122

Subscribed and sworn to before me this 9th day of September, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* Sept, 19 85, *authorizing the joining together as husband and wife* TERRELL C. WILLINGHAM *and* PENNY L. WHITE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHARLES C. CANTRELL *hereby certify that on the* 15th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* FERRELL C. WILLINGHAM *of* MARION *County, State of* IN, *and, Bride* PENNY L. WHITE *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 15th *day of* SEPTEMBER, 19 85.

Signed /s/ CHARLES C. CANTRELL

Official Designation MINISTER OF THE GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* OCTOBER, 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. 463

File

9-9-85
Date of Application

MALE
Medical Examination Report Dated 8-21-85
Name of Physician Thompson

FEMALE
Medical Examination Report Dated 8-21-85
Name of Physician 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: First Timothy Middle Earl Last Garland

Date of Birth: Month January Day 14 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 530 N State St City Liston County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd Earl Garland
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Loretta Smith
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jim Garland

New Address 530 N STATE ST LIZTON IN 46149

Subscribed and sworn to before me this 9 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Stoeffler

Date of Birth: Month June Day 5 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 6 City Putnamville County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas William Stoeffler
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jacqueline J. Phillippe
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patty Stoeffler

New Address 530 N. STATE ST Liston, IN 46149

Subscribed and sworn to before me this 9 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of Sept., 19 85, authorizing the joining together as husband and wife TIMOTHY EAL GARLAND and PATRICIA ANN STOEFFLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANIEL J. STAUBLIN hereby certify that on the 21st day of SEPTEMBER, one thousand nine hundred and 85 at ST. MALACHY CATHOLIC CHURCH, County of HENDRICKS, State of Indiana, Groom TIMOTHY EARL GARLAND of HENDRICKS County, State of IN, and, Bride PATRICIA ANN STOEFFLER 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 OCTOBER, 19 85. Signed /s/ DANIEL J. STAUBLIN

Official Designation ASSOCIATE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of OCTOBER, 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. 464

File

9-10-85
Date of Application

MALE
Medical Examination Report Dated 9-10-85
Name of Physician L. E. Smith

FEMALE
Medical Examination Report Dated 9-10-85
Name of Physician L. E. 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: First Joseph Middle W. Last Cooper

Date of Birth: Month 2 Day 4 Year 57

Place of Birth (State or foreign country) Wallace Illinois

Residence Address: 3414 Dan Jones Rd. Plfd. In
Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Laurence Daniel Cooper
   Residence of father (if deceased so state) Plfd. In.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Mary Louise Corey
   Residence of mother (if deceased so state) Plfd In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Joe W. Cooper

New Address

Subscribed and sworn to before me this 10 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Luanne Middle M. Last Dexter

Date of Birth: Month 12 Day 10 Year 58

Place of Birth (State or foreign country) Lafayette Indiana Tippecanoe

Residence Address: 4520 Candletree Cir N Indpls. In
Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orval Arthur Dexter
   Residence of father (if deceased so state) Kempington Indiana
   Birthplace of father (State or foreign country) Lafayette Indiana
9. Full maiden name of mother Mary Louise Sigo
   Residence of mother (if deceased so state) Kempington Indiana
   Birthplace of mother (State or foreign country) Lafayette, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

×× Signed Luanne M. Dexter

New Address 3414 Dan Jones Rd. Plainfield, IN 46168

Subscribed and sworn to before me this 10 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* Sept, 19 85, *authorizing the joining together as husband and wife* JOSEPH W. COOPER *and* LUANNE M. DEXTER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WM. SPENCER GILLESPIE *hereby certify that on the* 21st *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* JOSEPH W. COOPER *and, Bride* LUANNE M. DEXTER *of* HENDRICKS *County, State of* IN, *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 21st *day of* SEPTEMBER, *19* 85.

Signed /s/ WM. SPENCER GILLESPIE

Official Designation PASTOR, FIRST BAPTIST CHURCH

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* SEPTEMBER, *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. 465

File

9-10-85 Date of Application

MALE
Medical Examination Report Dated 9-4-85
Name of Physician Cronkite

FEMALE
Medical Examination Report Dated 9-4-85
Name of Physician Cronkite

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thor Middle Alan Last Schmidt

Date of Birth: Month Feb Day 12 Year 1962

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 327 N. Griswold Rd. City Indpls County Hend. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Schmidt
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Karlene K. Skelton
   Residence of mother (if deceased so state) Indpls In.
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thor A. Schmidt

New Address 7265 MARINER WAY #312 Indpls. IN.

Subscribed and sworn to before me this 10 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Diana Middle Kay Last Reynolds

Date of Birth: Month May Day 7 Year 1960

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 7265 N Mariner Way Apt 312, City Indpls County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Benny F. Reynolds Jr.
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Joan L. Smart
   Residence of mother (if deceased so state) Some
   Birthplace of mother (State or foreign country) England

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana Kay Reynolds

New Address 7265 N Mariner Way. #312 46224

Subscribed and sworn to before me this 10 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of September, 19 85, authorizing the joining together as husband and wife THOR ALAN SCHMIDT and DIANA KAY REYNOLDS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, H. THOMAS PITCHER hereby certify that on the 21st day of SEPTEMBER, one thousand nine hundred and 85 at AVON UNITED CETH. CHURCH, County of HENDRICKS, State of Indiana, Groom THOR ALAN SCHMIDT of HENDRICKS County, State of IN, and, Bride DIANA KAY REYNOLDS 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 16th day of SEPTEMBER, 19 85. Signed /s/ H. THOMAS PITCHER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of SEPTEMBER, 1985.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 466

File 9-12

9-12-85 Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 8-31-85
Name of Physician Thomas Lee Hutchinson

FEMALE
Medical Examination Report Dated 8-31-85
Name of Physician Thomas Lee Hutchinson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Darrell Middle W. Last Mink

Date of Birth: Month 12 Day 22 Year 63

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R. R. RR#1 Box 230 City Clayton County In. State 46118

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Clenron Mink
   Residence of father (if deceased so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Stanford, Ky.
9. Full maiden name of mother Alice Bonnie Wilder
   Residence of mother (if deceased so state) Clayton, Indiana
   Birthplace of mother (State or foreign country) Salem, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Darrell W. Mink

New Address

Subscribed and sworn to before me this 12 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Debra Middle I. Last Dunivon

Date of Birth: Month 3 Day 21 Year 64

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. RR#1 Box 230 City Clayton County In. State 46118

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Larry Ronald Dunivon
   Residence of father (if deceased so state) Greencastle, Indiana
   Birthplace of father (State or foreign country) Haywood Indiana
9. Full maiden name of mother Joyce Elita Brewer
   Residence of mother (if deceased so state) Pitt. Indiana
   Birthplace of mother (State or foreign country) Indpls. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Debra I. Dunivon

New Address RR#1 Box 230 - Clayton IN 46118

Subscribed and sworn to before me this 12 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* Sept, 85, *authorizing the joining together as husband and wife* DARRELL W. MINK *and* DEBRA I, DUNIVON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CLAUDE T. BREWER *hereby certify that on the* 21st *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* DARRELL W. MINK *of* HENDRICKS *County, State of* IN, *and, Bride* DEBRA I. DUNIVAN *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* SEPTEMBER, *19* 85.

Signed /s/ CLAUDE F. BREWER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* SEPTEMBER, *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. 467

File

Sept. 12, 1985
Date of Application

MALE
Medical Examination Report Dated 9-13-85
Name of Physician Wm Avery Scaff

FEMALE
Medical Examination Report Dated 9-7-85
Name of Physician William Avery Scaff, 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 James Middle A. Last Nickol

Date of Birth: Month 1 Day 26 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 29 Hickory Lane City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Lawrence Nickol
   Residence of father (if deceased so state) Speedway Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Martha Rosner
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /s/ James A. Nickol

New Address 29 Hickory Lane Brownsburg 46112

Subscribed and sworn to before me this 16 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lisa Middle Anne Last Wilson

Date of Birth: Month December Day 10 Year 1960

Place of Birth (State or foreign country) Marion Ind.

Residence Address: Street or R. R. 29 Hickory Ln. City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert L. Wilson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Viola Gayle Burton
   Residence of mother (if deceased so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa Anne Wilson

New Address 29 Hickory Ln

Subscribed and sworn to before me this 12 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* Sept, 85, *authorizing the joining together as husband and wife* JAMES A. NICKOL *and* LISA ANNE WILSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, D. MICHAEL WELCH *hereby certify that on the* 21st *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* JAMES A. NICKOL *of* MARION *County, State of* IN *and, Bride* LISA ANNE WILSON *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* SEPTEMBER, 85

Signed /s/ D. MICHAEL WELCH

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* SEPTEMBER, *19* 85

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 468

File

Date of Application

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 9-10-85
Name of Physician Black

FEMALE
Medical Examination Report Dated 9-10-85
Name of Physician Black

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jimmy Middle D. Last Earl

Date of Birth: Month 4 Day 13 Year 54

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1121 W Township Rd City Indpls County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☑
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Angela Marie Earl
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 M Earl
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Wilma Pirig
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jimmy D. Earl
New Address 1121 W. TOWNSHIP RD.

Subscribed and sworn to before me this 12 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Deanna Middle L. Last Williams

Date of Birth: Month Jan Day 26 Year 1964

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 1121 W. Township Rd City Indpls County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B. Lyons
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Judith Higgins
   Residence of mother (if deceased so state) Indpls
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deanna L Williams
New Address 1121 W. Township Rd.

Subscribed and sworn to before me this 12 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of September, 1985, authorizing the joining together as husband and wife JIMMY D. EARL and DEANNA L. WILLIAMS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 27th day of SEPTEMBER one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JIMMY D. EARL of HEDNRICKS County, State of IN and, Bride DEANNA L. 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 27th day of SEPTEMBER, 19 85.

Signed /s/ LARRY R. HESSON
Official Designation JUDGE, HENDRICKS SUPERIOR COURT 2

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of SEPTEMBER, 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. 469

File

9-13-85
Date of Application

MALE
Medical Examination Report Dated Sept. 13, 1985
Name of Physician D. L. Rady, M.D.

FEMALE
Medical Examination Report Dated Sept. 13, 1985
Name of Physician D. L. Rady 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 Randy Middle Paul Last Wright

Date of Birth: Month 6 Day 10 Year 1959

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 873 North Center St. City Plfd. County In. State 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Sara Lynn Trent

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Paul Wright
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sarah May Kindley
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

+ Signed Randy Paul Wright
New Address 873 N. Center St.

Subscribed and sworn to before me this 13th day of September, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Tina Middle Lynn Last Trent

Date of Birth: Month 5 Day 15 Year 1963

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R. R. 873 North Center St. City Plfd. County In. State 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Michael Shane Brandt
   Sara Lynn Trent

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Steven Edward Trent
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Susan Lynn Strohmeier
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

+ Signed Tina L. Trent
New Address 873 N. CENTER ST.

Subscribed and sworn to before me this 13th day of September, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of Sept, 19 85, authorizing the joining together as husband and wife RANDY PAUL WRIGHT and TINA LYNN TRENT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DEWEY A. THACKSTON hereby certify that on the 21st day of SEPTEMBER one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom RANDY PAUL WRIGHT of HENDRICKS County, State of IN, and, Bride TINA LYNN TRENT 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 SEPTEMBER, 19 85.

Signed /s/ DEWEY A. THACKSTON
Official Designation MINISTER OF THE GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of SEPTEMBER, 19 85.

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 470

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

Sept. 13 1985.
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 9-10-85
Name of Physician Delcia B. Calla, Md.

FEMALE
Medical Examination Report Dated 9-10-85
Name of Physician Delcia B. Calla. 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 Mahmoud Middle — Last Jafari

Date of Birth: Month May Day 5 Year 1929

Place of Birth (State or foreign country) Tehran Iran

Residence Address: Street or R. R. 14 W. Tilden City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers 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 Ahmad Jafari
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tehran, Iran
9. Full maiden name of mother Aghtar Almaie
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Tehran, Iran

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed [signature]

New Address

Subscribed and sworn to before me this 13 day of Sept, 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Marjorie Middle A. — Last Lach

Date of Birth: Month 12 Day 25 Year 1934

Place of Birth (State or foreign country) New Castle Penn.

Residence Address: Street or R. R. 14 W. Tilden Dr. City Brownsburg County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Lach Jr.
   Residence of father (if deceased so state) Selpls, In.
   Birthplace of father (State or foreign country) Sewickly, Penn.
9. Full maiden name of mother Dorothy M. Flamburg
   Residence of mother (if deceased so state) Selpls In.
   Birthplace of mother (State or foreign country) New Castle, Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Marjory A. Lach

New Address 14 W. Tilden Dr

Subscribed and sworn to before me this 13 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of Sept, 19 85, authorizing the joining together as husband and wife MAHMOUD JAFARI and MARJORY LACH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN O. LEWIS JR. hereby certify that on the 21st day of SEPTEMBER one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom MAHMOUD JAFARI of HENDRICKS County, State of IN and, Bride MARJORY LACH 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 SEPTEMBER, 19 85.

Signed /s/ JOHN O. LEWIS JR.

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of SEPTEMBER, 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. 471

File

Sept 13, 1985
Date of Application

MALE
Medical Examination Report Dated 9/5/85
Name of Physician E. Henry Lamkin Jr.

FEMALE
Medical Examination Report Dated 9/5/85
Name of Physician E. H. Lamkin Jr.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Herschel Middle James Last Cummings

Date of Birth: Month May Day 16 Year 1938

Place of Birth (State or foreign country): Putnam Co. In.

Residence Address: Street or R. R. RR#1 Box 518 City Clayton County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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.
   None
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herman Lee Cummings
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Viola Carpenter
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Herschel James Cummings
New Address RR#1 Box 518 Clayton In 46118
Subscribed and sworn to before me this 13 day of Sept., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Frances Middle Ann Last Fox

Date of Birth: Month October Day 11 Year 1938

Place of Birth (State or foreign country): Richmond Wayne In.

Residence Address: Street or R. R. RR#1 Box 518 City Clayton County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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.
   None
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Cal King
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Agnes Burnett Wallace
   Residence of mother (if deceased so state) Richmond, In.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Frances Ann Fox
New Address RR.1, Box 518, Clayton, IN 46118
Subscribed and sworn to before me this 13 day of Sept., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* Sept. *, 19* 85 *, authorizing the joining together as husband and wife* HERSCHEL JAMES CUMMINGS *and* FRANCES ANN FOX

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JACQUELINE A. MEANS *hereby certify that on the* 21st *day of* SEPTEMBER *, one thousand nine hundred and* 85 *at* PLAINFIELD *, County of* HENDRICKS *, State of Indiana, Groom* HERSCHEL JAMES CUMMINGS *of* HENDRICKS *County, State of* IN *, and, Bride* FRANCES ANN FOX *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* SEPTEMBER *, 19* 85 *.*

Signed /s/ JACQUELINE A. MEANS

Official Designation PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* SEPTEMBER *, 19* 85 *.*

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 472

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-15, 1985
Date of Application

MALE
Medical Examination Report Dated 9-9-85
Name of Physician C.J. Nuygen

FEMALE
Medical Examination Report Dated 9-9-85
Name of Physician C.J. Nuygen

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle D. Last Nicely

Date of Birth: Month 6 Day 7 Year 1957

Place of Birth (State or foreign country) Lebanon, In

Residence Address: Street or R. R. North Salem City In. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Nicely
   Residence of father (if deceased so state) North Salem, In.
   Birthplace of father (State or foreign country) Boone County, Ind.
9. Full maiden name of mother Marcella Long
   Residence of mother (if deceased so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles Douglas Nicely
New Address Indianapolis
Subscribed and sworn to before me this 15 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sandra Middle Jay Last Dye

Date of Birth: Month 10 Day 18 Year 1958

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. Indianapolis City In County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dye
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Ollie Mae ~~Hendricks~~ Hendrix
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sandy J Dye
New Address Indianapolis
Subscribed and sworn to before me this 15 day of September, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* Sept, 19 85, *authorizing the joining together as husband and wife* CHARLES DOUGLAS NICELY *and* SANDRA FAY DYE
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, RONALD RICKETTS *hereby certify that on the* 28th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* CHARLES DOUGLAS NICELY *of* HENDRICKS *County, State of* IN, *and, Bride* SANDRA FAY DYE *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 28th *day of* SEPTEMBER, *19* 85.

Signed /s/ RONALD RICKETTS
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* OCTOBER, *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. 473

File

9-13-85 Date of Application

MALE
Medical Examination Report Dated 9-5-85

Name of Physician

FEMALE
Medical Examination Report Dated 9-5-85

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: First John Middle R. Last Kivett, Jr.

Date of Birth: Month 3 Day 23 Year 1960

Place of Birth (State or foreign country) Beech Grove, Indiana

Residence Address: Street or R. R. 605 W. Main St. City Plfld. County In. State 46168

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Kivett, Sr.
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Helen Hiles
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John R Kivett

New Address 605 W Main St Plfd

Subscribed and sworn to before me this 13th day of September, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First ~~First~~ Patti Middle ~~Middle~~ Jo Last ~~Last~~ Drury

Date of Birth: Month 1 Day 28 Year 1964

Place of Birth (State or foreign country) Evansville, In.

Residence Address: Street or R. R. 3201 Wilson Rd. City Plainfield, County In. State 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Bruce Drury
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Ann Woods
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patti Jo Drury

New Address 605 W. Main Street Plfd.

Subscribed and sworn to before me this 13th day of September, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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 18 day of Sept, 19 85, authorizing the joining together as husband and wife JOHN R. KIVETT, JR. and PATTI JO DRURY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HUBERT C. GREER hereby certify that on the 21st day of SEPTEMBER, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom JOHN R. KIVETT, JR. of HENDRICKS County, State of IN, and, Bride PATTI JO DRURY 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 SEPTEMBER, 19 85. Signed /s/ HUBERT GREER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of OCTOBER, 19 85

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

158

No. 474

File

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-13-85 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 9-9-85
Name of Physician Mandel

FEMALE
Medical Examination Report Dated 9-9-85
Name of Physician Mandel

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold Middle K. Last Hare

Date of Birth: Month 9 Day 24 Year 32

Place of Birth (State or foreign country) Ark.

Residence Address: Street or R. R. 1613 Thorndale City Indpls County Marion 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. Jeanise

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☑
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde Hare
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ark.
9. Full maiden name of mother Pearl Osborn
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ark.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harold Hare

New Address 1613 Thorndale

Subscribed and sworn to before me this 13 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Marsha Middle D. Last Burney

Date of Birth: Month 6 Day 3 Year 36

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 211 Wabash City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Jeanise

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Reese Stedman
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Ruby Friel
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marsha D. Burney

New Address 1613 Thorndale

Subscribed and sworn to before me this 13 day of Sept., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* Sept, 19 85, *authorizing the joining together as husband and wife* HAROLD K. HARE *and* MARSHA D. BURNEY *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, NORMAN C. RAMP *hereby certify that on the* 27th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* HAROLD K. HARE *of* MARION *County, State of* IN, *and, Bride* MARSHA D. BURNEY *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 27th *day of* SEPTEMBER, *19* 85.

Signed /s/ NORMAN C. RAMP

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1st *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. 475

File

9-16-85 Date of Application

MALE
Medical Examination Report Dated 9-12-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 9-12-85
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: First Michael Middle R. Last Littell

Date of Birth: Month 9 Day 10 Year 45

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 2 Box 420 City Clayton County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Angela Kimbrough
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Randall Ray Littell
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Kay Franklin
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael R. Littell
New Address RR 2 Box 420 Clayton Ind

Subscribed and sworn to before me this 16 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Bonnie Middle M. Last Hoop

Date of Birth: Month 3 Day 13 Year 42

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RR 2 Box 330 City Clayton County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alden Lee Ward
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Opal Louise Western
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bonnie M. Hoop
New Address R#2 Box 420 Clayton In 46118

Subscribed and sworn to before me this 16 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20th *day of* September, 19 85, *authorizing the joining together as husband and wife* MICHAEL R. LITTELL *and* BONNIE M. HOOP

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, STEVAN W. RANSON *hereby certify that on the* 21st *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL R. LITTELL *of* HENDRICKS *County, State of* IN, *and, Bride* BONNIE M. HOOP *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 23rd *day of* SEPTEMBER, *19* 85. *Signed* /s/ STEVAN W. RANSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* SEPTEMBER, *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. 476

File

9-16-85
Date of Application

MALE
Medical Examination Report Dated 8-26-85

Name of Physician Alfred C. Jones

FEMALE
Medical Examination Report Dated 8-26-85

Name of Physician Alfred C. Jones

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle — Last Pettrey

Date of Birth: Month 10 Day 21 Year 53

Place of Birth (State or foreign country) W. Virginia

Residence Address: 3465 Street or R. R. Wilson Rd. City Plfd. County — State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Charles II
   ~~Kim~~ Carrie
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emery Reese Pettry
   Residence of father (if deceased so state) W. Virginia
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Edna Francis Welch
   Residence of mother (if deceased so state) Brownwood Ind.
   Birthplace of mother (State or foreign country) W. Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Charles Pettrey

New Address 3465 Wilson Rd Plainfield In

Subscribed and sworn to before me this 16 day of Sept., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kimberly Middle — Last Rovazzini

Date of Birth: Month 4 Day 10 Year 57

Place of Birth (State or foreign country) Ohio

Residence Address: 3465 Street or R. R. Wilson Rd. City Plfd. County — State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Brooke
   Adam
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Kerr
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Helen Knight
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kimberly A Rovazzini

New Address 3465 Wilson Rd Plainfield

Subscribed and sworn to before me this 16 day of Sept., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* Sept, 19 85, *authorizing the joining together as husband and wife* CHARLES F. PETTREY *and* KIMBERLY ROVAZZINI

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GARY A. BROWN *hereby certify that on the* 21st *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* CHARLES F. PETTREY *of* HENDRICKS *County, State of* IN, *and, Bride* KIMBERLY ROVAZZINI *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* SEPTEMBER, *19* 85.

Signed /s/ GARY A. BROWN

Official Designation REVERAND

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* SEPTEMBER, *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. 477

File

9-16-85 Date of Application

MALE
Medical Examination Report Dated Sept 12, 1985

Name of Physician

FEMALE
Medical Examination Report Dated Sept 12, 1985

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle E. Last Hartung Jr.

Date of Birth: Month 8 Day 10 Year 1963

Place of Birth (State or foreign country): Crawfordsville Indiana

Residence Address: Street or R. R. 1247 E Township Rd. City Pitts. County State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Hartung Sr.
   Residence of father (if deceased so state) Pitts. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Diane Hartwell
   Residence of mother (if deceased so state) Pitts, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Robt E Hartung Jr.

New Address

Subscribed and sworn to before me this 16 day of Sept, 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Wanda Middle Kathleen Last Perry

Date of Birth: Month 6 Day 28 Year 65

Place of Birth (State or foreign country) Willard Ohio

Residence Address: Street or R. R. RR 1 City Freedom County Indiana State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernon Perry
   Residence of father (if deceased so state) Freedom, Indiana
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Betty Ann Gaffort
   Residence of mother (if deceased so state) Freedom, Indiana
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Wanda K. Perry

New Address R.R. 1 Freedom, Indiana

Subscribed and sworn to before me this 16 day of Sept, 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the aboye named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of Sept, 1985, authorizing the joining together as husband and wife ROBERT E. HARTUNG, JR. and WANDA KATHLEEN PERRY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT M. HOOTEN hereby certify that on the 28th day of SEPTEMBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of HENDRICKS, State of Indiana, Groom ROBERT E. HARTUNG, JR. of HENDRICKS County, State of IN, and, Bride WANDA KATHLEEN PERRY of OWEN 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 20th day of SEPTEMBER, 19 85

Signed /s/ ROBERT M. HOOTEN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of SEPTEMBER, 19 85

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 478

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-16-85
Date of Application

MALE
Medical Examination Report Dated 9-11-85
Name of Physician M.T. Stack

FEMALE
Medical Examination Report Dated 9-11-85
Name of Physician M.T. Stack

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Warren Middle arthur Last Girdley

Date of Birth: Month June Day 30 Year 1921

Place of Birth (State or foreign country) Ill

Residence Address: Street or R. R. 1407 Westerside. City Indpls County Marion State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Ide Ber.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alvah Ray Girdley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elsie M. Mitchell
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Warren A. Girdley
New Address 1407 Western Dr
Subscribed and sworn to before me this 16 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Lila Middle sue Last Pedigo

Date of Birth: Month January Day 8 Year 1952

Place of Birth (State or foreign country) Danville Indiana

Residence Address: Street or R. R. RR #1 3x163A City North Salem County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C Cox
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marine M Curtis
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lila Sue Pedigo
New Address 1407 Western Dr. Indianapolis In 46241
Subscribed and sworn to before me this 16 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of Sept., 1985, authorizing the joining together as husband and wife WARREN ARTHUR GIRDLEY and LILA SUE PEDIGO

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIS R. HOWARD hereby certify that on the 27th day of SEPTEMBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of HENDRICKS, State of Indiana, Groom WARREN ARTHUR GIRDLEY of MARION County, State of IN, and, Bride LILA SUE PEDIGO 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 20 day of SEPTEMBER, 19 85.

Signed /s/ WILLIS R. HOWARD
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of SEPTEMBER, 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. 479

File

9-17-85 Date of Application

MALE
Medical Examination Report Dated 9-12-85
Name of Physician George O. Avery

FEMALE
Medical Examination Report Dated 9-12-85
Name of Physician George O. Avery

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle A. Last Icenogle

Date of Birth: Month 2 Day 2 Year 56

Place of Birth (State or foreign country) Kokomo Ind.

Residence Address: 10006 Osceola St. 701 Hdpls.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James A. Icenogle
   Residence of father (if deceased so state) Hdpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ina M. Koons
   Residence of mother (if deceased so state) Hdpls. Ind.
   Birthplace of mother (State or foreign country) Maryland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x James A Icenogle
New Address 10006 Osceola St. Apt 701

Subscribed and sworn to before me this 17 day of Sept, 19 85.

MaryJane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Melissa Middle J. Last Tomlin

Date of Birth: Month 7 Day 16 Year 63

Place of Birth (State or foreign country) Hdpls. Ind.

Residence Address: 10006 Osceola St. 701 Hdpls.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emmett R. Tomlin
   Residence of father (if deceased so state) Hdpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother May B. Muse
   Residence of mother (if deceased so state) Hdpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Melissa J Tomlin
New Address 10006 Osceola St. Apt 701

Subscribed and sworn to before me this 17 day of Sept, 19 85.

MaryJane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* Sept, 19 85, *authorizing the joining together as husband and wife* JAMES A. ICENOGLE *and* MELISSA J. TOMLIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD L. THOMPSON SR. *hereby certify that on the* 22nd *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* GARFIELD PARK, *County of* MARION, *State of Indiana, Groom* JAMES A. ICENOGLE *of* HENDRICKS *County, State of* IN, *and, Bride* MELISSA J. TOMLIN *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* SEPTEMBER, *19* 85. *Signed* /s/ DONALD L. THOMPSON SR.

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* SEPTEMBER, *19* 85

Signed MaryJane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 480

File

9-17-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 9-12-85
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 9-16-85
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: First Roger Middle R. Last Townsend

Date of Birth: Month 3 Day 3 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1648 Hadley Rd. City Mooresville County Hend. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fin. w/Pat.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Holden Townsend
   Residence of father (if deceased so state) Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roberta W. Berry
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Roger R. Townsend
New Address 1648 Hadley Rd.

Subscribed and sworn to before me this 17 day of Sept., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle S. Last Merchant

Date of Birth: Month 1 Day 26 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 183 Hillcrest Dr. City Mooresville 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. Fin. w/Pat.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald E. Merchant
   Residence of father (if deceased so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Carolyn A. Scales
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela S. Merchant
New Address 1648 Hadley Rd. Mooresville, In. 46158

Subscribed and sworn to before me this 17 day of Sept., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of September, 19 85, authorizing the joining together as husband and wife ROGER R. TOWNSEND and PAMELA SUE MERCHANT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM R. CLAYTON hereby certify that on the 28th day of SEPTEMBER, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom ROGER R. TOWNSEND of MARION County, State of IN, and, Bride PAMELA SUE MERCHANT 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 SEPTEMBER, 19 85.

Signed /s/ WILLIAM R. C LAYTON
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of OCTOBER, 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. 481

File

9-17-85 Date of Application

MALE
Medical Examination Report Dated 8-22-85
Name of Physician Midla

FEMALE
Medical Examination Report Dated 8-22-85
Name of Physician Midla

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Lee Last Wallace

Date of Birth: Month / Day 22 Year 1954

Place of Birth (State or foreign country) Vermillion County

Residence Address: Street or R. R. P.O. Box 56 City Monrovia County Morgan State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Chadd Michael Wallace
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be 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 E. Wallace
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen Jackson
   Residence of mother (if deceased so state) Kalsbell
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Michael L Wallace

New Address RR2 Box 714 Cloverdale

Subscribed and sworn to before me this 17 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lynn Middle Louise Last Lee

Date of Birth: Month 2 Day 13 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2172 N. Center City Pefld. County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Dennis Lee
   Angela Lee
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Michael Francis Lahr
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joan Louise Pennington
   Residence of mother (if deceased so state) Ind.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Lynn Louise Lee

New Address RR2 Box 114 Cloverdale

Subscribed and sworn to before me this 17 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of Sept., 19 85, authorizing the joining together as husband and wife MICHAEL LEE WALLACE and LYNN LOUISE LEE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, EVRETT V. SMOCK hereby certify that on the 21st day of SEPTEMBER, one thousand nine hundred and 85 at HAZELWOOD, County of HENDRICKS, State of Indiana, Groom MICHAEL LEE WALLACE of MORGAN County, State of IN, and, Bride LYNN LOUISE LEE 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 SEPTEMBER, 19 85.

Signed /s/ EVRETT V. SMOCK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of SEPTEMBER, 19 85

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 482

File

9-17-85
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 9-7-85
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 9-7-85
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: First Daniel; Middle Joseph; Last Roseman

Date of Birth: Month April; Day 27; Year 1963

Place of Birth (State or foreign country): In.

Residence Address: Street or R. R. 10802 N. 950 E; City Brownsburg; County; State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Richard L. Roseman
   Residence of father (if deceased so state): Same
   Birthplace of father (State or foreign country): In.
9. Full maiden name of mother: Mary Anne Mobley
   Residence of mother (if deceased so state): Same
   Birthplace of mother (State or foreign country): In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Daniel J. Roseman

New Address: 3481 Beluga Ln #1A Indpls IN 46205

Subscribed and sworn to before me this 19 day of Sept, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Susan; Middle E.; Last Mueller

Date of Birth: Month 11; Day 2; Year 1960

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 3481 Beluga Lane; City Indpls; County Marion; State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Howard Mueller Sr.
   Residence of father (if deceased so state): R5, Box 267 Columbus, In.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Sandra Sue Hunter
   Residence of mother (if deceased so state): R5, Box 267, Columbus, In.
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Susan E. Mueller

New Address: 3481 Beluga Lane #1A Indpls.

Subscribed and sworn to before me this 17th day of September, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ....., and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* Sept, 19 85, *authorizing the joining together as husband and wife* DANIEL JOSEPH ROSEMAN *and* SUSAN ELAINE MUELLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DUFF GREEN *hereby certify that on the* 19th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* COLUMBUS, *County of* BARTHOLOMEW, *State of Indiana, Groom* DANIEL JOSEPH ROSEMAN *of* HENDRICKS *County, State of* IN, *and, Bride* SUSAN E. MUELLER *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 19th *day of* OCTOBER, *19* 85.

Signed /s/ DUFF GREEN

Official Designation RECTOR, ST. PAUL'S EPISCOPAL CHURCH

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* OCTOBER, *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. 483

File

9-17-85 Date of Application

MALE
Medical Examination Report Dated 8-26-85
Name of Physician Dr. Black

FEMALE
Medical Examination Report Dated 9-4-85
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 pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle B. Last Gilbert Jr.

Date of Birth: Month 3 Day 15 Year 1961

Place of Birth (State or foreign country) Texas

Residence Address: Street or R. R. Rt 1 Box 288F City Pittsboro County Hendricks State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Bardwell Gilbert Sr.
   Residence of father (if deceased so state) Pittsboro, Indiana
   Birthplace of father (State or foreign country) El Paso, Texas
9. Full maiden name of mother Virginia Bredecks
   Residence of mother (if deceased so state) Pittsboro, Indiana
   Birthplace of mother (State or foreign country) Deming, New Mexico

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Richard B Gilbert Jr Apt # 1014

New Address 2306 Hermitage Ct. Speedway, IN

Subscribed and sworn to before me this 17 day of Sept, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kimberly Middle A. Last Vidito

Date of Birth: Month 1 Day 21 Year 62

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: 3450 N. St. Rd. 267 Street or R. R. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jewell Marcus Vidito
   Residence of father (if deceased so state) Brownsburg, Indiana
   Birthplace of father (State or foreign country) Jamestown, Indiana
9. Full maiden name of mother Flora Louise Hufford
   Residence of mother (if deceased so state) Brownsburg, Indiana
   Birthplace of mother (State or foreign country) Brownsburg, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Kimberly Ann Vidito

New Address

Subscribed and sworn to before me this 17 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of September, 19 85, authorizing the joining together as husband and wife Richard B. Gilbert, Jr. and Kimberly A. Vidito

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHARLES E. COOPER hereby certify that on the 28th day of SEPTEMBER, one thousand nine hundred and 85 at BROWNSBURG, County of HEDNRICKS, State of Indiana, Groom RICHARD B. GILBERT JR. of HENDRICKS County, State of IN, and, Bride KIMBERLY A. VIDITO 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 OCTOBER, 19 85.

Signed /s/ CHARLES E. COOPER

Official Designation MINISTER OF CHRIST

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Oct., 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

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No. 484

File 9-18-85 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated Sept. 12, 1985
Name of Physician Dr. David B. Haggard

FEMALE
Medical Examination Report Dated Sept. 12, 1985
Name of Physician Dr. David Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Brian Middle N. Last Tidler

Date of Birth: Month 8 Day 24 Year 58

Place of Birth (State or foreign country) Youngstown Ohio

Residence Address: Street or R. R. 648 Kentucky Ave. City Plainfield County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father ~~Jerry~~ Harry Fredrick Tidler
   Residence of father (if deceased so state) 6919 Cabernet way, Indpls.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delores Ann Brittain
   Residence of mother (if deceased so state) 6919 Cabernet way, Indpls
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brian N. Tidler

New Address 648 KENTUCKY AV. PLAINFIELD

Subscribed and sworn to before me this 18 day of Sept., 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.....

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kimberly Middle E. Last Roch

Date of Birth: Month 7 Day 9 Year 58

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 8013 Fishback Rd City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 George Roch
   Residence of father (if deceased so state) 8009 Fishback Rd, Indpls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Marcella Sutherlin
   Residence of mother (if deceased so state) 8009 Fishback Rd, Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kimberly E. Roch

New Address 648 Kentucky Ave. Pltfld

Subscribed and sworn to before me this 18 day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ....., and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of Sept, 1985, authorizing the joining together as husband and wife BRIAN N. TIDLER and KIMBERLY E. ROCH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHRIS E. WYNN hereby certify that on the 29th day of SEPTEMBER one thousand nine hundred and 85 at INDPLS., County of MARION, State of Indiana, Groom BRIAN N. TIDLER of HENDRICKS County, State of IN, and, Bride KIMBERLY E. ROCH 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 29th day of SEPTEMBER, 19 85.

Signed /s/ REV. CHRIS E. WYNN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of OCTOBER, 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. 485

File

9-19-85 Date of Application

MALE
Medical Examination Report Dated 9-17-85
Name of Physician John Corkhill

FEMALE
Medical Examination Report Dated 9-17-85
Name of Physician John Corkhill

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle J. Last Carder

Date of Birth: Month 5 Day 7 Year 50

Place of Birth (State or foreign country) Illinois

Residence Address: 12137 Street or R. R. W. 10th City Indpls. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Rec

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Heather
   Jason
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ray Thomas Carder
   Residence of father (if deceased so state) Carmy Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Shirley Rose Butterbell
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael T. Carder

New Address 12137 W. 10th Indpls. In.

Subscribed and sworn to before me this 19 day of Sept, 19 85.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jane Middle A. Last Payton

Date of Birth: Month 1 Day 4 Year 57

Place of Birth (State or foreign country) Indiana

Residence Address: 12137 Street or R. R. W. 10th City Indpls. County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Rec

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hubert William Payton
   Residence of father (if deceased so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lucille W. Stark
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jane A. Payton

New Address 12137 W. 10th St Indpls In

Subscribed and sworn to before me this 19 day of Sept, 19 85.

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* September, 19 85, *authorizing the joining together as husband and wife* MICHAEL T. CARDER *and* JANE A. PAYTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 23rd *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL T. CARDER *of* HENDRICKS *County, State of* IN, *and, Bride* JANE A. PAYTON *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 23rd *day of* SEPTEMBER, *19* 85.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE, HENDRICKS SUPERIOR COURT NO. 2

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* SEPTEMBER, *19* 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 486

File

9-19-85
Date of Application

MALE
Medical Examination Report Dated 9-4-85
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 9-4-85
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: First Edward Middle D. Last Park

Date of Birth: Month 6 Day 7 Year 1958

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 245 N. Vine City Plainfield County Hendricks State In. 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Edward Park
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sarah Jayne Bracken
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edward L. Park

New Address 245 N. Vine Plainfield In

Subscribed and sworn to before me this 19th day of Sept., 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Tracie Middle A. Last Horrigan

Date of Birth: Month 5 Day 3 Year 1964

Place of Birth (State or foreign country) Detroit, Michigan

Residence Address: Street or R. R. 513 Brookside City Plainfield County Hendricks State In. 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Francis Horrigan Jr.
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Jessie Carolyn Miller
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tracie A Horrigan

New Address 245 N. Vine Plainfield IN

Subscribed and sworn to before me this 19th day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* SEPTEMBER, *19* 85, *authorizing the joining together as husband and wife* EDWARD L. PARK *and* TRACIE A. HORRIGAN
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, RICHARD C. KEELEY TH. M. *hereby certify that on the* 28th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* FRANKLIN PARK, PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* EDWARD L. PARK *of* HENDRICKS *County, State of* IN, *and, Bride* TRACIE A. HORRIGAN *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* SEPTEMBER, *19* 85.

Signed /s/ RICHARD C. KEELEY TH. M.

Official Designation MINSITER

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* OCTOBER, *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. 487

File

9-19-85 Date of Application

MALE
Medical Examination Report Dated 8-20-85
Name of Physician W. B. Haggard

FEMALE
Medical Examination Report Dated 8-20-85
Name of Physician W. B Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Eugene Last Freeland Jr.
Date of Birth: Month November Day 7 Year 1965
Place of Birth (State or foreign country) Danville Indiana
Residence Address: Street or R. R. 3206 Six Points Rd. City plfd. County Hendricks State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr-Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Freeland
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Loraine Higgins
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen Stanley
New Address 3209 6 points Rd.

Subscribed and sworn to before me this 19 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Karen Middle Hope Last Stanley
Date of Birth: Month September Day 15 Year 1968
Place of Birth (State or foreign country) California
Residence Address: Street or R. R. 2203 Stanley Rd. City Mooresville County Hendricks State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry Dale Stanley
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Ann Tripp
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Cal.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Freeland
New Address 3209 6 points Rd.

Subscribed and sworn to before me this 19 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this 19 day of Sept, 19 85
Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25 23 *day of* Sept, 19 85, *authorizing the joining together as husband and wife* ..... *and* .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... *hereby certify that on the* ..... *day of* ....., *one thousand nine hundred and* ..... *at* ....., *County of* ....., *State of Indiana, Groom* ..... *of* ..... *County, State of* ....., *and, Bride* ..... *of* ..... *County, State of* ....., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this ..... *day of* ....., 19.....

Signed .....
Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... *day of* ....., 19.....

Signed ..... *Clerk*
HENDRICKS *Circuit Court*

No. 488

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-19-85
Date of Application

MALE
Medical Examination Report Dated 9-12-85
Name of Physician James A. Barton MD.

FEMALE
Medical Examination Report Dated 9-11-85
Name of Physician Thomas Moran

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Christopher Middle Lee Last Ebert

Date of Birth: Month Feb. Day 16 Year 1964

Place of Birth (State or foreign country): Knox Co. Ind.

Residence Address: Street or R. R. Box 92 City Wash. County Daviess State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Lee Ebert
   Residence of father (if deceased so state) Crawfordsville Md.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nora Jean Gossett
   Residence of mother (if deceased so state) Crawfordsville Md.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Christopher L. Ebert
New Address 9746 Andrea Ct. Indpls Ind 46231

Subscribed and sworn to before me this 19 day of Sept., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Penny Middle Sue Last Carlisle

Date of Birth: Month Feb. Day 20 Year 1963

Place of Birth (State or foreign country): Marion Co. Ind.

Residence Address: Street or R. R. 9746 Andrea Ct. City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Daniel E. Carlisle
   Residence of father (if deceased so state) Avon Ind. (Indpls.)
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara J Lanster
   Residence of mother (if deceased so state) Avon Ind (Indpls)
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Penny Sue Carlisle
New Address 9746 Andrea Ct. Indpls Ind 46231

Subscribed and sworn to before me this 19 day of Sept., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* Sept., 19 85, *authorizing the joining together as husband and wife* CHRISTOPHER LEE EBERT *and* PENNY SUE CARLISLE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CARL M. HAZEL *hereby certify that on the* 28th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* RAINBOW ACRES CHURCH OF GOD, *County of* HENDRICKS, *State of Indiana, Groom* CHRISTOPHER LEE EBERT *of* HENDRICKS *County, State of* IN, *and, Bride* PENNY SUE CARLISLE *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* SEPTEMBER, *19* 85.

Signed /s/ CARL M. HAZEL

Official Designation MINSITER

Filed and recorded in accordance with the laws of the State of Indiana this 30th *day of* SEPTEMBER, *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. 489

File

9-19-85 Date of Application

MALE
Medical Examination Report Dated 9-13-85
Name of Physician Batista

FEMALE
Medical Examination Report Dated 9-13-85
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: First Rickie Middle A. Last Sconce

Date of Birth: Month Oct Day 9 Year 1948

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 526 Orderly Apt 8 City Brownsburg County State

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Sconce

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Toby A. Sconce
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Stanley Sconce
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Guardian Mildred Haines
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rick Sconce

New Address RR 1 Box 274C Pittsboro Ind.

Subscribed and sworn to before me this 19 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Nancy Middle L. Last Herath

Date of Birth: Month May Day 15 Year 1955

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 5830 Avon Rd. City Pittsfield County State In.

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Sconce

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Stacey R. Herath
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Dahlenburg
   Residence of father (if deceased so state) Reynolds, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Helen Moore
   Residence of mother (if deceased so state) Some
   Birthplace of mother (State or foreign country) S. Car.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy L Herath

New Address RR 1 Box 274C Pittsboro In

Subscribed and sworn to before me this 19 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Sept, 19 85, authorizing the joining together as husband and wife RICKIE A. SCONCE and NANCY L. HERATH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. KINCAID SMITH hereby certify that on the 27th day of SEPTEMBER, one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom RICKIE A. SCONCE of HENDRICKS County, State of IN, and, Bride NANCY L. HERATH 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 SEPTEMBER, 19 85.

Signed /s/ J. KINCAID SMITH

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of OCTOBER, 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. 490

File

9-20-85
Date of Application

MALE
Medical Examination Report Dated 9-16-85

Name of Physician Neely

FEMALE
Medical Examination Report Dated 9-16-85

Name of Physician Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jon Middle David Last Pierson

Date of Birth: Month 12 Day 10 Year 58

Place of Birth (State or foreign country) Danville

Residence Address: Street or R. R. RT 2 Box 994 City Danville County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Harold Raymond Pierson
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Maria Sleen Wright
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /s/ Jon D. Pierson

New Address R. R. 2 Coatesville, In - 46121

Subscribed and sworn to before me this 20 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle Lee Last Washburn

Date of Birth: Month 2 Day 13 Year 1962

Place of Birth (State or foreign country) Greencastle

Residence Address: Street or R. R. Rt 6 Box 234 City Danville County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Richard Harold Washburn
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Norma Jean Lynch
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /s/ Brenda L. Washburn 46121

New Address R. 2 Coatesville, In.

Subscribed and sworn to before me this 20 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* Sept, 19 85, *authorizing the joining together as husband and wife* JON DAVID PIERSON *and* BRENDA LEE WASHBURN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DANNY P. BYRD *hereby certify that on the* 28th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* COATESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JON DAVID PIERSON *of* HENDRICKS *County, State of* IN, *and, Bride* BRENDA LEE WASHBURN *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 23 *day of* SEPTEMBER, *19* 85.

Signed /s/ DANNY P. BYRD

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* OCTOBER, *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. 491

File

9-20-85
Date of Application

MALE
Medical Examination Report Dated 9-16-85
Name of Physician Herbert N. Hill, M.D.

FEMALE
Medical Examination Report Dated 9-17-85
Name of Physician Thomas Walker, 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 ~~Edward~~ Joseph Middle Gorjanc Last

Date of Birth: Month Dec. Day 31 Year 1929

Place of Birth (State or foreign country) Marion Co. Indiana

Residence Address: Street or R. R. 1701 N. Lynhurst City Indpls. County Marion State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Gorjanc
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Yugoslavia
9. Full maiden name of mother Antonia Stanich
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Yugoslavia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ~~Edward~~ Joseph Gorjanc

New Address 1701 N. Lynhurst, DR - Speedway

Subscribed and sworn to before me this 20th day of Sept., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mildred Middle Louise Last Plummer

Date of Birth: Month Dec. Day 21 Year 1922

Place of Birth (State or foreign country) Indpls Indiana

Residence Address: Street or R. R. 119 E. Lincoln Ave. City Brownsburg County Hen. State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Roy Wickersham
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indpls In.
9. Full maiden name of mother Blanche Gurley
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indpls In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mildred L. Plummer

New Address 1701 N. Lynhurst DR Speedway

Subscribed and sworn to before me this 20th day of Sept., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8th *day of* Oct, 1985, *authorizing the joining together as husband and wife* ED JOSEPH GORJANC *and* MILDRED L. PLUMMER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JANICE S. CHILEWSHI *hereby certify that on the* 8th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* ED JOSEPH GORJANC *of* MARION *County, State of* IN, *and, Bride* MILDRED L. PLUMMER *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* OCTOBER, *19* 85. *Signed* /s/ JANICE S. CHILEWSKI

Official Designation 1st DEPUTY CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* OCTOBERR, *19* 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 492

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-20-85
Date of Application

MALE
Medical Examination Report Dated 9-19-85
Name of Physician Dannan

FEMALE
Medical Examination Report Dated 9-11-85
Name of Physician MG Lann

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Brian Middle Charles Last Smith
Date of Birth: Month June Day 15 Year 1954
Place of Birth (State or foreign country) Beech Grove
Residence Address: Street or R. R. 3005 Lakeshore Dr. City St. Joseph County Mi State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wallace E. Smith
   Residence of father (if deceased so state) Greenwood
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Shirley J. Everts
   Residence of mother (if deceased so state) Greenwood
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Brian C Smith
New Address 905 Wisconsin St. Joseph MI
Subscribed and sworn to before me this 20 day of Sept., 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Denise Middle Lynn Last Duggan
Date of Birth: Month Oct. Day 30 Year 1957
Place of Birth (State or foreign country) Indpls
Residence Address: Street or R. R. 3316 Morris St. City Indpls County Hend. State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James R. Duggan
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Joan C. Robbins
   Residence of mother (if deceased so state) Indpls
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Denise Lynn Duggan
New Address 905 Wisconsin St Joseph Mich
Subscribed and sworn to before me this 20 day of Sept, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Sept, 19 85, authorizing the joining together as husband and wife BRIAN CHARLES SMITH and DENISE LYNN DUGGAN
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ROBERT FELTON CARTER hereby certify that on the 29th day of SEPTEMBER one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom BRIAN CHARLES SMITH of BERRIEN County, State of MICHIGAN, and, Bride DENISE LYNN DUGGAN 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 SEPTEMBER, 19 85.

Signed /s/ ROBERT FELTON CARTER
Official Designation CHRISTIAN MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of OCTOBER, 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. 493

File

9-23-85 Date of Application

MALE
Medical Examination Report Dated 9-1-85
Name of Physician Geo F. Berry M.D.

FEMALE
Medical Examination Report Dated 9-1-85
Name of Physician Geo F Berry 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 David Middle R. Last Ferguson

Date of Birth: Month 5 Day 22 Year 57

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: 418 Enderly Ave Brownsburg, In.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin B Ferguson
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Jonesboroville, Ky.
9. Full maiden name of mother Betty Denise Walters
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Danville, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed David R Ferguson

New Address 418 ENDERLY AVE BROWNSBURG

Subscribed and sworn to before me this 23 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Janelle Middle K. Last Sander

Date of Birth: Month 6 Day 11 Year 1950

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: 418 Enderly Ave. Brownsburg In.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Nelson Nesbit
   Residence of father (if deceased so state) Indpls In.
   Birthplace of father (State or foreign country) Hopkinsville Ill.
9. Full maiden name of mother Janet Louise Veregge
   Residence of mother (if deceased so state) Indpls In.
   Birthplace of mother (State or foreign country) Indpls, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Janelle K Sander

New Address .....

Subscribed and sworn to before me this 23 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* Oct., 19 85, *authorizing the joining together as husband and wife* DAVID K. FERGUSON *and* JANELLE K. SANDER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY L. BELLVILLE *hereby certify that on the* 12th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* DAVID K. FERGUSON *of* HENDRICKS *County, State of* IN, *and, Bride* JANELLE K. SANDER *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* OCTOBER, *19* 85.

Signed /s/ LARRY L. BELLVILLE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* OCTOBER, *19* 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 494

File

9-23-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 9-19-85
Name of Physician Robert Canfield M.D.

FEMALE
Medical Examination Report Dated 9-19-85
Name of Physician Robert Canfield M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle D. Last Shotts
Date of Birth: Month 3 Day 7 Year 1958
Place of Birth (State or foreign country) Indpls. In.
Residence Address: Street or R. R. 3520 Church St. City Indpls. County In. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) 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.
   Michael Bradly Shotts
   Amy Suzanne Shotts
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Wm. Shotts
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Myra Lee Stroup
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indpls. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Mike Shotts
New Address 3520 CHURCH ST INDPLS, IND 46234

Subscribed and sworn to before me this 23 day of Sept, 19 85.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Donna Middle L. Last Reynolds
Date of Birth: Month 7 Day 31 Year 1958
Place of Birth (State or foreign country) Indpls In.
Residence Address: Street or R. R. 219 Raines St. City Plfd. County In. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Barney Leon Masterson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indpls. In.
9. Full maiden name of mother Elizabeth Louise Bear
   Residence of mother (if deceased so state) Clayton. In.
   Birthplace of mother (State or foreign country) Indpls In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Donna Reynolds
New Address 3520 Church St. In. 46234

Subscribed and sworn to before me this 23 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* September, 19 85, *authorizing the joining together as husband and wife* MICHAEL L. SHOTTS *and* ~~DONNA L. REYNOLDS~~ *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, MARY JANE RUSSELL *hereby certify that on the* 23rd *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL L. SHOTTS *of* MARION *County, State of* IN, *and, Bride* DONNA L. REYNOLDS *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 23rd *day of* SEPTEMBER, 19 85.

Signed /s/ MARY JANE RUSSELL
Official Designation CLERK HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* SEPTEMBER, 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. 495

File

Date of Application

MALE
Medical Examination Report Dated Sept. 13, 1985
Name of Physician Frank Johnson, M.D.

FEMALE
Medical Examination Report Dated Sept. 13, 1985
Name of Physician Frank Johnson, 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 Jerry Middle Lee Last Lindsey

Date of Birth: Month Dec. Day 5 Year 1937

Place of Birth (State or foreign country) Bernie, Missouri

Residence Address: Street or R. R. 10007 Lake of Lanterns Dr. North City Indpls County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Divers 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.
   Leeann Lindsey
   Michelle Lindsey
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dreamon Lindsey
   Residence of father (if deceased so state) Indpls. Indiana
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Lena Dowdy
   Residence of mother (if deceased so state) Indpls, Indiana
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry Lindsey

New Address 10007 Lake of Lantern Dr N

Subscribed and sworn to before me this 23rd day of Sept., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Linda Middle Breeden Last Burch

Date of Birth: Month Dec. Day 11 Year 1950

Place of Birth (State or foreign country) Eldon Missouri

Residence Address: Street or R. R. 10007 Lake of Lanterns Dr North City Indpls County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Divers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father ~~Lester Upton~~ ~~Breeden~~ Paul Harrell
   Residence of father (if deceased so state) St. Charles, Missouri
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Helen ~~Ho~~ Chandler
   Residence of mother (if deceased so state) Missouri St. Charles Miss.
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda B. Burch

New Address 10007 Lake of Lantern Dr. N.

Subscribed and sworn to before me this 23rd day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* Sept, 19 85, *authorizing the joining together as husband and wife* JERRY LEE LINDSEY *and* LINDA BREEDEN BURCH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN E. MAKI *hereby certify that on the* 28th *day of* SEPTEMBER, *one thousand nine hundred and* 85 *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* JERRY LEE LINDSEY *of* HENDRICKS *County, State of* IN, *and, Bride* LINDA BREEDEN BURCH *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* SEPTEMBER, 19 85. *Signed* /s/ JOHN E. MAKI

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* OCTOBER, 19 85

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

No. 496

File

9-23-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 9-11-85
Name of Physician Joseph Thompson, M.D.

FEMALE
Medical Examination Report Dated 9-11-85
Name of Physician Joseph Thompson, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Kevin Last Rollins

Date of Birth: Month Dec. Day 29 Year 1963

Place of Birth (State or foreign country) Nashville, Tennessee

Residence Address: Street or R. R. 657 Elm Dr. City Plfd. County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Ray Rollins
   Residence of father (if deceased so state) 657 Elm Dr. Plfd. In.
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Norma Gail Cuppster
   Residence of mother (if deceased so state) 657 Elm Dr. Plfd. In.
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James K. Rollins

New Address 5517 Apt A Versaille Dr

Subscribed and sworn to before me this 23rd day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Julie Middle Lynn Last Horton

Date of Birth: Month Oct. Day 20 Year 1966

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R. R. 2046 Hanna, City Plfd. In. County Hendricks 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) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward B. Horton
   Residence of father (if deceased so state) 4618 Farnsworth, Indpls, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith Elaine Rash
   Residence of mother (if deceased so state) 2046 Hanna Plfd. In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Julie L. Horton

New Address 5517 Versaille Dr Apt A Indpls 23rd

Subscribed and sworn to before me this 23rd day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of Sept., 19 85, authorizing the joining together as husband and wife JAMES KEVIN ROLLINS and JULIE LYNN HORTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARVIN MILLER hereby certify that on the 28th day of SEPTEMBER, one thousand nine hundred and 85 at PRESTWICK COUNTRY CLUB, AVON, County of HENDRICKS, State of Indiana, Groom JAMES KEVIN ROLLINS of HENDRICKS County, State of IN, and, Bride JULIE LYNN HORTON 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 SEPTEMBER, 19 85.

Signed /s/ MARVIN MILLER

Official Designation MINISTER OF THE GOSPEL

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of OCTOBER, 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. 497

File

9-23-85
Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated N/A

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Walter Middle J. Last Reich

Date of Birth: Month 2 Day 02 Year 05

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 175 Raleigh Ct City Woodale County Ill State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☑
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rudolph Reich
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Bahemia
9. Full maiden name of mother Valeria Fischmana
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Austria

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Walter J. Reich

New Address 175 Raleigh Court

Subscribed and sworn to before me this 23 day of Sept., 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Elizabeth Middle M. Last Tomaselli

Date of Birth: Month 9 Day 5 Year 12

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R. R. 175 Raleigh Ct City Woodale County Ill. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Vincent Frankina
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Italy
9. Full maiden name of mother Ann Cristofine
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth M. Tomaselli

New Address 175 Raleigh Ct

Subscribed and sworn to before me this 23 day of Sept., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of SEPTEMBER, 19 85, authorizing the joining together as husband and wife WALTER J. REICH and ELIZABETH M. TOMASELLI

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY LEE COMER hereby certify that on the 23rd day of SEPTEMBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom WALTER J. REICH of DUPAGE County, State of ILLINOIS, and, Bride ELIZABETH M. TOMASELLI of DUPAGE 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 23rd day of SEPTEMBER, 19 85.

Signed /s/ MARY LEE COMER

Official Designation JUDGE, HENDRICKS SUPERIOR COURT I

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of SEPTEMBER, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 498

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-23-85
Date of Application

MALE
Medical Examination Report Dated 9-19-85
Name of Physician John Farris M.D.

FEMALE
Medical Examination Report Dated 9-19-85
Name of Physician John Farris

ALL QUESTIONS MUST BE ANSWERED I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)"

MALE APPLICANT

Name: First Stanley Middle Reynold Last Kippenbrock

Date of Birth: Month 9 Day 20 Year 1959

Place of Birth (State or foreign country) Huntingburg Ind

Residence Address: Street or R. R. Brownsburg City In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify): Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Reynold Kippenbrock
   Residence of father (if deceased so state) Ferdinand, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Bosler
   Residence of mother (if deceased so state) Ferdinand, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stanley Kippenbrok
New Address 9310 Moloney Rd Brownsburg

Subscribed and sworn to before me this 23 day of Sept, 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kathy Middle J. Last Schaefer

Date of Birth: Month 9 Day 16 Year 1962

Place of Birth (State or foreign country) Jasper, In.

Residence Address: Street or R. R. 930 Moloney Rd. City Brownsburg, County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify): 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 Lee L. Schaefer
   Residence of father (if deceased so state) St Meinrad, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Waninger
   Residence of mother (if deceased so state) St. Meinrad, In.
   Birthplace of mother (State or foreign country) Fulda, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathy J. Schaefer
New Address 930 Moloney Rd. Brownsburg

Subscribed and sworn to before me this 23 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of September, 19 85, authorizing the joining together as husband and wife STANLEY R. KIPPENBROCK and KATHY J. SCHAEFER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, NICHOLAS TAYLOR hereby certify that on the 5th day of OCTOBER one thousand nine hundred and 85 at FULDA, County of SPENCER, State of Indiana, Groom STANLEY R. KIPPENBROCK of ~~RMBOX~~ HENDRICKS County, State of IN and, Bride KATHY JEAN SCHAEFER 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 OCTOBER, 19 85.

Signed /s/ NICHOLAS TAYLOR

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of OCTOBER, 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. 499

File

9-24-85 Date of Application

MALE
Medical Examination Report Dated 9-17-85
Name of Physician M. Jacobson

FEMALE
Medical Examination Report Dated 9-17-85
Name of Physician M. 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 Ronald Middle Charles Last Fox

Date of Birth: Month Jan Day 31 Year 1959

Place of Birth (State or foreign country) Quantico Virginia

Residence Address: Street or R. R. 116 Alexander St. City Greenwood County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald W. Fox
   Residence of father (if deceased so state) Greenwood, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia L. Crouch
   Residence of mother (if deceased so state) Greenwood In d
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald C. Fox

New Address 7163 W Harfield Dr. Indpls, In.

Subscribed and sworn to before me this 24 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Pamela Middle Ione Last McGinnis

Date of Birth: Month Nov. Day 6 Year 1964

Place of Birth (State or foreign country) Beech Grove In.

Residence Address: Street or R. R. R #1 Box 255 B 19 City Pittsboro County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James R. McGinnis
   Residence of father (if deceased so state) Pittsboro In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Ruth Emily Luke
   Residence of mother (if deceased so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela I McGinnis

New Address 7163 W Harfield Lane Indpls

Subscribed and sworn to before me this 24 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #1 Court by written order issued 3 day waived and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 24 day of Sept, 19 85, authorizing the joining together as husband and wife RONALD CHARLES FOX and PAMELA IONE McGINNIS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD TYLER hereby certify that on the 5th day of OCTOBER, one thousand nine hundred and 85 at BETHESDA BAPTIST CHURCH, County of HENDRICKS, State of Indiana, Groom RONALD CHARLES FOX of JOHNSON County, State of IN, and, Bride PAMELA IONE McGINNIS 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 OCTOBER, 19 85.

Signed /s/ DONALD TYLER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of OCTOBER, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 500

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-24-85
Date of Application

MALE
Medical Examination Report Dated 9-18-85
Name of Physician Sterling

FEMALE
Medical Examination Report Dated 9-18-85
Name of Physician Sterling

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Michael Last Holland

Date of Birth: Month Nov Day 30 Year 1961

Place of Birth (State or foreign country) Mason Co.

Residence Address: Street or R. R. 1330 S. Mickley City Indpls County Marion State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lawrence E. Holland
   Residence of father (if deceased so state) Indpls
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Vera E. Pearcy
   Residence of mother (if deceased so state) Indpls
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X John Holland
New Address 1330 S. Mickley
Subscribed and sworn to before me this 24 day of Sept, 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Lori Middle Jo Last Lofton

Date of Birth: Month Feb Day 25 Year 1969

Place of Birth (State or foreign country) Hend. Co.

Residence Address: Street or R. R. 1873 Rd 300 E. City Danville County Hend. State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mitchell D. Lofton
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Wilma Sue Napier
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lori Lofton
New Address 1330 S. Mickley Ave.
Subscribed and sworn to before me this 24 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

Signed X Lawrence E. Holland Father
Signed X Vera E. Holland Mother
Subscribed and sworn to before me this 24 day of Sept, 19 85.
Mary Jane Russell Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed X Wilma Sue McDaniel Mother
Subscribed and sworn to before me this 24 day of Sept, 19 85
Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day of Sept, 19 85 and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Sept, 19 85 authorizing the joining together as husband and wife JOHN MICHAEL HOLLAND and LORI JO LOFTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KENTON K. SMITH hereby certify that on the 5th day of OCTOBER one thousand nine hundred and 85 at ~~OCTOBER~~ INDPLS., County of MARION State of Indiana, Groom JOHN MICHAEL HOLLAND of MARION County, State of IN and, Bride LORI JO LOFTON 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 OCTOBER, 19 85.

Signed /s/ KENTON K. SMITH
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of OCTOBER, 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. 501

File

9-24-85 Date of Application

MALE
Medical Examination Report Dated 9-16-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 9-16-85
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: First Terry Middle V. Last Sutton

Date of Birth: Month 8 Day 2 Year 61

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 3306 W. 22nd St. City Indpls. County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernon A. Sutton
   Residence of father (if deceased so state) Barefoot Bay, Florida
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Yvonne H. Purtee
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Terry V. Sutton

New Address 3306 W. 22nd

Subscribed and sworn to before me this 24 day of Sept., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Debra Middle S. Last Brock

Date of Birth: Month 3 Day 10 Year 62

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 3125 S. Mill St. City Indpls. County Plainfield State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Denver Brock
   Residence of father (if deceased so state) ~~Plainfield~~ Stilesville, Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary E. Mayhew
   Residence of mother (if deceased so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Debra S. Brock

New Address 3306 W. 22nd St.

Subscribed and sworn to before me this 24 day of Sept., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of Sept., 19 85, authorizing the joining together as husband and wife TERRY V. SUTTON and DEBRA S. BROCK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM DALE KING hereby certify that on the 28th day of SEPTEMBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom TERRY V. SUTTON of MARION County, State of IN, and, Bride DEBRA S. BROCK 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 SEPTEMBER, 19 85.

Signed /s/ DR. WILLIAM DALE KING

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of OCTOBER, 19 85.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 502

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-25-85
Date of Application

MALE
Medical Examination Report Dated 9-9-85
Name of Physician James E. Noland Jr.

FEMALE
Medical Examination Report Dated 9-9-85
Name of Physician Nicholas N. Prokoroff

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald, Middle L., Last Kelley

Date of Birth: Month Nov. Day 10 Year 1952

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R. R. 531 N. O'dell, City Brownsburg, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mitchell W. Kelley
   Residence of father (if deceased so state) Greencastle, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Madeline A. McCollum
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald L. Kelley
New Address 531 N. Odell Brownsburg

Subscribed and sworn to before me this 25 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Susan, Middle C., Last Riedy

Date of Birth: Month Dec Day 29 Year 1955

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 531 N. O'dell St., City Brownsburg, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wilbur J. Riedy Jr.
   Residence of father (if deceased so state) Speedway, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anne P. Skelley
   Residence of mother (if deceased so state) Speedway, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan C. Riedy
New Address 531 N. Odell Brownsburg

Subscribed and sworn to before me this 25 day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of October, 1985, authorizing the joining together as husband and wife DONALD L. KELLEY and SUSAN C. RIEDY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, D. MICHAEL WELCH hereby certify that on the 5th day of OCTOBER, one thousand nine hundred and 85 at SPEEDWAY, County of MARION, State of Indiana, Groom DONALD L. KELLEY of HENDRICKS County, State of IN, and, Bride SUSAN C. RIEDY 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 5th day of OCTOBER, 1985.

Signed /s/ MICHAEL WELCH
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of OCTOBER, 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. 503

File

Sept. 25, 1985
Date of Application

MALE
Medical Examination Report Dated 9-19-85
Name of Physician Neeley

FEMALE
Medical Examination Report Dated 9-19-85
Name of Physician Neeley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Phillip Middle J. Last Wethington

Date of Birth: Month Mar Day 16 Year 1959

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. Box 276 City Clayton County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Neeley

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☑
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mitchell Wethington
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Mary Mc Farland
   Residence of mother (if deceased so state) Indpls
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Phillip Wethington

New Address Box 276 Clayton Ind 46118

Subscribed and sworn to before me this 25th day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle Ann Last Crist

Date of Birth: Month 7 Day 26 Year 1964

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. P.O Box 110 City Clayton County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. Brandon Crist

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Rusk
   Residence of father (if deceased so state) Indpls.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Patricia Jones
   Residence of mother (if deceased so state) Lizton In.
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara A. Crist

New Address Box 276 Clayton, IN 46118

Subscribed and sworn to before me this 25th day of Sept, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of Oct., 19 85, authorizing the joining together as husband and wife PHILLIP JAMES WETHINGTON and BARBARA ANN CRIST

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MAX E. WALKER hereby certify that on the 5th day of OCTOBER, one thousand nine hundred and 85 at LIZTON, County of HENDRICKS, State of Indiana, Groom PHILLIP JAMES WETHINGTON of HENDRICKS County, State of IN, and, Bride BARBARA ANN CRIST 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 OCTOBER, 19 85.

Signed /s/ MAX E. WALKER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of OCTOBER, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

188

No. 504

File

9-26-85
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 9-23-85
Name of Physician J.R. Roskam, M.D.

FEMALE
Medical Examination Report Dated 9-23-85
Name of Physician Mary Decker, 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) (Willard) (Middle) Scott (Last) McVicker

Date of Birth Month 6 Day 24 Year 52

Place of Birth (State or foreign country) Cambridge, Ohio

Residence Address Street or R. R. RR3, Box 147, City Danville County (Hendricks) State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willard Belford McVicker
   Residence of father (if deceased so state) 1700 E. Sparta ave. East Sparta, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Zora Esabelle McKibben
   Residence of mother (if deceased so state) Same as father
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed W. Scott McVicker

New Address RR3 Box 147 DANVILLE, IN. 46122

Subscribed and sworn to before me this 26th day of Sept, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name (First) Lisa (Middle) Lynn (Last) Bohan

Date of Birth Month 8 Day 1 Year 62

Place of Birth (State or foreign country) Martinsville, Indiana

Residence Address Street or R. R. 7780 E. 1000 N. City Brownsburg County Hendricks State In. 46112

Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Michael Horner Bohan Jr.
   Residence of father (if deceased so state) 7780 E. 1000 N. Brownsburg, In.
   Birthplace of father (State or foreign country) Nashville, Tenn.
9. Full maiden name of mother Nan Elizabeth Spangler
   Residence of mother (if deceased so state) 7780 E. 1000 N Brownsburg, In.
   Birthplace of mother (State or foreign country) Bellaire, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa L. Bohan

New Address RR 3 Box 147 Danville IN 46122

Subscribed and sworn to before me this 26th day of September, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of October, 1985, authorizing the joining together as husband and wife W. SCOTT McVICKER and LISA LYNN BOHAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WM. L. CRADDOCK hereby certify that on the 5th day of OCTOBER one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom W. SCOTT Mc VICKER of HENDRICKS County, State of IN, and, Bride LISA LYNN BOHAN 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 OCTOBER, 19 85.

Signed /s/ WM. L. CRADDOCK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of NOVEMBER, 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. 505

File

9-26-85 Date of Application

MALE
Medical Examination Report Dated 9-16-85
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 9-16-85
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: First Terry Middle K. Last Shrout

Date of Birth: Month 9 Day 6 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 141 City Amo County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Sw. w/pat.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robbie Dean Shrout
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Augustine White
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Terry K. Shrout
New Address P.O. Box 141 Amo Ind.
Subscribed and sworn to before me this 26 day of Sept, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Annette Middle Lee Last Tomlinson

Date of Birth: Month 2 Day 22 Year 70

Place of Birth (State or foreign country) Danville, Ind.

Residence Address: Street or R. R. 11335 W. Wash. #B8 City Indpls. County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) —

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Carroll Tomlinson
   Residence of father (if deceased so state) Peachdale Ind.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Brenda Bell Henard
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Annette Tomlinson
New Address P.O. Box 141 Amo Ind.
Subscribed and sworn to before me this 26 day of Sept. 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed X Brenda Dailey Mother
Subscribed and sworn to before me this 26 day of Sept. 19 85.
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 B Age Waiver and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 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* 26 *day of* Sept, 19 85, *authorizing the joining together as husband and wife* TERRY K. SHROUT *and* ANNETTE LEE TOMLINSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GORDON TAYLOR *hereby certify that on the* 19th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* CLAYTON, *County of* HENDRICKS, *State of Indiana, Groom* TERRY K. SHROUT *of* HENDRICKS *County, State of* IN, *and, Bride* ANNETTE LEE TOMLINSON *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 19th *day of* OCTOBER, 19 85. *Signed* /s/ GORDON TAYLOR

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* NOVEMBER, 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. 506

File

9-27-85
Date of Application

MALE
Medical Examination Report Dated 9-26-85
Name of Physician M.O. Seamahorn

FEMALE
Medical Examination Report Dated 9-26-85
Name of Physician M.O. Seamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Aaron Middle B. Last Burkert

Date of Birth: Month 9 Day 13 Year 50

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 18 West Vermont City Brownsburg County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Burkert
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cleda E. Harris
   Residence of mother (if deceased so state) Pittsboro Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Aaron Burkert

New Address 18 W. Vermon - Brownsburg Ind

Subscribed and sworn to before me this 27 day of Sept, 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kathleen Middle K. Last Smart

Date of Birth: Month 7 Day 7 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 18 West Vermont City Brownsburg County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Tpc.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Charles Smart
   Residence of father (if deceased so state) Greensburg Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maryorie J. Perry
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kathleen K Smart

New Address 14 W. Vermont Str. Brownsburg Ind

Subscribed and sworn to before me this 27 day of Sept. 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of Oct., 85, authorizing the joining together as husband and wife AARON B. BURKERT and KATHLEEN K. SMART

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HOWARD W. BEER hereby certify that on the 5th day of OCTOBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom AARON B. BURKERT of HENDRICKS County, State of IN, and, Bride KATHLEEN K. SMART 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 4th day of OCTOBER, 19 85.

Signed /s/ HOWARD W. BEER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of OCTOBER, 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. 507

File

9-27-85 Date of Application

MALE
Medical Examination Report Dated 9-23-85
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 9-23-85
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: First William Middle Martens Last Page

Date of Birth: Month 2 Day 26 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: 510 Street or R. R. Rodney City Brownsburg County Ind State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William B. Page
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma J. Martens
   Residence of mother (if deceased so state) Martinsville, Ind.
   Birthplace of mother (State or foreign country) Maryland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X William Martens Page

New Address RR 2 Box 140 Coatesville Ind

Subscribed and sworn to before me this 27 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Pamela Middle Ann Last Howell

Date of Birth: Month 1 Day 28 Year 67

Place of Birth (State or foreign country) Nebraska

Residence Address: RR 2 Box 140 Street or R. R. Coatesville City Ind County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herbert Melvin Howell Jr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Patsy Jean Harris
   Residence of mother (if deceased so state) ~~Indiana~~ Jasper Arkansas
   Birthplace of mother (State or foreign country) Oklahoma

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Pamela Ann Howell

New Address RR 2 Box 140 Coatesville IN.

Subscribed and sworn to before me this 27 day of Sept, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of October, 19 85, authorizing the joining together as husband and wife WILLIAM M. PAGE and PAMELA A. HOWELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOSEPH STUMP hereby certify that on the 12th day of OCTOBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom WILLIAM M. PAGE of HENDRICKS County, State of IN, and, Bride PAMELA A. HOWELL 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 15th day of OCTOBER, 19 85.

Signed /s/ JOSEPH D. STUMP

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of OCTOBER, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 508

File

9-27-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 9-23-85
Name of Physician Robert A. Heavin, M.D

FEMALE
Medical Examination Report Dated 9-24-85
Name of Physician Robert A. Heavin, M.D

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Ray Last Smallwood

Date of Birth: Month April Day 28 Year 1964

Place of Birth (State or foreign country) Marion Co Indiana

Residence Address: Street or R. R. RR 3, Box ~~323~~ 335 City Clayton County (Hendricks) State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Licences

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Amber Nicole Smallwood
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Smallwood
   Residence of father (if deceased so state) Mt. Meridian, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Shirley Sweet
   Residence of mother (if deceased so state) Mt. Meridian, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Ray Smallwood

New Address

Subscribed and sworn to before me this 27th day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Susan Middle Beth Last Miller

Date of Birth: Month January Day 7 Year 1967

Place of Birth (State or foreign country) Putnam County, In.

Residence Address: Street or R. R. Rt. 3, Box 335 City Clayton County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Phillip Dwayne Miller
   Residence of father (if deceased so state) Greenwood, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Spear
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan Beth Miller

New Address

Subscribed and sworn to before me this 27th day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of Oct, 85, authorizing the joining together as husband and wife MICHAEL RAY SMALLWOOD and SUSAN BETH MILLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON hereby certify that on the 4th day of OCTOBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom MICHAEL RAY SMALLWOOD of HENDRICKS County, State of IN, and, Bride SUSAN BETH 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 4th day of OCTOBER, 19 85.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE, Hendricks Superior Court 2

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of OCTOBER, 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. 509

File

9-27-85 Date of Application

MALE
Medical Examination Report Dated 9-14-85
Name of Physician Garnet R. Harris, M.D

FEMALE
Medical Examination Report Dated 9-14-85
Name of Physician Garnet R. Harris, M.D

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Billy Middle Gene Last Mosier

Date of Birth: Month 12 Day 3 Year 54

Place of Birth (State or foreign country) Beechgrove, In.

Residence Address: Street or R. R. RR1, Box 233, City Clayton, County, State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orville J. Mosier
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marie Elizabeth Miller
   Residence of mother (if deceased so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Billy Gene Mosier

New Address

Subscribed and sworn to before me this 27 day of Sept., 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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Bonnie Middle Marie Last Johnson

Date of Birth: Month Oct. Day 17 Year 52

Place of Birth (State or foreign country) Russellville, Ky.

Residence Address: Street or R. R. RR1 Box 233, City Clayton, County, State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Boyd Elmo Johnson
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dorothy Jean Miller
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bonnie Marie Johnson

New Address

Subscribed and sworn to before me this 27th day of Sept., 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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of Oct., 19 85, authorizing the joining together as husband and wife BILLY GENE MOSIER and BONNIE MARIE JOHNSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, TERRY W. LEWIS hereby certify that on the 12th day of OCTOBER, one thousand nine hundred and 85 at ARLINGTON AVE. BAPTISH CHURCH County of MARION, State of Indiana, Groom BILLY GENE MOSIER of HENDRICKS County, State of IN, and, Bride BONNIE MARIE JOHNSON of JOHNSON 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 OCTOBER, 19 85

Signed /s/ TERRY W. LEWIS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of OCTOBER, 19 85

Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

No. 510

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 9-28-85 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 9-25-85
Name of Physician Dr. David B. Haggard

FEMALE
Medical Examination Report Dated 9-25-85
Name of Physician Dr. David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Walter Middle J. Last Wells
Date of Birth: Month 8 Day 23 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 5909 Beachview Dr. #320 City Indpls. County Hendricks State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Walter J. Boyer
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Francis L. Lynch
   Residence of mother (if deceased so state) Indpls., Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Walter J. Wells
New Address 5909 BEACHVIEW # 320 46224
Subscribed and sworn to before me this 28th day of Sept., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle S. Last Smith
Date of Birth: Month 1 Day 23 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 3035 Harpool Rd. City Plfd. County Hend. State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Lloyd W. Smith
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Joann M. Schreiber
   Residence of mother (if deceased so state) Plfd., Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara S Smith
New Address 5905 Beachview Dr #320 Indpls 46224
Subscribed and sworn to before me this 28th day of Sept., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* Oct, 85, *authorizing the joining together as husband and wife* WALTER T. WELLS *and* BARBARA S. SMITH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT D. SPANTON JR. *hereby certify that on the* 12th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* WALTER T. WELLS *of* MARION *County, State of* IN, *and, Bride* BARBARA S. 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 12th *day of* OCTOBER, 19 85.

Signed /s/ ROBERT D. SPANTON JR.
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* OCTOBER, 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. 511

File

Date of Application

MALE
Medical Examination Report Dated 9-23-85
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 9-23-85
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: First Robert Middle M. Last Flynn

Date of Birth: Month 12 Day 23 Year 1937

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 497 Gibbs City Plainfield County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glenard Flynn
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Vera Loraine Loney
   Residence of mother (if deceased so state) 497 Gibbs, Plainfield In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert M. Flynn

New Address

Subscribed and sworn to before me this 30th day of September, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Janie Middle S. Last Pennington

Date of Birth: Month 9 Day 19 Year 1954

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 2837 N. Vine City Plainfield County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wilbert Gray
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jane Couch
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janie Sue Pennington

New Address

Subscribed and sworn to before me this 30th day of September, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4th *day of* October, 19 85, *authorizing the joining together as husband and wife* ROBERT MAX FLYNN *and* JANIE SUE PENNINGTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES D. CAIN *hereby certify that on the* 12th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* ROBERT MAX FLYNN *of* HENDRICKS *County, State of* IN, *and, Bride* JANIE SUE PENNINGTON *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* OCTOBER, 19 85.

Signed /s/ JAMES D. CAIN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* OCTOBER, 19 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 512

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 9: 10-2-85 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 9-24-85
Name of Physician Garnet P. Harris, M.D.

FEMALE
Medical Examination Report Dated 9-30-85
Name of Physician Garnet R. Harris, M.D

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Wayne Last Martin

Date of Birth: Month May Day 9 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 127 North Center Street, Apt. 1 City Plfd. 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) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell E. Martin
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Katherine Wells
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Donald W. Martin
New Address 127 North Center St. Apt. 2

Subscribed and sworn to before me this 2nd day of Oct, 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Mary Middle Ornestine Last Sillery

Date of Birth: Month Aug Day 9 Year 1964

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R. R. 408 Avon Avenue City Plfd. County (Hen.) State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Trevaun Lee Sillery
   Residence of father (if deceased so state) 408 Avon Avenue, Plfd. In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Louise Kader
   Residence of mother (if deceased so state) 408 Avon Ave. Plfd. In.
   Birthplace of mother (State or foreign country) Greencaste, In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Mary E. Sillery
New Address 927 North Center Street Apt #2

Subscribed and sworn to before me this 2nd day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior 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* 2nd *day of* October, 19 85, *authorizing the joining together as husband and wife* DONALD MARTIN *and* MARY SILLERY *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, RICHARD C. KEELEY *hereby certify that on the* 5th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* DONALD MARTIN *of* HENDRICKS *County, State of* IN, *and, Bride* MARY SILLERY *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* OCTOBER, 19 85.

Signed /s/ RICHARD C. KEELEY
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* OCTOBER, 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. 513

File

10-2-85
Date of Application

MALE
Medical Examination Report Dated 9-20-85
Name of Physician Ludmilla Drammell

FEMALE
Medical Examination Report Dated 9-20-85
Name of Physician Ludmilla Drammell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First: Ronald Middle: S. Last: Homeier

Date of Birth: Month: 7 Day: 13 Year: 1962

Place of Birth (State or foreign country): Peoria Illinois

Residence Address: Street or R. R.: 1408 Denver Dr. City: Plainfield County: Hendricks State: In. 46168

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Frederick Homeier
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Karen Elizabeth Wogen
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Chicago, Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David S. Homeier

New Address 101 E. Fremont Plainfield IN 46168

Subscribed and sworn to before me this 2nd. day of October, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First: Sara Middle: B. Last: Hilligoss

Date of Birth: Month: 11 Day: 4 Year: 1960

Place of Birth (State or foreign country): Indianapolis, In.

Residence Address: Street or R. R.: 101 E. Fremont City: Plainfield County: Hendricks State: In. 46168

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Franklin Hilligoss
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Molly Barron Robertson
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sara B Hilligoss

New Address 101 E. Fremont Plainfield IN

Subscribed and sworn to before me this 2nd. day of October, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1 day of Oct., 19 85, authorizing the joining together as husband and wife DAVID S. HOMEIER and SARA HILLIGOSS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ERIC P. WOGER hereby certify that on the 12th day of OCTOBER, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom DAVID S. HOMEIER of HENDRICKS County, State of IN, and, Bride SARA HILLIGOSS 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 12 day of OCTOBER, 19 85. Signed /s/ ERIC P. WOGER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of OCTOBER, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

198

No. 514

File

10-2-85
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 9-26-85
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 9-26-85
Name of Physician Eric Clark M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Eddie Last Grisson

Date of Birth: Month 7 Day 1 Year 1960

Place of Birth (State or foreign country) Burkesville, Ky.

Residence Address: Street or R. R. 530 Enderly City Brownsburg County Hn. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charle D. Grisson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Burkesville, Ky
9. Full maiden name of mother Nacy Spears
   Residence of mother (if deceased so state) Columbia, Ky.
   Birthplace of mother (State or foreign country) Albany, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eddie J. Grissom

New Address

Subscribed and sworn to before me this 2 day of Oct., 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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Shala Middle R. Last Okey

Date of Birth: Month 7 Day 27 Year 1955

Place of Birth (State or foreign country) Washington, Indiana

Residence Address: Street or R. R. 530 Enderly City Brownsburg County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kimberly Okey
   Kyle Okey

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elden Elwood Bruce
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Petersburg Ind.
9. Full maiden name of mother Bereitta Kaye Brock
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Petersburg, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shala R. Okey

New Address 530 Enderly Apt. 7

Subscribed and sworn to before me this 2 day of Oct 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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of October, 19 85, authorizing the joining together as husband and wife JAMES EDDIE GRISSOM and SHARLA R. OKEY

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 OCTOBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JAMES EDDIE GRISSOM of HENDRICKS County, State of IN, and, Bride SHARLA R. OKEY 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 OCTOBER, 19 85.

Signed /s/ LARRY R. HESSON

Official Designation JUDGE, HENDRICKS SUP. COURT 2

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of OCTOBER, 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. 515

File

Oct 3 1985 Date of Application

MALE
Medical Examination Report Dated 9-7-85
Name of Physician Leonard I. Boral MD

FEMALE
Medical Examination Report Dated 9-12-85
Name of Physician Leonard I. Boral 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 Charles Middle D. Last Beasley

Date of Birth: Month July Day 8 Year 1942

Place of Birth (State or foreign country): West Terre Haute Indiana

Residence Address: Street or R. R. Plainfield City, In County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Charles D. Beasley 13 yrs.
   Peggy Sue Beasley 16 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 Charles L. Beasley
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Evelyn Mae Hall
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles D Beasley

New Address

Subscribed and sworn to before me this 3rd day of Oct, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Donna Middle L. Last Hale

Date of Birth: Month Dec Day 1 Year 1949

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. Plainfield City, In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James R. Roberts
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Geraldine L. Taylor
   Residence of mother (if deceased so state) Plainfield
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna L. Hale

New Address

Subscribed and sworn to before me this 3rd day of Oct, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* Oct. *, 19*85*, 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. 516

File

10-3-85 Date of Application

MALE
Medical Examination Report Dated 9-30-85
Name of Physician Robert A. Heaven

FEMALE
Medical Examination Report Dated 9-30-85
Name of Physician Robert A. Heaven

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle R. Last Hogshead

Date of Birth: Month 9 Day 6 Year 1958

Place of Birth (State or foreign country) Watoon Ill

Residence Address: Street or R. R. Coatesville City In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Hogshead
   Residence of father (if deceased so state) Arkansas
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Dovie Jean Kibler
   Residence of mother (if deceased so state) Wisconsin
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John R Hogshead

New Address RR 1 Box 57 Coatesville, In

Subscribed and sworn to before me this 3 day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Denise Middle K. Last Everts

Date of Birth: Month 9 Day 23 Year 1958

Place of Birth (State or foreign country) Greencastle In.

Residence Address: Street or R. R. Coatesville City In. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ransdell Waggoner
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Margaret Fischer
   Residence of mother (if deceased so state) Coatesville, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Denise K. Everts

New Address RR 1 Box 57 Coatesville, In

Subscribed and sworn to before me this 3 day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior #2 Court by written order issued 3 day (waiver) and filed in 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* 3rd *day of* OCTOBER, *19* 85, *authorizing the joining together as husband and wife* JOHN R. HOGSHEAD *and* DENISE K. EVERTS
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, WAYNE A. GROAT *hereby certify that on the* 5th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* JOHN R. HOGSHEAD *of* HENDRICKS *County, State of* IN, *and, Bride* DENISE K. EVERTS *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* OCTOBER, *19* 85.

Signed /s/ WAYNE A. GROAT
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* OCTOBER, *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. 517

File

10-4-85 Date of Application

MALE
Medical Examination Report Dated 9-26-85
Name of Physician Eric Clark, M.D.

FEMALE
Medical Examination Report Dated 9-26-85
Name of Physician Eric Clark, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin; Middle Douglas; Last Hensley

Date of Birth: Month Nov.; Day 9; Year 1961

Place of Birth (State or foreign country): Indpls. Indiana

Residence Address: Street or R. R. 761 Avon Rd; City Plfd.; County (Hen.); State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dick Leon Hensley
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Roberta Pittman
   Residence of mother (if deceased so state) 761 Avon Rd. Plfd, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin D Hensley

New Address 233½ N Center St. Plfd

Subscribed and sworn to before me this 4th day of October, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lisa; Middle Louise; Last Smiley

Date of Birth: Month Dec.; Day 14; Year 1961

Place of Birth (State or foreign country): Lansing Michigan

Residence Address: Street or R. R. 220 North Pearl Street; City Arno; County (Hen.); State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerald Wayne Smiley
   Residence of father (if deceased so state) Arno Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Brown
   Residence of mother (if deceased so state) Arno, In.
   Birthplace of mother (State or foreign country) Arizona

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa L. Smiley

New Address 233½ N. Center St. Plfd.

Subscribed and sworn to before me this 4th day of October, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in HENDRICKS County Court by written order issued..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of October, 1985, authorizing the joining together as husband and wife KEVIN DOUGLAS HENSLEY and LISA LOUISE SMILEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN CALDWELL hereby certify that on the 12th day of OCTOBER, at AVON, County of HENDRICKS, one thousand nine hundred and 85 State of Indiana, Groom KEVIN DOUGLAS HENSLEY of HENDRICKS County, State of IN, and, Bride LISA LOUISE SMILEY 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 OCTOBER, 1985. Signed /s/ JOHN CALDWELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of OCTOBER, 1985.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 518

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 10-4-85 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-1-85
Name of Physician R. W. Kirtley, M.D.

FEMALE
Medical Examination Report Dated 10-1-85
Name of Physician R. W. Kirtley M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Wells Last Martin

Date of Birth: Month 6 Day 3 Year 1962

Place of Birth (State or foreign country) Des Plaines Ill.

Residence Address: Street or R. R. RR2, Box 18M City Danville (Hen.) County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father ~~John Dwight~~ Son Martin
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Judith Lynn Walls
   Residence of mother (if deceased so state) ~~Ind~~ Danville, In
   Birthplace of mother (State or foreign country) Indpls. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Wells Martin
New Address RR2 Box 18M Danville Ind.

Subscribed and sworn to before me this 4th day of Oct, 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Karen Middle Louise Last ~~H~~ Wagner

Date of Birth: Month May Day 16 Year 1962

Place of Birth (State or foreign country) Indpls. Indiana

Residence Address: Street or R. R. RR3, Box 33, City Danville (Hen.) County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Eugene Roger Wagner
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Colorado
9. Full maiden name of mother Bonnie Evelyn Cruse
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen L. Wagner
New Address RR 2 Box 18 M, Danville

Subscribed and sworn to before me this 4th day of October, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of October, 1985, authorizing the joining together as husband and wife JAMES WALLS MARTIN and KAREN LOUISE WAGNER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ANDREW J. SIMKINS hereby certify that on the 12th day of OCTOBER one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom JAMES WALLS MARTIN of HENDRICKS County, State of IN and, Bride KAREN LOUISE WAGNER 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 OCTOBER, 19 85.

Signed /s/ ANDREW J. SIMKINS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of OCTOBER, 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. 519

File

10-4-85
Date of Application

MALE
Medical Examination Report Dated 9-21-85
Name of Physician Robert Schimmelpfennig

FEMALE
Medical Examination Report Dated 9-21-85
Name of Physician Robert Schimmelpfennig

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Wayne Last Street, Jr.

Date of Birth: Month May Day 21 Year 1962

Place of Birth (State or foreign country) Vincennes, In.

Residence Address: Street or R. R. P.O. Box 72 City Equality, Ill. County 62934 State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Wayne Street Sr.
   Residence of father (if deceased so state) Equality, Ill.
   Birthplace of father (State or foreign country) Vincennes, In.
9. Full maiden name of mother Carol Sue Russell
   Residence of mother (if deceased so state) Equality, Ill.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ~~Robert W. Street Jr~~

New Address ~~R.R.~~ #11 Rt 45 62930

Subscribed and sworn to before me this 4th day of October, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Ruthann Middle A Last Long

Date of Birth: Month 9 Day 24 Year 1967

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R. R. 452 E. Columbia City Danville County (Hen) State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eugene Long, Sr
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Greencastle, In.
9. Full maiden name of mother Judith Ann ~~Frazier~~ Johnson
   Residence of mother (if deceased so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ~~Ruthann Long~~

New Address L.E.A. #11 Rt. 45 62930 Edwardsville, Ill.

Subscribed and sworn to before me this 4th day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of Oct, 19 85, authorizing the joining together as husband and wife ROBERT W. STREET JR. and RUTH ANN LONG

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, G. R. JAMES hereby certify that on the 25th day of OCTOBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom ROBERT W. STREET JR. of SALINE County, State of ILLINOIS, and, Bride RUTH ANN LONG 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 OCTOBER, 19 85.

Signed /s/ G. R. JAMES

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of OCTOBER, 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. 520

File

10-4-85
Date of Application

MALE
Medical Examination Report Dated Over 60

Name of Physician

FEMALE
Medical Examination Report Dated Over 60

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 ~~Nelson~~ Nelson K. Rothrock Jr.
First Middle Last

Date of Birth 4-8-20
Month Day Year

Place of Birth (State or foreign country) Napa, Ca. 94558

Residence Address 130 Nevell Circle
Street or R. R. City County State

DoB - 4-8-20

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Eye

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Nelson K. Rothrock, Sr.
   Residence of father (if deceased so state) Newburg, Oregon
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elsa M. Hunt
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nelson K. Rothrock
New Address 603 Thorne Dr Brownsburg Ind.

Subscribed and sworn to before me this 4th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name Lucille J. Ross
First Middle Last

Date of Birth 10-31-21
Month Day Year

Place of Birth (State or foreign country) Illinois

Residence Address 603 Thorne Dr. Brownsburg, In. 46112
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. Eye.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Francis William Alvaro Curtis
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Margaret DeLong Campbell
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Pa.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lucille J. Ross
New Address 603 Thorne Dr. Brownsburg Ind.

Subscribed and sworn to before me this 4th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of Oct., 19 85, authorizing the joining together as husband and wife NELSON ROTHROCK, JR. and LUCILLE T. ROSS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PHILLIP E. POE hereby certify that on the 26th day of OCTOBER, one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom NELSON ROTHROCK, JR. of NAPA County, State of CALIFORNIA, and, Bride LUCILLE T. ROSS 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 OCTOBER, 19 85.

Signed /s/ PHILLIP E. POE

Official Designation ASSOCIATE PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of OCTOBER, 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. 521

File

10-4-85 Date of Application

MALE
Medical Examination Report Dated 9-7-85
Name of Physician J. Timothy Nichols

FEMALE
Medical Examination Report Dated 9-7-85
Name of Physician J. Timothy Nichols

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle Ray Last Keene

Date of Birth: Month Day Year 6-17-57

Place of Birth (State or foreign country) Flint Michigan

Residence Address: Street or R. R. R.R. 18 Box 122 City Indianapolis County In. State 46234

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Paul W. Keene
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Jean Coulter
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Larry R Keene

New Address 52C Port Sylvia Dr C

Subscribed and sworn to before me this 4th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Julie Middle Ann Last Rogers

Date of Birth: Month Day Year 7-8-61

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 52 Port Sylvia Dr. C. City Indianapolis County In. State 46224

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Bryan Brian Cecil Rogers

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 A. Johnson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Evelyn Wright
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Julie Rogers

New Address 52C Port Sylvia Dr

Subscribed and sworn to before me this 4th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 4th *day of* October, 19 85, *authorizing the joining together as husband and wife* ..... *and* .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... *hereby certify that on the* ..... *day of* ....., *one thousand nine hundred and* ..... *at* ....., *County of* ....., *State of Indiana, Groom* ..... *of* ....., *County, State of* ....., *and, Bride* ..... *of* ....., *County, State of* ....., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this ..... *day of* ....., 19.....

Signed .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... *day of* ....., 19.....

Signed ..... *Clerk*

HENDRICKS *Circuit Court*

No. 522

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 10-4-85 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-3-85
Name of Physician James E. Noland

FEMALE
Medical Examination Report Dated 10-3-85
Name of Physician James E. Noland

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gilbert Middle Dean Last Porter, Jr.

Date of Birth: Month 10 Day 22 Year 1958

Place of Birth (State or foreign country) Honolulu Hawaii

Residence Address: Street or R. R. 195 W. Marion, Apt. 4 City Danville (Hen.) County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gilbert Dean Porter, Sr.
   Residence of father (if deceased so state) Indpls, In.
   Birthplace of father (State or foreign country) Indpls In.
9. Full maiden name of mother Dorice LaKonne Dersh
   Residence of mother (if deceased so state) Indpls In.
   Birthplace of mother (State or foreign country) South Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gilbert Dean Porter Jr

New Address 195 W MARION, DANVILLE

Subscribed and sworn to before me this 4th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Lee Last Smith

Date of Birth: Month March Day 24 Year 1961

Place of Birth (State or foreign country) Indpls, In.

Residence Address: Street or R. R. 195 W. Marion, Apt. 4 City Danville (Hen) County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bernard Stinnett
   Residence of father (if deceased so state) Speedway, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Lee Kippy
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia Lee Smith

New Address Danville

Subscribed and sworn to before me this 4th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior II Court by written order issued 3 day waiver and filed in 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* 4th *day of* OCTOBER, *19* 85, *authorizing the joining together as husband and wife* GILBERT DEAN PORTER *and* CYNTHIA LEE SMITH *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, JOHN P. ROOF *hereby certify that on the* 5th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* GILBERT DEAN PORTER, JR. *of* MARION *County, State of* IN, *and, Bride* CYNTHIA LEE 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 5th *day of* OCTOBRER, *19* 85.

Signed /s/ JOHN P. ROOF

Official Designation EPISCOPAL PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* OCTOBER, *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. 523

File

10-4-85 Date of Application

MALE
Medical Examination Report Dated 10-1-85
Name of Physician Michael Neely, M.D.

FEMALE
Medical Examination Report Dated 10-1-85
Name of Physician Michael Neely, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Duane, Middle Eugene, Last Dillon

Date of Birth: Month February, Day 11, Year 1957

Place of Birth (State or foreign country): Martinsville, In.

Residence Address: Street or R. R. RR 1, Box 171, City Danville, County (Hen.), State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Wallace, Edward Dillon
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Fern ~~to~~ Elizabeth Walker
   Residence of mother (if deceased so state): Danville, In.
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Duane E. Dillon

New Address same

Subscribed and sworn to before me this 4th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jeanne, Middle Annette, Last Myers

Date of Birth: Month 12, Day 13, Year 1961

Place of Birth (State or foreign country): Naples In.

Residence Address: Street or R. R. RR 1, Box 171, City Danville, County (Hen.), State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Eddie Alvin Myers
   Residence of father (if deceased so state): Danville, In.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mildred Louise Walls
   Residence of mother (if deceased so state): Danville, In.
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeanne Annette Myers

New Address Same as above

Subscribed and sworn to before me this 4th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of October, 1985, authorizing the joining together as husband and wife DUANE EUGENE DILLON and JEANNE ANNETTE MYERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, P. MICHAEL THORNBURG hereby certify that on the 19th day of OCTOBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom DUANE EUGENE DILLON of HENDRICKS County, State of IN, and, Bride JEANNE ANNETTE MYERS 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 19th day of OCTOBER, 19 85. Signed /s/ P. MICHAEL THORNBURG

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of OCTOBER, 19 85

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 524

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

10-7-85
Date of Application

MALE
Medical Examination Report Dated 9-26-85
Name of Physician Gary J. Franz, M.D.

FEMALE
Medical Examination Report Dated 9-20-85
Name of Physician Garnet R Hawes, 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 Paul Middle David Last Hochstetler

Date of Birth: Month Nov Day 3 Year 1962

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 545 Bailey Dr. City Mansfield County Ohio State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Richard Hochstetler
   Residence of father (if deceased so state) Plfd. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Allene Elmore
   Residence of mother (if deceased so state) Plfd. In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul David Hochstetler
New Address 545 BAILEY DR, MANSFIELD OH 44904
Subscribed and sworn to before me this 7th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Martha Middle Mae Last Carter

Date of Birth: Month May Day 7 Year 1963

Place of Birth (State or foreign country) New Salem, Illinois

Residence Address: Street or R. R. 1301 Stafford Rd. City Plainfield County (Hen.) State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Billy Howard Carter
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Elizabeth Ann Steckler
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Martha Mae Carter
New Address 545 Bailey Dr Ohio
Subscribed and sworn to before me this 7th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11th *day of* October, 1985, *authorizing the joining together as husband and wife* PAUL D. HOCHSTETLER *and* MARTHA MAE CARTER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD S. WALLACE *hereby certify that on the* 12th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* PAUL D. HOCHSTETLER *of* RICHLAND *County, State of* OHIO, *and, Bride* MARTHA M. CARTER *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* OCTOBER, *19* 85.

Signed /s/ DONALD S. WALLACE
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* OCTOBER, *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. 525

File

10-7-85 Date of Application

MALE
Medical Examination Report Dated 9-30-85
Name of Physician Donald M. Cristell, M.D.

FEMALE
Medical Examination Report Dated 9-30-85
Name of Physician Donald M. Cristell, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Allen Last Hatchett

Date of Birth: Month Sept. Day 9 Year 1946

Place of Birth (State or foreign country) Evansville, In.

Residence Address: Street or R. R. 789 Forest Lane, City Plfd. County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
6. List the full names of any dependent children.
   Kristina Lynne Hatchett
   David Leslie Hatchett
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Taylor Hatchett
   Residence of father (if deceased so state) Indpls. In
   Birthplace of father (State or foreign country) ~~Indiana~~ Kentucky
9. Full maiden name of mother Marjorie Louise Binkley
   Residence of mother (if deceased so state) Naples, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Allen Hatchett

New Address Same

Subscribed and sworn to before me this 7th day of October, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Melinda Middle Jean Last Clevenger

Date of Birth: Month June Day 19 Year 1955

Place of Birth (State or foreign country) Shelbyville, Indiana

Residence Address: Street or R. R. 789 Forest Lane, City Plfd. County (Hen.) State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Melissa Dee Clevenger
   Stephanie Lynn Clevenger
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Milton Thomas
   Residence of father (if deceased so state) Shelbyville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jean Kerr
   Residence of mother (if deceased so state) Shelbyville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melinda Jean Clevenger

New Address Same

Subscribed and sworn to before me this 7th day of October, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 11 day of Oct, 19 85, authorizing the joining together as husband and wife DAVID ALLEN HATCHETT and MELINDA JEAN CLEVENGER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHNNY R. GARRISON hereby certify that on the 11th day of OCTOBER, one thousand nine hundred and 85 at LAKEVIEW CHRISTIAN Center, County of MARION, State of Indiana, Groom DAVID ALLEN HATCHETT of HENDRICKS County, State of IN, and, Bride MELINDA JEAN CLEVENGER 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 OCTOBER, 19 85.

Signed /s/ JOHNNY R. GARRISON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of OCTOBER, 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. 526

File

10-1-85
Date of Application

MALE
Medical Examination Report Dated 10-1-85
Name of Physician Kerlin

FEMALE
Medical Examination Report Dated 10-1-85
Name of Physician Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ernest; Middle Joseph; Last Shrum

Date of Birth: Month 1; Day 11; Year 1939

Place of Birth (State or foreign country): Lafayette, Indiana

Residence Address: Street or R. R. 36 Parkwood Dr.; City Brownsburg; County Hend; State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Wesley Odel Shrum
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Texas.
9. Full maiden name of mother: Effie Lee Lawson
   Residence of mother (if deceased so state): Texas.
   Birthplace of mother (State or foreign country): Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ernest J. Shrum

New Address 36 Parkwood Dr. Brownsburg In 46112

Subscribed and sworn to before me this 11 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Barbara; Middle Venita; Last Norris

Date of Birth: Month 10; Day 15; Year 1950

Place of Birth (State or foreign country): Indels.

Residence Address: Street or R. R. Rt. 1 Box 208H; City Bainbridge; County Putnam; State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   David Norris
   Tonja "
   Cordela "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Stallard Brewer
   Residence of father (if deceased so state): Indpls.
   Birthplace of father (State or foreign country): Ky
9. Full maiden name of mother: Ivah Owens
   Residence of mother (if deceased so state): Indpls.
   Birthplace of mother (State or foreign country): Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Barbara Norris

New Address 36 Parkwood Dr Brownsburg In 46112

Subscribed and sworn to before me this 7 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* Oct, 19 85, *authorizing the joining together as husband and wife* ERNEST J. SHRUM *and* BARBARA V. NORRIS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CARL R. BACHELOR *hereby certify that on the* 12th *day of* COTOBER, *one thousand nine hundred and* 85, *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* ERNEST J. SHURM *of* HENDRICKS *County, State of* IN, *and, Bride* BARBARA V. NORRIS *of* PUTNAM *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* OCTOBER, *19* 85.

Signed /s/ CARL R. BACHELOR

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* OCTOBER, *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. 527

File

10-7-85 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: Herbert (First) H. (Middle) Moran (Last)

Date of Birth: Month Day Year

Place of Birth (State or foreign country) Indiana

Residence Address: 1342 S. Sheffield (Street or R. R.) Indianapolis (City) 2.46221 (County) State

DOB 1-23-16

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father ~~Cecil J. Moran~~ deceased
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Elsie Flake
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

X Signed Herbert H Moran.

New Address

Subscribed and sworn to before me this 7th day of October, 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: Charlotte (First) M. (Middle) Clay (Last)

Date of Birth: Month 9 Day 3 Year 24

Place of Birth (State or foreign country) Indiana

Residence Address: 1347 S. Sheffield (Street or R. R.) Indianapolis (City) 2.46221 (County) State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert M. Stallcup
   Residence of father (if deceased so state) ~~Indiana~~ deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mamie Heacap
   Residence of mother (if deceased so state) Indiana deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

X Signed Charlotte M. Clay

New Address

Subscribed and sworn to before me this 7th day of October, 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* Oct, 85, *authorizing the joining together as husband and wife* HERBERT H. MORAN *and* CHARLOTTE M. CLAY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD A. FRANCIS *hereby certify that on the* 16th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* HERBERT H. MORAN *of* MARION *County, State of* IN, *and, Bride* CHARLOTTE M. CLAY *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 16th *day of* NOVEMBER, *19* 85. *Signed* /s/ RICHARD A. FRANCIS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* NOVEMBER, *19* 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

No. 528

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

10-7-85
Date of Application

MALE
Medical Examination Report Dated 10-2-85
Name of Physician David D. Ratman M.D.

FEMALE
Medical Examination Report Dated 10-2-85
Name of Physician David D. Ratman 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 Paul Middle Ray Last Sims

Date of Birth: Month 5 Day 9 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 712 S. Washington City Jasonville County State In. 47438

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Truman Sims
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Inez Jan Kempler
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Paul R Sims

New Address 712 South Wash. Jasonville, Ind.

Subscribed and sworn to before me this 7th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Debra Middle Dee Last Johnson

Date of Birth: Month 6 Day 9 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R R 1 Box 201 J City Pittsboro, In. County State 46167

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul James Johnson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ladonna Phyllis Harrington
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Debra D Johnson

New Address .....

Subscribed and sworn to before me this 7th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of Oct., 19 85, authorizing the joining together as husband and wife PAUL RAY SIMS and DEBRA DEE JOHNSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MICHAEL S. ROTMAN hereby certify that on the 12th day of OCTOBER one thousand nine hundred and 85 at PITTSBORO, County of HENDRICKS, State of Indiana, Groom PAUL RAY SIMS of GREENE County, State of IN, and, Bride DEBRA DEE JOHNSON 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 OCTOBER, 19 85.

Signed /s/ MICHAEL S. ROTMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of DECEMBER, 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. 529

File

10-8-85
Date of Application

MALE
Medical Examination Report Dated 10-3-85
Name of Physician Robert D. Aiello

FEMALE
Medical Examination Report Dated 10-3-85
Name of Physician Robert D. 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: First Richard Middle William Last Dye, Jr.

Date of Birth: Month Dec. Day 24 Year 1942

Place of Birth (State or foreign country): New Port Ohio

Residence Address: Street or R. R. 49 Concordia Dr. City Danville County — State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Marsha Dawn Dye
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Dye, Sr.
   Residence of father (if deceased so state) West Virginia
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Edna C. Francis
   Residence of mother (if deceased so state) West Virginia
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard W. Dye

New Address Same as above

Subscribed and sworn to before me this 8th day of Oct., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lorraine Middle — Last Fowler

Date of Birth: Month Dec. Day 2 Year 1949

Place of Birth (State or foreign country): Indpls In.

Residence Address: Street or R. R. 49 Concordia Dr., Danville City — County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Barry Eugene Fowler
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Cummings
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jean Ellen Hupp
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lorraine Fowler

New Address Same as above

Subscribed and sworn to before me this 8th day of Oct., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of Oct, 19 85, authorizing the joining together as husband and wife RICHARD WILLIAM DYE, JR. and LORRAINE FOWLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN C. BEATTY hereby certify that on the 16th day of NOVEMBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom RICHARD WILLIAM DYE, JR. of JOHNSON County, State of IN, and, Bride LORRAINE FOWLER 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 16th day of NOVEMBER, 19 85. Signed /s/ JOHN C. BEATTY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of NOVEMBER, 19 85.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 530

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

10-9-85 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 10-4-85
Name of Physician Timothy Nichols

FEMALE
Medical Examination Report Dated 9-27-85
Name of Physician Dr. Timothy Nichols

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle D. Last Wittman

Date of Birth: Month 3 Day 25 Year 1965

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 595 W. Main City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Arthur Philip Wittman
   Residence of father (if deceased so state) Speedway, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Louise Buchanan
   Residence of mother (if deceased so state) Speedway, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas D. Wittman

New Address 595 W. Main st. Danville

Subscribed and sworn to before me this 9th day of Oct, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carol Middle Ann Last McKamey

Date of Birth: Month March Day 28 Year 1960

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 595 W. Main St. City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Andrea Gruder 3½ 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 Buck Lee McKamey
   Residence of father (if deceased so state) Cloverdale, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Violet Jean Blair
   Residence of mother (if deceased so state) Cloverdale, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol A McKamey

New Address 595 W Main St

Subscribed and sworn to before me this 9th day of Oct, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15th day of Oct, 19 85, authorizing the joining together as husband and wife THOMAS D. WITTMAN and CAROL ANN McKAMEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARK W. MILLER hereby certify that on the 19th day of OCTOBER, one thousand nine hundred and 85 at GREENCASTLE CHRISTIAN CHURCH County of PUTNAM, State of Indiana, Groom THOMAS D. WITTMAN of HENDRICKS County, State of IN, and, Bride CAROL ANN McKAMEY 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 19th day of OCTOBER, 19 85.

Signed /s/ MARK W. MILLER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of NOVEMBER, 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. 531

File

10-9-85 Date of Application

MALE
Medical Examination Report Dated 10-4-85
Name of Physician Phillip Walker

FEMALE
Medical Examination Report Dated 10-4-85
Name of Physician Phillip Walker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle L. Last Kortz

Date of Birth: Month 5 Day 6 Year 54

Place of Birth (State or foreign country) Maryland

Residence Address: Street or R. R. Rt 1 Box 156 City Coatesville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Annie Marie - Deceased
   Stacy - Victor
   Mary Ann
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Benjamin Kortz
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Maryland
9. Full maiden name of mother Annie Virginia Shifflett
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael L. Kortz
New Address RI Box 156 Coatesville IND

Subscribed and sworn to before me this 9 day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Karen Middle K. Last Muncy

Date of Birth: Month 4 Day 25 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 156 City Coatesville County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Edward Muncy
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jane Marie Parsons
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Karen K Muncy
New Address RI BOX 156 COATSVILLE IND

Subscribed and sworn to before me this 9 day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sept. Court by written order issued 3-Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9th *day of* Oct, 85, *authorizing the joining together as husband and wife* MICHAEL L. KORTZ *and* KAREN K. MUNCY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JAMES D. CLAYTON *hereby certify that on the* 12th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* COATESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* MICHAEL L. KORTZ *of* HENDRICKS *County, State of* IN, *and, Bride* KAREN K. MUNCY *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 12 *day of* OCTOBER, 19 85.

Signed /s/ JAMES D. CLAYTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* OCTOBER, 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. 532

File

10-9-85
Date of Application

MALE
Medical Examination Report Dated 10-9-85
Name of Physician Ronald Stegemoller, M.D.

FEMALE
Medical Examination Report Dated 10-9-85
Name of Physician Ronald Stegemoller, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Edward Last Campbell

Date of Birth: Month Aug. Day 31 Year 1953

Place of Birth (State or foreign country) Junction City, Kansas

Residence Address: Street or R. R. 470 Maple Lane City Mooresville County Mor. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry Edward Campbell
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) South Carolina
9. Full maiden name of mother Mary Louise Cromer
   Residence of mother (if deceased so state) South Carolina
   Birthplace of mother (State or foreign country) South Carolina

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Campbell

New Address 470 Maple Lane Mooresville Ind.

Subscribed and sworn to before me this 9th day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Terry Middle Lynn Last Williams

Date of Birth: Month May Day 19 Year 1949

Place of Birth (State or foreign country) Greencastle, Indiana

Residence Address: Street or R. R. 3603 Clarks Creek Rd #3 City Indpls County (Hen.) State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? 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 Allen Keck
   Jennifer Lynn Keck
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father LeDren Vern Allen
   Residence of father (if deceased so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marian Letitia Mynatt
   Residence of mother (if deceased so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terry Lynn Williams

New Address 470 Maple Ln., Mooresville, In

Subscribed and sworn to before me this 9th day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court II Court by written order issued 3-day waiver and filed in Clerks Offices authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9th *day of* OCTOBER, *19* 85, *authorizing the joining together as husband and wife* JOHN EDWARD CAMPBELL *and* TERRY LYNN WILLIAMS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARY JANE RUSSELL *hereby certify that on the* 9th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* JOHN EDWARD CAMPBELL *of* MORGAN *County, State of* IN, *and, Bride* TERRY LYNN 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 9th *day of* OCTOBER, *19* 85.

Signed /s/ MARY JANE RUSSELL

Official Designation CLERK HENDRICKS COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* OCTOBER, *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. 533

File

Date of Application

MALE
Medical Examination Report Dated 10-3-85
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 10-3-85
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 Randy Middle Warren Last Prock

Date of Birth: Month 7 Day 2 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 159 Cartersburg Rd City Danville County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Loy Leyon Prock
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Wanda Joann Melton
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Randy Prock

New Address

Subscribed and sworn to before me this 9th day of October, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Renee Last Rollin

Date of Birth: Month 7 Day 19 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 162 City Amo County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Douglas Rollin
   Residence of father (if deceased so state) Amo, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Janice Johnson
   Residence of mother (if deceased so state) Amo, In.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Kim Rollin

New Address

Subscribed and sworn to before me this 9th day of October, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15th day of October, 19 85, authorizing the joining together as husband and wife RANDY W. PROCK and KIMBERLY R. ROLLIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FRED O. RICE hereby certify that on the 26th day of OCTOBER, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom RANDY W. PROCK of HENDRICKS County, State of IN, and, Bride KIMBERLY R. ROLLIN 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 OCTOBER, 19 85. Signed /s/ FRED O. RICE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of OCTOBER, 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. 534

File

10-9-85
Date of Application

MALE
Medical Examination Report Dated 9-29-85
Name of Physician Neely

FEMALE
Medical Examination Report Dated 9-29-85
Name of Physician Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kent Middle Douglas Last Earles

Date of Birth: Month Day 25 Year 1962

Place of Birth (State or foreign country) Johnson Co. Hosp.

Residence Address: Street or R. R. 20 Flueland Dr. City Mooresville County Morgan State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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.
   Jessica Earles
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Earles
   Residence of father (if deceased so state) Mooresville
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Alva Louise Stanley
   Residence of mother (if deceased so state) Mooresville
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kent D. Earles
New Address 3455 E Main Lot #14

Subscribed and sworn to before me this 9 day of October, 1985.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Brenda Middle Sue Last Finchum

Date of Birth: Month 2 Day 16 Year 1958

Place of Birth (State or foreign country) Putnam Co.

Residence Address: Street or R. R. 3413 E. Main City Danville County Hend State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Lewis Finchum
   Residence of father (if deceased so state) Danville
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty Lou Burnett
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda S. Finchum
New Address 3455 E Main Lot #4, Danville In

Subscribed and sworn to before me this 9 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* Oct, 19 85, *authorizing the joining together as husband and wife* KENT EARLES *and* BRENDA SUE FINCHUM. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, LARRY HOBSON *hereby certify that on the* 19TH *day of* OCTOBER, *one thousand nine hundred and* 85 *at* KINGDOM HALL OF JOHOVAH'S WITNESSES, *County of* HENDRICKS, *State of Indiana, Groom* KENT EARLES *of* MORGAN *County, State of* IN, *and, Bride* BRENDA FINCHUM *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 15th *day of* OCTOBER, *19* 85.

Signed /s/ LARRY HOBSON

Official Designation ELDER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* OCTOBER, *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. 535

File

10-10-85
Date of Application

MALE
Medical Examination Report Dated 10-5-85
Name of Physician Fred R. Brooks

FEMALE
Medical Examination Report Dated 10-5-85
Name of Physician Fred R. 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: First William Middle D. Last Branham

Date of Birth: Month 3 Day 5 Year 26

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 204 N. Center St. City Plfd. County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Rec

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John William Branham
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lydia Jones
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X William D. Branham
New Address 204 N. Center, Plainfield Ind

Subscribed and sworn to before me this 10 day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Emily Middle J. Last Schaller

Date of Birth: Month 4 Day 15 Year 37

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R. R. 204 N. Center St. City Plfd. County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 S. Jones
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Dorothy Alice Peach
   Residence of mother (if deceased so state) Tampa Florida
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Emily J. Schaller
New Address 204 N. Center St Plainfield Ind

Subscribed and sworn to before me this 10 day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of Oct., 19 85, authorizing the joining together as husband and wife WILLIAM D. BRANHAM and EMILY J. SCHALLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HOWARD W. BEER hereby certify that on the 17th day of OCTOBER one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom WILLIAM D. BRANHAM of HENDRICKS County, State of IN and, Bride EMILY J. SCHALLER 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 16th day of OCTOBER, 19 85.

Signed /s/ HOWARD W. BEER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of OCTOBER, 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. 535

File

Oct. 10, 1985
Date of Application

MALE
Medical Examination Report Dated 10-1-85
Name of Physician David Haggard, M.D.

FEMALE
Medical Examination Report Dated 10-1-85
Name of Physician David Haggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dan, Middle G., Last Sullivan, Jr.
Date of Birth: Month 7, Day 7, Year 56
Place of Birth (State or foreign country) Missouri
Residence Address: Street or R. R. P. O. Box 131, City Stilesville, County Hend., State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Dan G. Sullivan, Sr.
   Residence of father (if deceased so state) Farmington, Missouri
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Levina Louise Bounds
   Residence of mother (if deceased so state) Farmington, Missouri
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dan G Sullivan Jr.

New Address

Subscribed and sworn to before me this 10th day of Oct, 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Constance, Middle T., Last Lyday
Date of Birth: Month 7, Day 23, Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 407½ N. Exeter, City Indpls., County Marion, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) 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 Jack Herald Lyday
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Constance Estelle Gagen
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Constance T. Lyday

New Address

Subscribed and sworn to before me this 10th day of Oct, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15th *day of* Oct, 19 85, *authorizing the joining together as husband and wife* DAN G. SULLIVAN, JR. *and* CONSTANCE TAMARA LYDAY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOSEPH R. SHEVENELL *hereby certify that on the* 19th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* STILESVILLE, *County of* HENDRICKS, *State of Indiana, Groom* DAN G. SULLIVAN, JR. *of* HENDRICKS *County, State of* INDIANA, *and, Bride* CONSTANCE TAMARA LYDAY *of* MARION *County, State of* INDIANA, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19th *day of* OCTOBER, 19 85.

Signed /s/ JOSEPH R. SHEVEWELL

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 28th *day of* OCTOBER, 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. 537

File

10-11-85 Date of Application

MALE
Medical Examination Report Dated 10-7-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 10-7-85
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: First William Middle Joe Last Herrin

Date of Birth: Month 5 Day 12 Year 40

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. P.O. Box 151 City Clayton County Hend. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Elston Herrin
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Montana
9. Full maiden name of mother Zola D. Vanhook
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William Joe Herrin

New Address P.O. Box 151 Clayton In. 46

Subscribed and sworn to before me this 11 day of Oct., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Phyllis Middle M Last Tapscott

Date of Birth: Month 12 Day 29 Year 43

Place of Birth (State or foreign country) N. Carolina

Residence Address: Street or R. R. 240 Crawford St. City Clayton 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Joe Tapscott Jr.
   Kirk Tapscott

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Curtis R. Young
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Jessie A. Lewis
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Phyllis M. Tapscott

New Address P.O. Box 151 Clayton, Ind.

Subscribed and sworn to before me this 11 day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 15th day of Oct, 19 85, authorizing the joining together as husband and wife WILLIAM JOE HERRIN and PHYLLIS M. TAPSCOTT

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ALLEN D. KIRK hereby certify that on the 19th day of OCTOBER, one thousand nine hundred and 85 at MOORESVILLE, County of MORGAN, State of Indiana, Groom WILLIAM JOE HERRIN of HENDRICKS County, State of IN, and, Bride PHYLLIS M. TAPSCOTT 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 15th day of OCTOBER, 19 85. Signed /s/ ALLEN D. KIRK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of OCTOBER, 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. 538

File

Oct. 11, 1985
Date of Application

MALE
Medical Examination Report Dated 10-7-85
Name of Physician M. Neeley

FEMALE
Medical Examination Report Dated 10-7-85
Name of Physician M. Neeley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle L. Last Marcum

Date of Birth: Month Oct Day 6 Year 1941

Place of Birth (State or foreign country) Ky

Residence Address: 225 Park Street, City Plainfield, County —, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Mary Jane Marcum
   Jerri Lynn "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lonnie D. Marcum
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Kathryn Young
   Residence of mother (if deceased so state) Knia City, Mo.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry L Marcum
New Address 255 PARK ST

Subscribed and sworn to before me this 11 day of Oct, 1985
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Nancy Middle E. Last McAdams

Date of Birth: Month Sept Day 6 Year 1947

Place of Birth (State or foreign country) Tenn

Residence Address: 255 Park St., City Plainfield, County —, State —

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Mary E. McAdams
   Jean "
   Nina "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Claude Cummings
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Mary Manning
   Residence of mother (if deceased so state) Chattanooga, Tn.
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy E McAdams
New Address 255 Park St

Subscribed and sworn to before me this 11 day of Oct, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* Oct, 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, ...*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. 539

File

10-15-85 Date of Application

MALE
Medical Examination Report Dated 10-3-85
Name of Physician Maud B. Haggard, M.D.

FEMALE
Medical Examination Report Dated 10-3-85
Name of Physician Maud B. Haggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle W. Last Carter

Date of Birth: Month 12 Day 28 Year 1958

Place of Birth (State or foreign country) Terre Haute In.

Residence Address: Street or R. R. 11345 W. Washington City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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.
   Heather Marie Carter

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl Eugene Carter
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Daisy Myrtle Fisher
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary W. Carter

New Address 2546 E. 68th St.

Subscribed and sworn to before me this 15th day of October, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle K. Last Gill

Date of Birth: Month 7 Day 9 Year 1949

Place of Birth (State or foreign country) Knoxville Tennessee

Residence Address: Street or R. R. 2546 E. 68th City Ind. County Marion State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Michelle Cheri Gill
   Robin Lee Gill

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert William Hughes
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Alice Marion Acuff
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra K. Gill

New Address 2546 E. 68th St.

Subscribed and sworn to before me this 15th day of October, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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 15th day of October, 19 85, authorizing the joining together as husband and wife Gary W. Carter and Sandra K. Gill

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MILTON SCHWAB hereby certify that on the 20th day of OCTOBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom GARY W. CARTER of HENDRICKS County, State of IN, and, Bride SANDRA K. GILL 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 20th day of OCTOBER, 19 85.

Signed /s/ MILTON SCHWAB

Official Designation BAPTIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of OCTOBER, 19 85.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 540

File

10-15-85 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 9-26-85
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 9-26-85
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 Tyler Middle Mace Last Dodson

Date of Birth: Month 6 Day 6 Year 57

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R. R. 9880 W. 10th St. 9-E City Indpls. County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. lic. w/pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter S. Dodson
   Residence of father (if deceased so state) Charleston W. Virginia
   Birthplace of father (State or foreign country) W. Virginia
9. Full maiden name of mother Madge M. Watkins
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) W. Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Tyler M. Dodson
New Address 9880 W 10th St 9-E

Subscribed and sworn to before me this 15 day of Oct, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Angela Middle Renee Last Collins

Date of Birth: Month 6 Day 6 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5905 Coquina Key Dr. Apt A City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. lic. w/pict.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. —
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 C. Collins
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Pa.
9. Full maiden name of mother Myra J. Cairns
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Angela R. Collins
New Address 9880 W. 10th St 9-E

Subscribed and sworn to before me this 15 day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of Oct, 19 85, authorizing the joining together as husband and wife TYLER MACE DODSON and ANGELA RENEE' COLLINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT FELTON CARTER hereby certify that on the 2nd day of NOVEMBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom TYLER MACE DODSON of HENDRICKS County, State of IN, and, Bride ANGELA RENEE' COLLINS 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 2nd day of NOVEMBER, 19 85.

Signed /s/ ROBERT FELTON CARTER

Official Designation CHRISTIAN MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of NOVEMBER, 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. 541

File

10-16-85 Date of Application

MALE
Medical Examination Report Dated 10-7-85
Name of Physician Glenn W. Baker, M.D.

FEMALE
Medical Examination Report Dated 10-5-85
Name of Physician Glenn W. Baker, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Floyd Last Wagner

Date of Birth: Month 1 Day 22 Year 1965

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. Apt. 24-7460 Waterfront Dr. City Indpls. County Marion State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Francis Wagner
   Residence of father (if deceased so state) Brownsburg, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Miriam Ruth Farley
   Residence of mother (if deceased so state) Brownsburg, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven Floyd Wagner

New Address

Subscribed and sworn to before me this 16 day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Dawn Middle Renee Last Barlow

Date of Birth: Month 1 Day 10 Year 1965

Place of Birth (State or foreign country) Muncie, Indiana

Residence Address: Street or R. R. 9545 E. 400 N. City Brownsburg, County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be 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 Duane Barlow
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice Jane Kain
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dawn Renee Barlow

New Address

Subscribed and sworn to before me this 16 day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of Oct., 19 85, authorizing the joining together as husband and wife STEVEN FLOYD WAGNER and DAWN RENEE BARLOW

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ANDREW P. CROWLEY hereby certify that on the 9th day of NOVEMBER, one thousand nine hundred and 85 at SPEEDWAY, County of MARION, State of Indiana, Groom STEVEN FLOYD WAGNER of MARION County, State of IN, and, Bride DAWN RENEE BARLOW 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 9th day of NOVEMBER, 19 85.

Signed /s/ ANDREW P. CROWLEY

Official Designation SENIOR MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of NOVEMBER, 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. 542

File

10-17-85
Date of Application

MALE
Medical Examination Report Dated 10-11-85
Name of Physician Daniel A. Gard, M.D.

FEMALE
Medical Examination Report Dated 10-14-85
Name of Physician Daniel A. Gard, 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 Richard Middle L. Last Bennett

Date of Birth: Month 4 Day 20 Year 1948

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Lebanon City Indiana County Hend. State Ind.
234 N. Grant, Brownsburg, Hend., Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   James Matthew Bennett - age 15
   (father has legal custody)
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm. Francis Bennett
   Residence of father (if deceased so state) Sullivan, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Mae Darling
   Residence of mother (if deceased so state) Indianapolis, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard L Bennett

New Address

Subscribed and sworn to before me this 17 day of Oct., 1985

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Denise Middle M. Last Waddell

Date of Birth: Month 5 Day 26 Year 1960

Place of Birth (State or foreign country) Louisville, Kentucky

Residence Address: Street or R. R. 234 N. Grant, City Brownsburg, County Hend., State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bluford Lee Waddell
   Residence of father (if deceased so state) Greenwood, Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Joan Marie Holzknecht
   Residence of mother (if deceased so state) Greenwood, Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Denise M. Waddell

New Address

Subscribed and sworn to before me this 17 day of Oct., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of October, 1985, authorizing the joining together as husband and wife RICHARD L. BENNETT and DENISE M. WADDELL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY TRUETT hereby certify that on the 26th day of OCTOBER one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom RICHARD L. BENNETT of HENDRICKS County, State of IN, and, Bride DENISE M. WADDELL 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

Dated this 23rd day of OCTOBER, 19 85.

Signed /s/ LARRY TRUETT

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of NOVEMBER, 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. 543

File

10-18-85 Date of Application

MALE
Medical Examination Report Dated 10-5-85
Name of Physician J. Mark McDaniel, M.D.

FEMALE
Medical Examination Report Dated 10-5-85
Name of Physician J. Mark McDaniel, 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 Mark Middle Richard Last Adams

Date of Birth: Month 11 Day 8 Year 1962

Place of Birth (State or foreign country) Bluffton, Indiana

Residence Address: Street or R. R. 409 Lancaster, City Bluffton, County Wells, State Indiana

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Charles Fredrick Adams
   Residence of father (if deceased so state) Bluffton, Indiana
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Florence Elizabeth Ganung
   Residence of mother (if deceased so state) Bluffton, Indiana
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark Richard Adams

New Address

Subscribed and sworn to before me this 18 day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Lee Last Horton

Date of Birth: Month 7 Day 4 Year 1963

Place of Birth (State or foreign country) Anderson, Indiana

Residence Address: Street or R. R. 507 E. Main St., City Brownsburg, County Hendricks, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Darrel Lee Horton
   Residence of father (if deceased so state) Plantation, Florida
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Judith Arlene Bailey
   Residence of mother (if deceased so state) Plantation, Florida
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jennifer Lee Horton

New Address

Subscribed and sworn to before me this 18 day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* October, 19 85, *authorizing the joining together as husband and wife* Mark Richarc Adams *and* Jennifer Lee Horton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVID L. POPPLEWELL & JOE L. MITCHEL *hereby certify that on the* 2nd *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* MT. OLIVE UNITED NETH. CHURCH, *County of* marion, *State of Indiana, Groom* MARK RICHARD ADAMS *of* WELLS *County, State of* IN, *and, Bride* JENNIFER LEE HORTON *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 2nd *day of* NOVEMBER, 19 85.

Signed /s/ DAVID L. POPPLEWELL & JOE L. MITCHELL

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* Nov, 19 85.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

228

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 544

File

10-18-85
Date of Application

MALE
Medical Examination Report Dated 10-8-85
Name of Physician Glenn Baker, M.D.

FEMALE
Medical Examination Report Dated 10-11-85
Name of Physician Glenn Baker, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ralph Middle Steven Last Chapman

Date of Birth: Month May Day 9 Year 1957

Place of Birth (State or foreign country) Noblesville, In.

Residence Address: Street or R. R. P.O. Box 366 City Brownsburg (Hen.) 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) Divers 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 Darrie Lee Chapman
   Residence of father (if deceased so state) Brownsburg In
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Virginia Lee Watton
   Residence of mother (if deceased so state) ~~Danville Illinois~~ Brownsburg In
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ralph S Chapman
New Address P O Box 366 Brownsburg In
Subscribed and sworn to before me this 18th day of October, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Lou Last Wethington

Date of Birth: Month June Day 1 Year 1961

Place of Birth (State or foreign country) St. Joseph Missouri

Residence Address: Street or R. R. 5350 Mid. Jamestown Rd. City Lebanon 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) Divers 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 Stanley Marvin Wethington
   Residence of father (if deceased so state) Lebanon In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Teresa Grace Houser
   Residence of mother (if deceased so state) Lebanon In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Lou Wethington
New Address P.O. Box 366, Brownsburg
Subscribed and sworn to before me this 18th day of October, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* Oct, 19 85, *authorizing the joining together as husband and wife* RALPH STEVEN CHAPMAN *and* LINDA LOU WETHINGTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD L. HOUK *hereby certify that on the* 9th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* CORNERSTONE CHRISTIAN CHURCH, BROWNSBURG HENDRICKS *County, State of* IN, *State of Indiana, Groom* RALPH STEVEN CHAPMAN *of* HENDRICKS *County, State of* IN, *and, Bride* LINDA LOU WETHINGTON *of* BOONE *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 9th *day of* NOVEMBER, *19* 85.

Signed /s/ RICHARD L. HOUK
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* NOVEMBER, *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. 545

File

Date of Application

MALE
Medical Examination Report Dated 10-1-85
Name of Physician Neely

FEMALE
Medical Examination Report Dated 10-1-85
Name of Physician Neely

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Michael Last Shelley

Date of Birth: Month July Day 21 Year 1961

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 13 N. Rd 300 E City Danville County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Shelley
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Janet Sipes
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John M. Shelley
New Address 13 N. Rd. 300 East

Subscribed and sworn to before me this 15 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Cheri Middle Ann Last Bolton

Date of Birth: Month Nov. Day 16 Year 1963

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 508 S. Wayne City Danville County — State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 W. Bolton
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Sandra L. Wynn
   Residence of mother (if deceased so state) Danville
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheri-Ann Bolton
New Address R.R. #2, 300 East

Subscribed and sworn to before me this 18 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *of Indiana dated the* 22 *day of* Oct, 1985, *authorizing the joining together as husband and wife* JOHN MICHAEL SHELLEY *and* CHERI ANN BOLTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KENNETH E. BETTERS *hereby certify that on the* 26th *day of* OCTOBER, *one thousand nine hundred and* 85 *at* BARTLETT CHAPEL, *County of* HENDRICKS, *State of Indiana, Groom* JOHN MICHAEL SHELLEY *of* HENDRICKS *County, State of* IN, *and, Bride* CHERI-ANN BOLTON *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* OCTOBER, 19 85.

Signed /s/ KENNETH E. VETTERS
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 28th *day of* OCTOBER, 19 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

No. 546

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

10-21-85
Date of Application

MALE
Medical Examination Report Dated 10-11-85
Name of Physician Peggy D. Kaminski

FEMALE
Medical Examination Report Dated 10-11-85
Name of Physician Matias J. Vega

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle W. Last High

Date of Birth: Month 6 Day 25 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 2256 Rowling Lane City Indpls. County Hend. Co. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Carl W. High

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert W. High
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mildred M. Atkins
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Timothy W High
New Address 2256 Rowling Lane

Subscribed and sworn to before me this 21 day of Oct., 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Marsha Middle J. Last Tinch

Date of Birth: Month 8 Day 29 Year 49

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 2256 Rowling Lane City Indpls. County Hend. Co. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Sabrina
   Katrina

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Judson Hollis
   Residence of father (if deceased so state) Danville Indiana
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Mary Inscore
   Residence of mother (if deceased so state) Pittsboro Indiana
   Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Marsha J. Tinch
New Address 2256 Rowling Lane

Subscribed and sworn to before me this 21 day of Oct., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25th day of October, 1985, authorizing the joining together as husband and wife TIMOTHY W. HIGH and MARSHA J. TINCH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CARLOS GAMMON hereby certify that on the 9th day of NOVEMBER one thousand nine hundred and 85 at INDIANAPOLIS, County of HENDRICKS, State of Indiana, Groom TIMOTHY W. HIGH of HENDRICKS County, State of IN, and, Bride MARSHA J. TINCH 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 9th day of NOVEMBER, 19 85.

Signed /s/ CARLOS GAMMON
Official Designation BAPTIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of NOVEMBER, 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. 547

File

10-21-85
Date of Application

MALE
Medical Examination Report Dated 10-7-85
Name of Physician John Cronkhite, M.D.

FEMALE
Medical Examination Report Dated 10-7-85
Name of Physician John Cronkhite, 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 Charles Middle E. Last Benefiel Jr.
Date of Birth: Month 7 Day 4 Year 1959
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. R.R. #3, Box 174, City Plainfield, County In. State 46168
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles E. Benefiel Sr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Virginia Mostaller
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Charles E. Benefiel

New Address

Subscribed and sworn to before me this 21st day of October, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Julie Middle M. Last Cummins
Date of Birth: Month 7 Day 28 Year 1959
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. R.R. #3, Box 174, City Plainfield, County In. State 46168
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License w/Pic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Shoni S. Joyce
   William B. Cummins

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert B. Potter
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Bonnie B. Collins
   Residence of mother (if deceased so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Julie M Cummins

New Address

Subscribed and sworn to before me this 21st day of October, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the ..... day of ....., 19....., authorizing the joining together as husband and wife*

..... *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.....

Clerk

Signed ..... HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 548

File

10-21-85
Date of Application

MALE
Medical Examination Report Dated 10-8-85

Name of Physician John R. Melin

FEMALE
Medical Examination Report Dated 10-8-85

Name of Physician John R. Melin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jamie Middle Edward Last Fife

Date of Birth: Month 7 Day 23 Year 1965

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 1183 W. Rockville Rd. City Indpls. County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Albert Fife
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Phyllis Ann Freshwater
   Residence of mother (if deceased so state) Indianapolis, In
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jamie E Fife

New Address 4345 E Main St. Danville In

Subscribed and sworn to before me this 22 day of Oct, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Joanna Middle Pearl Last Allen

Date of Birth: Month 12 Day 17 Year 64

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 4345 E. Main St. City Danville County Hend. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James M. Allen
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jane Meredith
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Joanna Pearl Allen

New Address 4345 E main St. Danville, In

Subscribed and sworn to before me this 21 day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of Oct, 1985, authorizing the joining together as husband and wife JAMIE EDWARD FIFE and JOANNA PEARL ALLEN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVE KOVALOW-ST. JOHN hereby certify that on the 2nd day of NOVEMBER one thousand nine hundred and 85 at PITTSBORO, County of HENDRICKS, State of Indiana, Groom JAMIE EDWARD FIFE of HENDRICKS County, State of IN, and, Bride JOANNA PEARL ALLEN 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 2nd day of NOVEMBER, 19 85.

Signed /s/ DAVE KOVALOW-ST. JOHN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of NOVEMBER, 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. 549

File

10-22-85 Date of Application

MALE
Medical Examination Report Dated 10-7-85
Name of Physician Dimothy Priest

FEMALE
Medical Examination Report Dated 10-7-85
Name of Physician Dimothy Priest

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joel Middle A. Last Gummere

Date of Birth: Month 8 Day 29 Year 63

Place of Birth (State or foreign country) Marion Co. Indiana

Residence Address: Street or R. R. 2447 Lake O'Pantems Dr. City Indpls. County Hend Co. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 S. Gummere
   Residence of father (if deceased so state) Indpls. Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jo Irene Tenty
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joel A Gummere

New Address 2447 Lake O Pantems Dr

Subscribed and sworn to before me this 22 day of Oct., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Janice Middle M. Last Stock

Date of Birth: Month 1 Day 23 Year 65

Place of Birth (State or foreign country) Indpls - Indiana

Residence Address: Street or R. R. 2447 Lake O'Pantems Dr City Indpls. County Hend. Co. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry L. Stock
   Residence of father (if deceased so state) Indpls. Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Roberta J. Ballard
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Janice M Stock

New Address 2447 Lake O Lantern Dr.

Subscribed and sworn to before me this 22 day of Oct 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* October, *19* 85, *authorizing the joining together as husband and wife* JOEL ARTHUR GUMMERE *and* JANICE MARIE STOCK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ANDREW P. CROWLEY *hereby certify that on the* 2nd *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* SPEEDWAY, *County of* MARION, *State of Indiana, Groom* JOEL ARTHUR GUMMERE *of* HENDRICKS *County, State of* IN, *and, Bride* JANICE MARIE STOCK *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 2nd *day of* NOVEMBER, *19* 85.

Signed /s/ ANDREW P. CROWLEY

Official Designation SENIOR MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* NOVEMBER, *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. 550

File

10-24-85
Date of Application

MALE
Medical Examination Report Dated 10-12-85
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 10-12-85
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: First Rich Middle Darryl Darrell Last Pressley

Date of Birth: Month 6 Day 22 Year 60

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 981 W. Main St. City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind?	No ☒	Yes ☐
If answer is "yes", has the adjudication been removed?	No ☒	Yes ☐
2. Are you afflicted with a transmissible disease?	No ☒	Yes ☐
3. Are you related to the female applicant closer than second cousin?	No ☐	Yes ☐
4. Are you now under the influence of intoxicating liquor?	No ☐	Yes ☐
5. Are you now under the influence of a narcotic drug?	No ☐	Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Pressley
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Tennessee

9. Full maiden name of mother Mildred Lucille Nevels
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rich Darrell Pressley
New Address Same

Subscribed and sworn to before me this 24th day of October, 1985.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Leanne Middle Johnson Last

Date of Birth: Month 12 Day 4 Year 1964

Place of Birth (State or foreign country) Berwyn, Illinois

Residence Address: Street or R. R. 981 W. Main, Apt. #3 City Danville County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind?	No ☒	Yes ☐
If answer is "yes", has the adjudication been removed?	No ☐	Yes ☐
2. Are you afflicted with a transmissible disease?	No ☒	Yes ☐
3. Are you related to the male applicant closer than second cousin?	No ☒	Yes ☐
4. Are you now under the influence of intoxicating liquor?	No ☒	Yes ☐
5. Are you now under the influence of a narcotic drug?	No ☒	Yes ☐

6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Stanley Andrew Johnson
Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Judith Irene Chamness
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Leanne Johnson
New Address same

Subscribed and sworn to before me this 24th day of October, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of Oct, 19 85, authorizing the joining together as husband and wife RICK DARRELL PRESSLEY and LEANNE JOHNSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ~~STANLEY A. JOHNSON~~ hereby certify that on the ~~9th~~ day of NOVEMBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom RICK D. PRESSLEY of HENDRICKS County, State of IN, and, Bride LEANNE JOHNSON 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 9th day of NOVEMBER, 19 85.

Signed /s/ STANLEY A. JOHNSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of NOVEMBER, 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. 551

File

10-25-85 Date of Application

MALE
Medical Examination Report Dated 10-5-85
Name of Physician Kenneth L. Gray MD

FEMALE
Medical Examination Report Dated 10-5-85
Name of Physician Kenneth L. Gray 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 Larry Middle Wayne Last Ringer

Date of Birth: Month 4 Day 9 Year 55

Place of Birth (State or foreign country) Plymouth, Columbus, Indiana

Residence Address: Street or R. R. 6148 Terrace Dr. City Johnston County State Iowa 50131

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Robert Ringer
   Residence of father (if deceased so state) Plymouth, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rose Wojcik Ringer
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Wayne Ringer

New Address 6148 Terrace Dr. Johnston Ia. 50131

Subscribed and sworn to before me this 25th day of October, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Sue Last Jackson

Date of Birth: Month 1 Day 5 Year 62

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 60 Carnaby Dr. City Brownsburg County State In. 46112

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Eric Jackson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Adrienne Lambert ~~Jack~~
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia Sue Jackson

New Address 6148 Terrace Dr. Johnston, In. 50131

Subscribed and sworn to before me this 25th day of October, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of NOV, 19 85, authorizing the joining together as husband and wife LARRY WAYNE RINGER and CYNTHIA SUE JACKSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, TED D. STEPHENSON hereby certify that on the 9th day of NOVEMBER, one thousand nine hundred and 85 at INDPLS., County of MARION, State of Indiana, Groom LARRY WAYNE RINGER of POLK County, State of IOWA, and, Bride CYNTHIA SUE JACKSON 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 9th day of NOVEMBER, 19 85. Signed /s/ TED D. STEPHENSON

Official Designation ORDAINED MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of NOVEMBER, 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. 552

File

10-25-85
Date of Application

MALE
Medical Examination Report Dated 10-9-85
Name of Physician Michael A. Graham

FEMALE
Medical Examination Report Dated 10-9-85
Name of Physician Michael A. Graham

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle Bruce Last Best

Date of Birth: Month 5 Day 23 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9880 W. 10th & Lot 26-5 City Adpls. County Hend Co. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Jio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ray Best
   Residence of father (if deceased so state) Indiana, Brownsburg
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Doris Mary Adkins
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ronald Bruce Best

New Address 9880 W. 10th Lot 26-5

Subscribed and sworn to before me this 25 day of Oct, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sally Middle J. Last Fields

Date of Birth: Month 6 Day 11 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9880 W. 10th & Lot 26-5 City Adpls. County Hend. Co. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Jio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Chester Fields
   Residence of father (if deceased so state) Adpls. Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sandra Jo Bloodlove
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sally J. Fields

New Address 9880 W 10th Lot 26-5

Subscribed and sworn to before me this 25 day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of Oct., 19 85, authorizing the joining together as husband and wife RONALD BRUCE BEST and SALLY J. FIELDS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN R. CANEDY hereby certify that on the 2nd day of NOVEMBER one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom RONALD BRUCE BEST of HENDRICKS County, State of IN, and, Bride SALLY J. FIELDS 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 2nd day of NOVEMBER, 19 85.

Signed /s/ JOHN R. CANEDY

Official Designation PASTER

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of NOVEMBER, 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. 553

File

10-25-85 Date of Application

MALE
Medical Examination Report Dated 10-22-85
Name of Physician Alfred C. Jones

FEMALE
Medical Examination Report Dated 10-22-85
Name of Physician Alfred C. Jones

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle Michael Last McCullough

Date of Birth: Month 11 Day 5 Year 1957

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R. R. 614-C Lakeside Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Walter Claude McCullough
   Residence of father (if deceased so state) Penn.
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Delores Margaret Mamske
   Residence of mother (if deceased so state) Wisconsin
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin Michael McCullough

New Address 102 Kitchen Rd Mooresville IN. 46158

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kathy Middle Marie Last Wilson

Date of Birth: Month Jan. Day 7 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 614-C Lakeside Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Mark Edward Wilson

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Frank Edwards
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Rose Mae Swift
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathy M. Wilson

New Address 102 Kitchen Rd Mooresville In 46158

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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 31st day of October, 19 85, authorizing the joining together as husband and wife KEVIN MICHAEL McCULLOUGH and KATHY MARIE WILSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, BERNARD J. GOHMAN, JR. hereby certify that on the 20th day of NOVEMBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom KEVIN MICHAEL McCULLOUGH of HENDRICKS County, State of IN, and, Bride KATHY MARIE WILSON 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 20th day of NOVEMBER, 19 85

Signed /s/ BERNARD J. GOHMAN, JR.

Official Designation MARION COUNTY CLERK

Filed and recorded in accordance with the laws of the State of Indiana this 22th day of NOVEMBER, 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. 554

File

10-28-85
Date of Application

MALE
Medical Examination Report Dated 9-25-85
Name of Physician Scamahorn

FEMALE
Medical Examination Report Dated 9-25-85
Name of Physician Scamahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Keith Middle alan Last Freije
Date of Birth: Month Sept Day 22 Year 1967
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 65 Warren Lane City B'Burg County Hendricks State In

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Frank Freije
   Residence of father (if deceased so state) B'Burg Ind

FEMALE APPLICANT

Name: First Lisa Middle Kathleen Last McCloud
Date of Birth: Month April Day 4 Year 1969
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 602 East Main St City B'Burg County Hendricks State In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Grant McCloud
   Residence of father (if deceased so state) B'Burg In.
   Birthplace of father (State or foreign country) Indpls Ind.
9. Full maiden name of mother Eleanor Starr Bond
   Residence of mother (if deceased so state) B'Burg
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa McCloud
New Address 602 E. Main B'Burg, Ind.
Subscribed and sworn to before me this 28 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed Eleanor Starr McCloud Mother
Subscribed and sworn to before me this 28 day of Oct, 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. Court by written order issued Agl Warren 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 28 day of Oct., 1985, authorizing the joining together as husband and wife KEITH ALAN FREIJE and LISA KATHLEEN McCLOUD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS L. DODSON hereby certify that on the 16th day of NOVEMBER one thousand nine hundred and 85 at FAITH CONGREGATIONAL CHURCH, County of HENDRICKS, State of Indiana, Groom KEITH ALAN FREIJE of HENDRICKS County, State of IN and, Bride LISA KATHLEEN McCLOUD 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 OCTOBER, 19 85.

Signed /s/ DENNIS L. DODSON
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of NOVEMBER, 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. 554

File

10-28-85
Date of Application

MALE
Medical Examination Report Dated 9-25-85
Name of Physician Scanahorn

FEMALE
Medical Examination Report Dated 9-25-85
Name of Physician Scanahorn

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Keith Middle alan Last Freije

Date of Birth: Month Sept Day 22 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 65 Warren Lane City B'Burg County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Frank Freije
   Residence of father (if deceased so state) B'Burg Ind
   Birthplace of
9. Full maiden
   Residence of
   Birthplace of

State of Indian
County of

Subscribed and
Murg

CONSENT OF

We, the parents
signs, state fact

State of Indiana
County of

Subscribed and

FEMALE APPLICANT

Name: First Lisa Middle Kathleen Last Mc Cloud

Date of Birth: Month april Day 4 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 602 East Main St City B'Burg County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Grant Mc Cloud
   Residence of father (if deceased so state) B'Burg Ind

I, VIRGIL G McCloud, hereby give my consent for my DAughter, LISA K McCloud to marry Keith Freije.

X Virgil G McCloud

Subscribed and sworn to before me this 23rd day of Oct. 1985.

Ruth A. Burroughs
RUTH A. BURROUGHS
Notary Public

Cty. Hendricks
Expires
1/13/88

.....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 Agl. Warren 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 28 day of Oct., 1985, authorizing the joining together as husband and wife KEITH ALAN FREIJE and LISA KATHLEEN McCLOUD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS L. DODSON hereby certify that on the 16th day of NOVEMBER, one thousand nine hundred and 85, at FAITH CONGREGATIONAL CHURCH, County of HENDRICKS, State of Indiana, Groom KEITH ALAN FREIJE of HENDRICKS County, State of IN, and, Bride LISA KATHLEEN McCLOUD 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 OCTOBER, 1985.

Signed /s/ DENNIS L. DODSON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of NOVEMBER, 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. 555

File

10-29-85 Date of Application

MALE
Medical Examination Report Dated 10-22-85
Name of Physician J. Kerlin

FEMALE
Medical Examination Report Dated 10-22-85
Name of Physician J. Kerlin

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle Lee Last Lone

Date of Birth: Month Sept. Day 18 Year 1965

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 3 Box 363-18 City Clayton County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert L. Lone
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Barbara L. Berdine
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin Lone

New Address RR3 Box 363-18

Subscribed and sworn to before me this 29 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle Kay Last Poynter

Date of Birth: Month Feb Day 4 Year 1967

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. Rt 3 Box 363-18 City Clayton County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Poynter
   Residence of father (if deceased so state) Clayton In.
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Barbara Robertson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pam K. Poynter

New Address RR 3 Box 363-18

Subscribed and sworn to before me this 29 day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 6 day of November, 19 85, authorizing the joining together as husband and wife KEVIN LEE LONE and PAMELA KAY POYNTER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. RAYMOND RISSLER hereby certify that on the 9th day of NOVEMBER, one thousand nine hundred and 85 at CLAYTON, County of HENDRICKS, State of Indiana, Groom KEVIN LEE LONE of HENDRICKS County, State of IN, and, Bride PAMELA KAY POYNTER 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 9th day of NOV., 19 85. Signed /s/ C. RAYMOND RISSLER

Official Designation BAPTIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of NOVEMBER, 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. 556

File

10-29-85
Date of Application

MALE
Medical Examination Report Dated 10-12-85
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 10-12-85
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: First Edward Middle McReese Last Modglin III

Date of Birth: Month Aug Day 3 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 130 Scearce City Danville County Hen. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward McReese Modglin, Jr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dawn Elaine Osborne
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edward M. Modglin III

New Address same

Subscribed and sworn to before me this 29 day of Oct, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Dixie Middle Kay Last Sunman

Date of Birth: Month March Day 25 Year 1963

Place of Birth (State or foreign country) Danville Indiana

Residence Address: Street or R. R. 130 Scearce, City Danville County Hen. State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Ellsworth Sunman
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janetta Jeanette Kay Crawford
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dixie K. Sunman

New Address same

Subscribed and sworn to before me this 29 day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* November, 1985, *authorizing the joining together as husband and wife* EDWARD McREESE MODGLIN III *and* DIXIE KAY SUNMAN.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN P. ROOF *hereby certify that on the* 9th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* EDWARD McREESE MODGLIN III *of* HENDRICKS *County, State of* IN, *and, Bride* DIXIE KAY SUNMAN *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 9th *day of* NVOEMBER, 19 85.

Signed /s/ JOHN P. ROOF

Official Designation EPISCOPAL PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* NOVEMBER, 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. 557

File 10-30-85
Date of Application

MALE
Medical Examination Report Dated 10-10-85
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 10-10-85
Name of Physician Joseph Thompson, 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 Russell; Middle Eugene; Last Hammer Jr.
Date of Birth: Month March; Day 9; Year 1960
Place of Birth (State or foreign country): Indpls. In.
Residence Address: Street or R. R. 1054 Norman Rd.; City Brownsburg; County; State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Eugene Hammer, Sr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Karen Kaye Eller
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Illinois Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Russell Eugene Hammer Jr.
New Address same

Subscribed and sworn to before me this 30th day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Natalie; Middle Frances; Last Trusnik
Date of Birth: Month 10; Day 4; Year 1959
Place of Birth (State or foreign country): Indpls. Indiana
Residence Address: Street or R. R. 1054 Norman Rd.; City Brownsburg (Hen); County; State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mac Thomas Trusnik
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Shirley Eugena Zeronik
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Natalie Frances Trusnik
New Address same

Subscribed and sworn to before me this 30th day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 5 day of Nov., 19 85, authorizing the joining together as husband and wife RUSSELL EUGENE HAMMER JR. and NATALIE FRANCES TRUSNIK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, D. MICHAEL WELCH hereby certify that on the 9th day of NOVEMBER, County of MARION, one thousand nine hundred and 85 at SPEEDWAY, County of HENDRICKS, State of IN, State of Indiana, Groom RUSSELL EUGENE HAMMER, JR. of HENDRICKS County, State of IN, and, Bride NATALIE FRANCES TRUSNIK 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 9th day of NOVEMBER, 19 85. Signed /s/ D. MICHAEL WELCH
Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of NOVEMBER, 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. 558

File

10-30-85
Date of Application

MALE
Medical Examination Report Dated 10-25-85
Name of Physician David Hadley, M.D.

FEMALE
Medical Examination Report Dated 10-28-85
Name of Physician David M. Hadley, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul Middle Bradley Last Williams

Date of Birth: Month 9 Day 13 Year 1961

Place of Birth (State or foreign country) Naples, In.

Residence Address: 100 Street or R. R. RR1 Box 92 City Fillmore 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) Divers 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 A. Williams
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Margaret Fidler
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul Williams

New Address 1007 Cambridge Dr.

Subscribed and sworn to before me this 30th day of Oct., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jami Middle Lynn Last Pound

Date of Birth: Month April Day 19 Year 1966

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R. R. 1007 Cambridge Dr. City Plfd. County (Hen.) State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Kaye Pound
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sheryl Lynn Olmi
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jami Lynn Pound

New Address 1007 Cambridge Dr

Subscribed and sworn to before me this 30th day of Oct, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of November, 19 85, authorizing the joining together as husband and wife PAUL BRADLEY WILLIAMS and JAMI LYNN POUND

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN L. CROSE hereby certify that on the 16th day of NOVEMBER one thousand nine hundred and 85 at RAINBOW ACRES CHURCH OF GOD, County of HENDRICKS, State of Indiana, Groom PAUL BRADLEY WILLIAMS of PUTNAM County, State of IN, and, Bride JAMI LYNN POUND 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 16th day of NOVEMBER, 19 85.

Signed /s/ JOHN L. CROSE

Official Designation ORDAINED MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of NOVEMBER, 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. 559

File 10-30-85 Date of Application

MALE
Medical Examination Report Dated 10-17-85
Name of Physician Dr. David Haggard

FEMALE
Medical Examination Report Dated 10-17-85
Name of Physician Dr. David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jimmie Middle Lee Last Vogel, Jr.

Date of Birth: Month 11 Day 17 Year 1959

Place of Birth (State or foreign country) Indpls. Indiana

Residence Address: Street or R. R. 518 Lawndale City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jimmie Lee Vogel, III
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jimmie Lee Vogel, Sr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Violet Louise Danz
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jimmie Lee Vogel Jr.

New Address same

Subscribed and sworn to before me this 30th day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lora Middle Jo Last Myers

Date of Birth: Month 1 Day 14 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 518 Lawndale City Plainfield County (Hen.) State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Michael Jason Myers
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Bethal Wiggins
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janette Rose Ewell
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lora J Myers

New Address same

Subscribed and sworn to before me this 30th day of Oct, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4 *day of* Nov., 19 85, *authorizing the joining together as husband and wife* JIMMIE LEE VOGEL, JR. *and* LORA JO MYERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MYRON BARNARD *hereby certify that on the* 9th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* JIMMIE LEE VOGEL, JR. *of* HENDRICKS *County, State of* IN, *and, Bride* LORA JO MYERS *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 9th *day of* NOVEMBER, 19 85.

Signed /s/ MYRON BARNARD

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* NOVEMBER, 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. 560

File

10-30-85
Date of Application

MALE
Medical Examination Report Dated 10-19-85
Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 10-19-85
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: First Shannon Middle Wade Last Stalcup

Date of Birth: Month 11 Day 16 Year 1965

Place of Birth (State or foreign country) Linton, Indiana

Residence Address: Street or R. R. 232, Bruland Dr. City Indpls County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald Gene Stalcup
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Delores Stiffler ~~Phipps~~
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shannon Stalcup

New Address RR 1 BOX 416 Danville

Subscribed and sworn to before me this 30th day of October, 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Laura Middle Lee Last Hart

Date of Birth: Month 10 Day 29 Year 1965

Place of Birth (State or foreign country) Indpls Indiana

Residence Address: Street or R. R. RR 1, Box 416 City Danville County (Hen.) State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joe Donald Hart
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Helen Mae York
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Laura L. Hart

New Address RR 1 Box 416 Danville

Subscribed and sworn to before me this 30th day of October, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* NOVEMBER, *19* 85, *authorizing the joining together as husband and wife* SHANNON WADE STALCUP *and* LAURA LEE HART

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GEORGE W. DAVIS *hereby certify that on the* 16th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* SHANNON WADE STALCUP *of* HENDRICKS *County, State of* IN, *and, Bride* LAURA LEE HART *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 16th *day of* NOVEMBER, *19* 85.

Signed /s/ GEORGE W. DAVIS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* NOVEMBER, *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. 561

File

Date of Application

MALE
Medical Examination Report Dated 10-21-85
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 10-23-85
Name of Physician Glenn Baker, M.D

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Isadore Last Gading

Date of Birth: Month 12 Day 12 Year 1962

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R. R. P.O. Box 75 City Lizton County (Hen) State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Olert Gading
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Dolores Gertrude Roth
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed /David I. Gading

New Address Same

Subscribed and sworn to before me this 1st day of November, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Monica Middle Lynn Last Walker

Date of Birth: Month Feb Day 9 Year 1965

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R. R. P.O. Box 75 City Lizton County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Samuel Lavy Walker
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Brenda Kay Garrette
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Monica L Walker

New Address Same as above.

Subscribed and sworn to before me this 1st day of November, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of Nov. 85, authorizing the joining together as husband and wife DAVID I. GADING and MONICA L. WALKER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MARTIN A. PETER hereby certify that on the 9th day of NOVEMBER, one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom DAVID I. GADING of HENDRICKS County, State of IN, and, Bride MONICA L. WALKER 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 9th day of NOVEMBER, 19 85.

Signed /s/ MARTIN A. PETER

Official Designation CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of NOVEMBER, 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. 562

File

Nov. 1 1985
Date of Application

MALE
Medical Examination Report Dated 10-28-85
Name of Physician M. L. Nelly Md.

FEMALE
Medical Examination Report Dated 10-28-85
Name of Physician M. L. Nelly 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 David Middle Michael Last Fellows
Date of Birth: Month Oct Day 8 Year 1947
Place of Birth (State or foreign country): Putnam Co. In.
Residence Address: Street or R. R. RR#1 Box 34 City Reelsville County (Putnam) State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver License (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.

   Michelle Fellows

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Thurman Watson Fellows
   Residence of father (if deceased so state): deceased
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Bessie Jane Sanders
   Residence of mother (if deceased so state): Reelsville In.
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Michael Fellows
New Address 614 Hanley St Plainfield, In 46168
Subscribed and sworn to before me this 1st day of Nov, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Brenda Middle Kay Last Hutchins
Date of Birth: Month January Day 31 Year 1956
Place of Birth (State or foreign country): Putnam Co. In
Residence Address: Street or R. R. 614 Hanley City Plainfield County (Hend.) State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Glen Allen Hutchins Jr.
   Residence of father (if deceased so state): Coatesville In.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Peggy Ann Jackman
   Residence of mother (if deceased so state): Coatesville In.
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda K. Hutchins
New Address 614 Hanley St, Plainfield, IN 46168
Subscribed and sworn to before me this 1st day of Nov, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of Nov., 19 85, authorizing the joining together as husband and wife DAVID M. FELLOWS and BRENDA K. HUTCHINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PATRICK E. SMITH hereby certify that on the 16th day of NOVEMBER one thousand nine hundred and 85 at BELLE UNION, County of PUTNAM, State of Indiana, Groom DAVID M. FELLOWS of PUTNAM County, State of IN and, Bride ~~BRENDA K. HUTCHINS~~ 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 16th day of NOVEMBER, 19 85.

Signed /s/ PATRICK E. SMITH
Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of NOVEMBER, 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. 563

File

11-1-85 Date of Application

MALE
Medical Examination Report Dated 10-24-85
Name of Physician Dr Alfred Chas Jones

FEMALE
Medical Examination Report Dated 10-24-85
Name of Physician Alfred C. Jones, D.O.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle Eldon Last Seaton

Date of Birth: Month Aug. Day 5 Year 1954

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. Lot 39, 11225 W. Washington City Indpls County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willert Eldon Seaton
   Residence of father (if deceased so state) Illinois
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Amy Jeane Smith
   Residence of mother (if deceased so state) Illinois
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles E. Seaton

New Address Same

Subscribed and sworn to before me this 1st day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Sue Last Cox

Date of Birth: Month April Day 26 Year 1949

Place of Birth (State or foreign country) Linton, Indiana

Residence Address: Street or R. R. Lot 39, 11225 W. Washington St. City Indpls County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Eugene Robertson
   Residence of father (if deceased so state) ~~Indiana~~ deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elise Joann Pitt
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) England

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jennifer S. Cox

New Address Same

Subscribed and sworn to before me this 1st day of Nov, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS *Circuit Court*

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* November, 19 85, *authorizing the joining together as husband and wife* CHARLES ELDON SEATON *and* JENNIFER SUE COX

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PAUL JONES *hereby certify that on the* 9th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* INDIAN PRAIRIE BAPTIST, *County of* SULLIVAN, *State of Indiana, Groom* CHARLES ELDON SEATON *of* HENDRICKS *County, State of* IN, *and, Bride* JENNIFER SUE COX *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 9th *day of* NOVEMBER, *19* 85.

Signed /s/ PAUL JONES

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* NOVEMBER, *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. 564

File

11-4-85 Date of Application

MALE
Medical Examination Report Dated 10-30-85
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 10-30-85
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gregory Middle Glen Last Smith

Date of Birth: Month 9 Day 3 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 135 Simmons City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Duviers 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 Hubert Smith
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Shirley Joy Alsvede
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gregory G Smith

New Address same

Subscribed and sworn to before me this 4th day of Nov. 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Natalie Middle Jo Last Homan

Date of Birth: Month 9 Day 4 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 135 Simmons City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Duviers 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 Noble Homan
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Jo Ward
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Natalie Jo Homan

New Address same

Subscribed and sworn to before me this 4th day of Nov. 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 *day of* Nov. *19* 85, *authorizing the joining together as husband and wife* GREGORY GLEN SMITH *and* NATALIE JO HOMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD ZORE *hereby certify that on the* 9th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* GREGORY GLEN SMITH *of* HENDRICKS *County, State of* IN, *and, Bride* NATALIE JO HOMAN *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 9th *day of* NOVEMBER, *19* 85.

Signed /s/ RICHARD ZORE

Official Designation ROMAN CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* NOVEMBER, *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. 565

File

Nov. 5 1985
Date of Application

MALE
Medical Examination Report Dated 10-30-85
Name of Physician Larry C. Hughes

FEMALE
Medical Examination Report Dated 10-30-85
Name of Physician Larry C. Hughes

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gregory Middle Allen Last Gray

Date of Birth: Month July Day 9 Year 1967

Place of Birth (State or foreign country): Putnam Co. Indiana

Residence Address: Street or R. R. Amby, In. 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl Gray
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lorene Brewer
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Greg Gray

New Address

Subscribed and sworn to before me this 5th day of Nov., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kay Middle Ellen Last Boles

Date of Birth: Month May Day 24 Year 1963

Place of Birth (State or foreign country): Martinsville, In.

Residence Address: Street or R. R. Plainfield, In. City County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry E. Boles
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia A. Van Metre
   Residence of mother (if deceased so state) Plainfield, In
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kay E. Boles

New Address

Subscribed and sworn to before me this 5th day of Nov., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of November, 1985, authorizing the joining together as husband and wife GREGORY ALLEN GRAY and KAY ELLEN BOLES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY E. CONCUS hereby certify that on the 16th day of NOVEMBER, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom GREGORY ALLEN GRAY of HENDRICKS County, State of INDIANA, and, Bride KAY ELLEN BOLES of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16th day of NOVEMBER, 19 85.

Signed /s/ LARRY E. CONCUS

Official Designation MINSITER

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of NOVEMBER, 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. 566

File

11-5-85
Date of Application

MALE
Medical Examination Report Dated 10-26-85
Name of Physician M.D. Seamatow

FEMALE
Medical Examination Report Dated 10-26-85
Name of Physician M.D. Seamatow

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-4-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Christopher Middle A. Last Ross
Date of Birth: Month 9 Day 5 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 1 Box 38 City North Salem County Hend Co. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Steven E. Ross
   Residence of father (if deceased so state) North Salem Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet S. Wyth
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Christopher A. Ross

New Address

Subscribed and sworn to before me this 5 day of Nov., 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Annette Middle C. Last Waters
Date of Birth: Month 3 Day 8 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR. 1 Box 246D City Pittsboro County Hend. Co. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles T. Waters
   Residence of father (if deceased so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia J. Norman
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Annette C Waters

New Address RR 1 Box 246D Pittsboro

Subscribed and sworn to before me this 5 day of Nov., 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of November, 19 85, authorizing the joining together as husband and wife CHRISTOPHER A. ROSS and ANNETTE C. WATERS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KATHY KIESER hereby certify that on the 15th day of NOVEMBER one thousand nine hundred and 85 at PITTSBORO, County of HENDRICKS, State of Indiana, Groom CHRISTOPHER A. ROSS of HENDRICKS County, State of IN and, Bride ANNETTE C. WATERS 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 15th day of NOV., 19 85.

Signed /s/ KATHY KIESER
Official Designation U.M. MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18. day of NOVEMBER, 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. 567

File

11-6-85 Date of Application

MALE
Medical Examination Report Dated 10-21-85
Name of Physician Larry C. Hughes, D.O.

FEMALE
Medical Examination Report Dated 10-21-85
Name of Physician Larry C. Hughes, D.O.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Darrin Middle Harrison Last James

Date of Birth: Month April Day 4 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 427 Harding St. City Plfd (Hen.) County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wilmer Edward James
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Donna Darlene Hayes
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Darrin H James
New Address 427 Harding ST Plainfield

Subscribed and sworn to before me this 6th day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Teresa Middle Ann Last Pingelton

Date of Birth: Month 2 Day 27 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 932 Sheets Rd City Mooresville County State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Edward Pingelton
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Wilma Jean Bryant
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teresa Pingelton
New Address 427 Harding St Plainfield

Subscribed and sworn to before me this 6th day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS *Circuit Court*

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* November, 19 85, *authorizing the joining together as husband and wife* DARRIN HARRISON JAMES *and* TERESA ANN PINGELTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILBURN M. BOHANON *hereby certify that on the* 9th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* DARRIN HARRISON JAMES *of* HENDRICKS *County, State of* IN, *and, Bride* TERESA ANN PINGELTON *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* NOVEMBER, 19 85. *Signed* /s/ WILBURN M. BOHANON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* NOVEMBER, 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. 568

File

11-7-85 Date of Application

MALE
Medical Examination Report Dated 11-18-85
Name of Physician Ryo Choi

FEMALE
Medical Examination Report Dated 10-28-85
Name of Physician James Robey?

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle Henry Last Hughes

Date of Birth: Month Sept Day 22 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Eve Morn Rd City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) S.S. Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Andre C. Hughes
   Simone A. "
   Christopher D. "
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Lewis Hughes
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Sylvia Teresa Suber
   Residence of mother (if deceased so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas H. Hughes
New Address Plainfield, Ind. 127

Subscribed and sworn to before me this 18 day of Nov, 19 85.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Ivinea Middle M. Last Reed

Date of Birth: Month 10 Day 2 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5632 Portsmouth City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drs. 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.
   Mark D. Reed
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Buckner
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Vio Dale Hilliard
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Mississippi

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ivinea M. Reed
New Address 5632 Portsmouth

Subscribed and sworn to before me this 7 day of Nov, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18th *day of* NOVEMBER, *19* 85, *authorizing the joining together as husband and wife* THOMAS HENRY HUGHES *and* IVINEA MALINE REED

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, WILLIAM BUMPHUS *hereby certify that on the* 22nd *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* INDIANA YOUTH CENTER, *County of* HENDRICKS, *State of Indiana, Groom* THOMAS HENRY HUGHES *of* HENDRICKS *County, State of* IN *and, Bride* IVINEA MALINE REED *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 22nd *day of* NOVEMBER, *19* 85.

Signed /s/ WILLIAM BUMPHUS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* NOVEMBER, *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. 569

File

11-6-85 Date of Application

MALE
Medical Examination Report Dated 10-17-85
Name of Physician Norman Klaupaw

FEMALE
Medical Examination Report Dated 10-17-85
Name of Physician Norman Klaupaw

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ben Middle — Last Carlisle

Date of Birth: Month 2 Day 3 Year 55

Place of Birth (State or foreign country) Mississippi

Residence Address: Street or R. R. 275 E. 800 S. City Lebanon County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Fee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Benjamin
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas A. Carlisle
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Mississippi
9. Full maiden name of mother Violet Mayhall Jones
   Residence of mother (if deceased so state) Ore.
   Birthplace of mother (State or foreign country) Ore.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ben Carlisle

New Address 275 E 800 S. Lebanon In.

Subscribed and sworn to before me this 6 day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carol Middle — Last Snoeberger

Date of Birth: Month 3 Day 2 Year 48

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 275 E. 800 S. City Lebanon County Hend. State Co.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Christopher Snoeberger
   Aaron "
   Rachel "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James E. Wells
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Francis Louise Harnett
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Carol Snoeberger

New Address 275 E. 800 S. Lebanon, In.

Subscribed and sworn to before me this 6 day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of Nov., 19 85, authorizing the joining together as husband and wife BENJAMIN H. CARLISLE and CAROL A. SNOEBERGER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DON R. McWILLIAMS hereby certify that on the 22nd day of NOVEMBER, one thousand nine hundred and 85 at FAYETTE, County of BOONE, State of Indiana, Groom BENJAMIN H. CARLISLE of HENDRICKS County, State of IN, and, Bride CAROL A. SNOEBERGER 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 NOVEMBER, 19 85.

Signed /s/ DON R. McWILLIAMS

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of DECEMBER, 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. 570

File

Nov. 7, 1985
Date of Application

MALE
Medical Examination Report Dated Nov. 4, 1985
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated Nov. 1, 1985
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Billy Middle W. Last Williams
Date of Birth: Month 7 Day 26 Year 36
Place of Birth (State or foreign country) Pittsboro Indiana
Residence Address: Street or R. R. R #2 City Pittsboro County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elbert Wesley Williams
   Residence of father (if deceased so state) Cloverdale, Indiana
   Birthplace of father (State or foreign country) Brownsburg, In.
9. Full maiden name of mother Martha Parker
   Residence of mother (if deceased so state) Cloverdale, Indiana
   Birthplace of mother (State or foreign country) Pittsboro, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Billy W. Williams
New Address
Subscribed and sworn to before me this 7 day of November, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Constance Middle L. Last Sconland
Date of Birth: Month 12 Day 16 Year 49
Place of Birth (State or foreign country) Brownsburg, Indiana
Residence Address: Street or R. R. 1816 Hemlock La. City Plfd. County In. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers Licese

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donnel F. McCown
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Danville, Indiana
9. Full maiden name of mother Betty L. Chelf
   Residence of mother (if deceased so state) Plfd. In.
   Birthplace of mother (State or foreign country) Pittsboro, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Constance L. Sconland
New Address 1816 Hemlock Lane Plainfield
Subscribed and sworn to before me this 7 day of November, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* Nov. *,* 85 *, authorizing the joining together as husband and wife* BILLY W. WILLIAMS *and* CONSTANCE L. SCONLAND

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY R. HESSON *hereby certify that on the* 14th *day of* NOVEMBER *one thousand nine hundred and* 85 *at* DANVILLE *, County of* HENDRICKS *, State of Indiana, Groom* BILLY W. WILLIAMS *of* HENDRICKS *County, State of* IN *and, Bride* CONSTANCE L. SCONLAND *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* NOVEMBER *,* 85 .

Signed /s/ LARRY R. HESSON
Official Designation JUDGE, SUP. II

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* NOVEMBER *,* 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. 571

File

11-8-85 Date of Application

MALE
Medical Examination Report Dated 11-5-85
Name of Physician M. Bush

FEMALE
Medical Examination Report Dated 11-7-85
Name of Physician Michael Booth

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Corey Middle Leonard Last Link

Date of Birth: Month Dec Day 16 Year 1965

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 11085 W. Wash. Lot 31 City Indpls. County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert E. Lesh
   Residence of father (if deceased so state) Canby, Or.
   Birthplace of father (State or foreign country) Mo.
9. Full maiden name of mother Marilyn L. Keene
   Residence of mother (if deceased so state) Canby
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Corey L. Link

New Address

Subscribed and sworn to before me this 12 day of Nov, 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Drema Middle Dawn Last Patterson

Date of Birth: Month 10 Day 27 Year 68

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 4001 Six Points Rd. City Indpls. County Hend Co. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold R. Patterson
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Kay Shingleton
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Drema D. Patterson

New Address

Subscribed and sworn to before me this 8 day of Nov, 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, County of HENDRICKS } ss:

Signed X Father

Signed X Sandra K. Patterson Mother

Subscribed and sworn to before me this 8 day of Nov, 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 Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12th *day of* NOVEMBER, *19* 85, *authorizing the joining together as husband and wife* COREY LEONARD LINK *and* DREMA DAWN PATTERSON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RON HALLOCK *hereby certify that on the* 16th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* COREY LEONARD LINK *of* HENDRICKS *County, State of* IN, *and, Bride* DREMA DAWN PATTERSON *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 16th *day of* NOVEMBER, *19* 85.

Signed /s/ RON HALLOCK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* NOVEMBER, *19* 85

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 572

File

11-8-85 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-7-85
Name of Physician David M. Hadley, M.D.

FEMALE
Medical Examination Report Dated 11-7-85
Name of Physician David Hadley, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bryan Middle Christopher Last Kattman

Date of Birth: Month May Day 25 Year 1967

Place of Birth (State or foreign country): Indpls In.

Residence Address: 1455 Brookville Court, Columbus Ohio
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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Kattman
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Melissa L. Zasimovich
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bryan Christopher Kattman

New Address 1455 Brookville Court Columbus, Ohio 43229

Subscribed and sworn to before me this 8th day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Lou Ann Middle ~~Ann~~ Marie Last Newby

Date of Birth: Month May Day 22 Year 1967

Place of Birth (State or foreign country) Indpls In.

Residence Address: 3360 South Six Points Rd Indpls (Hsm.) In
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 male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father.....
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country).....
9. Full maiden name of mother Lou Della Marie Newby
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lou Ann Marie Newby

New Address 1455 Brookville Ct. Columbus OH 43229

Subscribed and sworn to before me this 8th day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15th day of Nov., 19 85, authorizing the joining together as husband and wife BRYAN CHRISTOPHER KATTMAN and LOU ANN MARIE NEWBY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, PAUL E. CABLE hereby certify that on the 17th day of NOVEMBER one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION State of Indiana, Groom BRYAN CHRISTOPHER KATTMAN of FRANKLIN County, State of OHIO and, Bride LOU ANN MARIE NEWBY 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 15th day of NOVEMBER, 19 85.

Signed /s/ PAUL E. CABLE

Official Designation ORDAINED MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of NOVEMBER, 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. 573

File

11-12-85 Date of Application

MALE
Medical Examination Report Dated 10-31-85
Name of Physician R.W. Kirtley

FEMALE
Medical Examination Report Dated 10-31-85
Name of Physician R.W. Kirtley

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle C. Last Byers

Date of Birth: Month 7 Day 30 Year 47

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2569 E. Township Rd. City Plfd. County Hend Co. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 John Charles Byers
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marydean Sherman
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Larry C Byers

New Address 2569 E. Township Rd Plainfield, In

Subscribed and sworn to before me this 12 day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jane Middle Ellen Last Altepeter

Date of Birth: Month 8 Day 6 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2569 E. Township Rd. City Plfd. County Hend. Co. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Cyril Noah Altepeter
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Isadean Hakeman Hankerman
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jane Ellen Altepeter

New Address 2569 E Township Rd, Plainfield, In 85

Subscribed and sworn to before me this 12 day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* Nov. 85, *authorizing the joining together as husband and wife* LARRY C. BYERS *and* JANE ELLEN ALTEPETER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN L. CROSE *hereby certify that on the* 16th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* LARRY C. BYERS *of* HENDRICKS *County, State of* IN, *and, Bride* JANE ELLEN ALTEPETER *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 16th *day of* NOVEMBER, *19* 85.

Signed /s/ JOHN L. CROSE

Official Designation ORDAINED MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* NOVEMBER, *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. 574

File

11-12-85
Date of Application

MALE
Medical Examination Report Dated 11-10-85
Name of Physician Thomas Hayford

FEMALE
Medical Examination Report Dated 11-10-85
Name of Physician Thomas Hayford

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bill Middle Joseph Last Record

Date of Birth: Month 6 Day Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 949 N. Center Rd. City Plfd. County Hend. Co. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. 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 Robert Martin Record
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth A. Hillman
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X William J. Record
New Address 949 North Center Rd Plainfield

Subscribed and sworn to before me this 12 day of Nov., 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Betty Middle J. Last Denny

Date of Birth: Month 8 Day 21 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 949 N. Center Rd. City Plfd. County Hend. Co. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. 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 Robert Paul Denny Sr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Jean Jackson
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Betty J. Denny
New Address 949 North Center RD. Plainfield

Subscribed and sworn to before me this 12 day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup. H. 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* 12 *day of* Nov. *19* 85, *authorizing the joining together as husband and wife* WILLIAM J. RECORD *and* BETTY J. DENNY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHARLES C. HILLMAN *hereby certify that on the* 15th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* BROOKLYN, *County of* MORGAN, *State of Indiana, Groom* WILLIAM J. RECORD *of* HENDRICKS *County, State of* INDIANA *and, Bride* BETTY J. DENNY *of* HENDRICKS *County, State of* INDIANA, *were by me united 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* NOVEMBER, *19* 85.

Signed /s/ CHARLES C. HILLMAN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* NOVEMBER, *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. 575

File

11-12-85 Date of Application

MALE
Medical Examination Report Dated 11-4-85
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 11-5-85
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: First Harold Middle Eugene Last Beal

Date of Birth: Month Jan Day 2 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4975 West 16th St. City Speedway County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde McKinley Beal
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Flora Ann McFarland
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harold Eugene Beal

New Address 23 Lincoln Ave Brownsburg In.

Subscribed and sworn to before me this 12th day of Nov., 19 85.

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Elizabeth Middle Ann Last Webb

Date of Birth: Month 5 Day 1 Year 1952

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 23 Lincoln Ave. 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) 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 William Robert Webb
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Anderson
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth A. Webb

New Address 23 Lincoln Ave. Brownsburg In

Subscribed and sworn to before me this 12th day of Nov. 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of November, 19 85, authorizing the joining together as husband and wife of HAROLD EUGENE BEALS and ELIZABETH ANN WEBB

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD TYLER hereby certify that on the 22nd day of NOVEMBER, one thousand nine hundred and 85 at BETHESDA BAPTISH CHURCH, County of HENDRICKS, State of Indiana, Groom HAROLD EUGENE BEALS of MARION County, State of IN, and, Bride ELIZABETH ANN WEBB 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 NOVEMBER, 19 85.

Signed /s/ DONALD TYLER

Official Designation BAPTIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of NOVEMBER, 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. 578

File

11-12-85
Date of Application

MALE
Medical Examination Report Dated 10-26-85
Name of Physician Robert D. Aiello

FEMALE
Medical Examination Report Dated 11-7-85
Name of Physician Robert D. 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: First Christopher Middle J. Last Meyer
Date of Birth: Month Aug Day 12 Year 1966
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. Iron Rd City Plainfield County — State In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Meyer
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alice V. Foster
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Christopher J Meyer

New Address

Subscribed and sworn to before me this 12 day of Nov., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rochelle Middle L. Last Pugh
Date of Birth: Month June Day 4 Year 1969
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR #8 Box 381 City Indpls County — State In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☑
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert W. Pugh
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Carol Ann Lewis
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rochelle Pugh

New Address

Subscribed and sworn to before me this 12 day of Nov., 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, County of HENDRICKS } ss:

Signed Robert W. Pugh Father

Signed Carol A. Pugh Mother

Subscribed and sworn to before me this 12 day of Nov. 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 Superior Court #1 by written order issued 3 day & age and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12th *day of* NOVEMBER, *19* 85., *authorizing the joining together as husband and wife* CHRISTOPHER FOSTER MEYER *and* RACHELLE LEE PUGH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DENNIS R. FULTON *hereby certify that on the* 22nd *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* CHRISTOPHER FOSTER MEYER *of* HENDRICKS *County, State of* IN, *and, Bride* RACHELLE LEE PUGH *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* NOVEMBER, *19* 85.

Signed /s/ DENNIS R. FULTON

Official Designation CHRISTIAN MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* NOVEMBER, *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. 579

File

11-13-85
Date of Application

MALE
Medical Examination Report Dated N/A

Name of Physician

FEMALE
Medical Examination Report Dated N/A

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ivan Middle Eugene Last Soots

Date of Birth: Month 9 Day 09 Year 1911

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 204 Gordon St. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Julius Grant Soots
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nettie Elmita Sanders
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ivan Eugene Soots

New Address

Subscribed and sworn to before me this 13 day of Nov., 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Rosa Middle Last Estep

Date of Birth: Month 12 Day 22 Year 1920

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 204 Gordon St. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Voter's Registration

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Victor Stogsdill
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ona Erp
   Residence of mother (if deceased so state) ~~Deceased~~ Somerset, Ky.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rosa Estep

New Address

Subscribed and sworn to before me this 13 day of Nov., 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup. #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 *Circuit Court of Indiana dated the* 13 *day of* November, 1985, *authorizing the joining together as husband and wife* IVAN EUGENE SOOTS *and* ROSA ESTEP

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, EARL DUKES *hereby certify that on the* 16th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* IVAN E. SOOTS *of* HENDRICKS *County, State of* IN, *and, Bride* ROSA ESTEP *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 16th *day of* NOVEMBER, 19 85.

Signed /s/ EARL DUKES

Official Designation BAPTIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* NOVEMBER, 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. 578

File

11-14-85
Date of Application

MALE
Medical Examination Report Dated 11-12-85
Name of Physician Thomas M. Brogan, M.D.

FEMALE
Medical Examination Report Dated 11-12-85
Name of Physician Thomas M. Brogan, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle R. Last Foster

Date of Birth: Month 11 Day 04 Year 1943

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 8050 Dowrick Ln. City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Kevin - age 16 Susan - 12
   Kyle - age 15
   Daniel - age 14
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John R. Foster
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce E. Webb
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ John R. Foster

New Address

Subscribed and sworn to before me this 14 day of Nov., 19 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rita Middle Kay Last Bickley

Date of Birth: Month 11 Day 10 Year 1946

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 522 N. Carr Rd., City Plainfield, County Hend., State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Donald - 19 (in her custody)
   Darrell - 16 (" " ")
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clyde Bucher
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth E. Summerville
   Residence of mother (if deceased so state) Bloomfield, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Rita Kay Bickley

New Address

Subscribed and sworn to before me this 14 day of Nov., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup. Ct. 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* 14 *day of* November, 19 85, *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. 579

File

11-15-85 Date of Application

MALE
Medical Examination Report Dated 11-12-85
Name of Physician Wilson L Dalton

FEMALE
Medical Examination Report Dated 11-8-85
Name of Physician Larry D Lovall

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dale Middle Ray Last Huffman

Date of Birth: Month Aug Day 4 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR #1 Box 133 City Boggstown County Shelby State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr-Rec

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jennifer E. Huffman
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry I. Huffman
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gladys L. Downing
   Residence of mother (if deceased so state) Boggstown In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dale R. Huffman

New Address 658 Barbados Dr. Indianapolis IND 46227

Subscribed and sworn to before me this 15th day of Nov, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jamie Middle Sue Last Morelock

Date of Birth: Month Nov Day 15 Year 1962

Place of Birth (State or foreign country) Danville Indiana

Residence Address: Street or R. R. 64 N. Rd 300E City Danville County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr Rec

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Morelock
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Patricia Sue Sanders
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jamie S Morelock

New Address 658 Barbados Apt 2 Indianapolis Ind 46227

Subscribed and sworn to before me this 15th day of Nov. 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of November, 19 85, authorizing the joining together as husband and wife DALE RAY HUFFMAN and JAMIE SUE MORELOCK

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHRIS WYNN hereby certify that on the 22nd day of NOVEMBER, one thousand nine hundred and 85 at HADLEY, County of HENDRICKS, State of Indiana, Groom DALE RAY HUFFMAN of SHELBY County, State of IN, and, Bride JAMIE SUE MORELOCK 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 NOVEMBER, 19 85.

Signed /s/ CHRIS WYNN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of DECEMBER, 19 85.

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

No. 580

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File 11-15-85 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-14-85
Name of Physician Eric Clark MD

FEMALE
Medical Examination Report Dated 11-14-85
Name of Physician Eric Clark, MD

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle Max Last McCubbins Jr

Date of Birth: Month 11 Day 24 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 245 North Vine, Apt. 17 City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. 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 Ronald Max McCubbins, Sr.
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Geraldine Richey
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald Max McCubbins Jr.

New Address Same

Subscribed and sworn to before me this 15th day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Nancy Middle Sue Last Penrod

Date of Birth: Month Nov. Day 20 Year 1966

Place of Birth (State or foreign country) Danville Indiana

Residence Address: Street or R. R. 245 North Vine, Apt. 17 City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Larry Ross Penrod
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nina Louise West
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy Sue Penrod

New Address Same

Subscribed and sworn to before me this 15th day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of Nov., 1985, authorizing the joining together as husband and wife RONALD McCUBBINS and NANCY S. PENROD

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD CLEVENGER hereby certify that on the 22nd day of NOVEMBER one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom RONALD McCUBBINS of HENDRICKS County, State of IN and, Bride NANCY S. PENROD 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 NOVEMBER, 19 85.

Signed ./s/ RICHARD W. CLEVENGER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of NOVEMBER, 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. 581

File

Nov. 15, 1985
Date of Application

MALE
Medical Examination Report Dated 11-11-85
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 11-11-85
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bobby Middle Allen Last English

Date of Birth: Month Oct. Day 24 Year 1966

Place of Birth (State or foreign country) Hendricks Co.

Residence Address: Street or R. R. 1888 Plainview Rd. City Ind. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dale Leroy English
   Residence of father (if deceased so state) Brownsville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maggie May Collins
   Residence of mother (if deceased so state) Brownsville, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bobby A English

New Address 1888 Plainview RD. 46158

Subscribed and sworn to before me this 15 day of Nov., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Penny Middle Kay Last Chandler

Date of Birth: Month July Day 4 Year 1966

Place of Birth (State or foreign country) Marion Co. In.

Residence Address: Street or R. R. 331 Pickett St. City Plainfield County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Michael L. Chandler
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet K. Wilson
   Residence of mother (if deceased so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Penny K Chandler

New Address 1888 Plainview Rd.

Subscribed and sworn to before me this 15 day of Nov., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22nd *day of* November, 19 85, *authorizing the joining together as husband and wife* BOBBY ALAN ENGLISH *and* PENNY KAY CHANDLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HUBERT GREER *hereby certify that on the* 22nd *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* BOBBY ALAN ENGLISH *of* HENDRICKS *County, State of* IN *and, Bride* PENNY KAY CHANDLER *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* NOVEMBER, 19 85.

Signed /s/ HUBERT GREER

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* NOVEMBER, 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. 58a

File

Nov. 15, 1985
Date of Application

MALE
Medical Examination Report Dated 11-4-85
Name of Physician Thomas Walker MD.

FEMALE
Medical Examination Report Dated 11-8-85
Name of Physician Paul Schoen, 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 George Middle Thomas Last Burton Jr.

Date of Birth: Month August Day 8 Year 1967

Place of Birth (State or foreign country) Marion Co. Indiana

Residence Address: Street or R. R. 19 Janean Dr. City Brownsburg County ~~Hendricks~~ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Thomas Burton
   Residence of father (if deceased so state) Brownsburg In
   Birthplace of father (State or foreign country) Peru In
9. Full maiden name of mother Mattie Joyce Whitaker
   Residence of mother (if deceased so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George Thomas Burton Jr.

New Address 19 Janean Dr. Brownsburg IN. 46112

Subscribed and sworn to before me this 15 day of Nov. 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Paula Middle Joan Last Williams

Date of Birth: Month September Day 24 Year 1966

Place of Birth (State or foreign country) Louisville (Ind.) In.

Residence Address: Street or R. R. 5855 E. 350 N City Brownsburg County ~~Hendricks~~ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Allen Williams
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Sandra Dionne Fox
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paula Joan Williams

New Address 5855 E. 350 N. 19 Janean Dr. Brownsburg Ind. 46112

Subscribed and sworn to before me this 13 day of Nov. 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19th *day of* NOVEMBER, *19* 85, *authorizing the joining together as husband and wife* GEORGE THOMAS BURTON JR. *and* PAULA JOAN WILLIAMS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, G. THOMAS BURTON *hereby certify that on the* 30th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* NORTH SALEM, *County of* HENDRICKS, *State of Indiana, Groom* GEORGE THOMAS BURTON JR. *of* HENDRICKS *County, State of* IN, *and, Bride* PAULA JOAN 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 30th *day of* NOVEMBER, *19* 85.

Signed /s/ G. THOMAS BURTON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* DECEMBER, *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. 583

File

11-19-85 Date of Application

MALE
Medical Examination Report Dated 10-28-85
Name of Physician Aiello

FEMALE
Medical Examination Report Dated 10-28-85
Name of Physician 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: First Larry Middle K. Last Perry

Date of Birth: Month Apr Day 17 Year 1962

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. 1038 Woodland Trace City Plainfield County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Suzanne Perry
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edwin Perry
   Residence of father (if deceased so state) Elizabethtown, Ky
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Gladys Kerns
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) W. Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry K. Perry

New Address 1038 Woodland Trace - Plainfield

Subscribed and sworn to before me this 19 day of Nov, 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Betty Middle S. Last Bowling

Date of Birth: Month Jan Day 15 Year 1948

Place of Birth (State or foreign country) Ky

Residence Address: Street or R. R. 1038 Woodland Trace City Plainfield County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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.
   Darrin Bowling
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Chas. Monroe
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Arnetta Despinniot
   Residence of mother (if deceased so state) Jeffersonville In.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Betty Bowling

New Address 1038 Woodland Trace Plainfield 46168

Subscribed and sworn to before me this 19 day of Nov, 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* Nov., 19 85, *authorizing the joining together as husband and wife* Larry Kerns Perry *and* Betty Sue Bowling

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dennis R. Fulton *hereby certify that on the* 21 *day of* DECEMBER, *one thousand nine hundred and* 85 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* LARRY KERNS PERRY *of* HENDRICKS *County, State of* INDIANA, *and, Bride* BETTY SUE BOWLING *of* HENDRICKS *County, State of* INDIANA, *were by me united 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* DECEMBER, *19* 85.

Signed /s/ DENNIS R. FULTON

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th *day of* DECEMBER, *19* 85

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 584

File

Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 11-4-85
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 11-4-85
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: First Scott Middle Wendell Last Garnett

Date of Birth: Month 3 Day 14 Year 67

Place of Birth (State or foreign country) Pontiac Michigan

Residence Address: Street or R. R. 10929 Rockville Rd. City Indpls County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Harry Garnett
   Residence of father (if deceased so state) R#1, Box 128 Pittsboro, In.
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Margaret Joanne Pamfret
   Residence of mother (if deceased so state) R#1, Box 128, Pittsboro, In
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Scott W Garnett

New Address

Subscribed and sworn to before me this 20th day of November, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Allison Middle Kay Last Edwards

Date of Birth: Month 12 Day 7 Year 64

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R. R. 10929 Rockville Rd. City Indpls County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) 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 Clay Edwards
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Spencer In.
9. Full maiden name of mother Maxine L. Shertzer
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Unionville, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Allison K. Edwards

New Address

Subscribed and sworn to before me this 20th day of November, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25 *day of* November, 19 85, *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. 585

File

11-21-85 Date of Application

MALE
Medical Examination Report Dated 11-19-85
Name of Physician J. Dramwell

FEMALE
Medical Examination Report Dated 11-18-85
Name of Physician J. Dramwell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle R. Last Morgan

Date of Birth: Month 5 Day 7 Year 41

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 1926 W. Hadley Rd. City Plfd. County Hend. Co. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   None
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leon P. Morgan
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Ina Reed
   Residence of mother (if deceased so state) Plfd Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy R. Morgan

New Address 1926 W. Hadley Rd Plfield

Subscribed and sworn to before me this 21 day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Sue Last Crowe Spikes

Date of Birth: Month 12 Day 8 Year 43

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 1641 Kentucky Ave. City Plfd. County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Nina Spikes
   Dana Spikes
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 D. Crowe
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mabel M. Boyer
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Carolyn S. Spikes

New Address 1926 W. Hadley Rd Plfd.

Subscribed and sworn to before me this 21 day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS *Circuit Court*

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* November, 1985, *authorizing the joining together as husband and wife* TIMOTHY R. MONGAN *and* CAROLYN SUE SPIKES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, KENNETH E. VETTERS *hereby certify that on the* 29th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* PLAINFIELD, *County of* HENDRICKS, *State of Indiana, Groom* TIMOTHY R. MONGAN *of* HENDRICKS *County, State of* IN, *and, Bride* CAROLYN SUE SPIKES *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* NOVEMBER, 19 85.

Signed /s/ KENNETH E. VETTERS

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* DECEMBER, 19 85.

Signed Mary Jane Russell *Clerk*
HENDRICKS *Circuit Court*

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N/A.

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 586

File

Nov. 21, 1985
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Veral Middle M. Last Shields

Date of Birth: Month Sept. Day 30 Year 1906 (1906)

Place of Birth (State or foreign country) Lexington Scott Ind.

Residence Address: Street or R. R. RR2 Box 89 City Lexington County Scott State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Affidavit Attached

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Urban A. Shields
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marie Applegate
   Residence of mother (if deceased so state) Lexington, Ind.
   Birthplace of mother (State or foreign country) Scott Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Veral M. Shields

New Address RR1 Box 15 Lizton, IND

Subscribed and sworn to before me this 21 day of Nov, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sue Middle B. Last Broady

Date of Birth: Month Oct. Day 25 Year 1917

Place of Birth (State or foreign country) Clark Co. Ind.

Residence Address: Street or R. R. R.R. #1 Box 15 City Lizton County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 E. Peyton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Clark Co. Ind.
9. Full maiden name of mother Della Masmer
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Clark Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sue B. Broady

New Address R.R. 1, Box 15 Lizton, Ind

Subscribed and sworn to before me this 21 day of Nov, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25th day of Nov., 1985, authorizing the joining together as husband and wife VERAL M. SHIELDS and SUE B. BROADY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ROBERT F. GAMMON hereby certify that on the 25th day of NOVEMBER one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom VERAL M. SHIELDS of SCOTT County, State of INDIANA, and, Bride SUE B. BROADY of HENDRICKS County, State of INDIANA, were by me united 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 NOVEMBER, 19 85.

Signed /s/ ROBERT F. GAMMON

Official Designation JUDGE, LAWRENCE COUNTY

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of DECEMBER, 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. 5-89

File

11-25-85 Date of Application

MALE
Medical Examination Report Dated 11-16-85
Name of Physician Gerald J. Chase, M.D.

FEMALE
Medical Examination Report Dated 11-16-85
Name of Physician Leonard I. Boral 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 Steve Middle Patrick Last Sleeth

Date of Birth: Month June Day 24 Year 1953

Place of Birth (State or foreign country) Indpls In.

Residence Address: Street or R. R. 9825 W. Washington St. Lot 49 City Indpls (Hen) County State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Steven C. Sleeth
   Residence of father (if deceased so state) North Carolina
   Birthplace of father (State or foreign country) Indpls
9. Full maiden name of mother Patricia Ann Meadows
   Residence of mother (if deceased so state) Indpls In.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steve Sleeth

New Address Same

Subscribed and sworn to before me this 25th day of Nov, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Beth Last Bond

Date of Birth: Month Jan. Day 22 Year 1950

Place of Birth (State or foreign country) Jasper Indiana

Residence Address: Street or R. R. 9825 W. Washington St. Bx 149 City Indpls (Hen.) County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Chad Alan Bond
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alphonse Odilo Berger
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Catherine Rosina Pfaffenberger
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Beth Bond

New Address Same

Subscribed and sworn to before me this 25th day of Nov, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of* Dec., 19 85, *authorizing the joining together as husband and wife* STEVE PATRICK SLEETH *and* MARY BETH BOND

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HAROLD L. KNUEVEN *hereby certify that on the* 6th *day of* december, *one thousand nine hundred and* 85 *at* ST. SIMON CHURCH, INDPLS., *County of* MARION, *State of Indiana, Groom* STEVE PATRICK SLEETH *of* HENDRICKS *County, State of* INDIANA, *and, Bride* MARY BETH BOND *of* HENDRICKS *County, State of* INDIANA, *were by me united 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* DECEMBER, 19 85.

Signed /s/ HAROLD L. KNUEVEN

Official Designation ROMAN CATHOLIC PRIEST

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* DECEMBER, 19 85.

Signed Mary Jane Russell *Clerk*

HENDRICKS *Circuit Court*

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Re-Marriage

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 588

File

11-25-85 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 11-25-85
Name of Physician ~~O. K. Longford~~ O. Kourany M.D.

FEMALE
Medical Examination Report Dated 11-21-85
Name of Physician O. Kourany M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Raymond; Middle; Last Couch

Date of Birth: Month 3; Day 3; Year 33

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 338 Avon Ave; City Plainfield; County; State In 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dewey Couch
   Residence of father (if deceased so state) Florida
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Elizabith Hodkins
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Raymond Couch

New Address 338 Avon ave

Subscribed and sworn to before me this 25th day of November, 1985.

Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Sandra; Middle Kay; Last Couch

Date of Birth: Month 2; Day 4; Year 47

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 338 Avon Ave; City Plainfield; County; State In 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Arvine Pierson
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Hayes
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Kay Couch

New Address 338 Avon Ave

Subscribed and sworn to before me this 25th day of November, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of Dec., 19 85, authorizing the joining together as husband and wife RAYMOND COUCH and SANDRA KAY COUCH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, GILBERT L. RICHEY hereby certify that on the 27th day of DECEMBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom RAYMOND COUCH of HENDRICKS County, State of IN, and, Bride SANDRA KAY COUCH 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 27th day of DECEMBER, 19 85.

Signed /s/ GILBERT L. RICHEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 1ST day of JANUARY, 19 86.

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. 589

File

Nov. 25, 1985
Date of Application

MALE
Medical Examination Report Dated 11-21-85
Name of Physician Garnet R. Harris

FEMALE
Medical Examination Report Dated 11-21-85
Name of Physician Garnet R. Harris

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Evan Middle Eugene Last Hefley

Date of Birth: Month 8 Day 29 Year 1964

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R. R. 62 N. High Street City Danville County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Edward D. Hefley, Sr.
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eva Anna Shields
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Evan Hefley

New Address 62 N. High

Subscribed and sworn to before me this 25 day of Nov., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Tandy Middle Colleen Last Dillon

Date of Birth: Month 2 Day 8 Year 1966

Place of Birth (State or foreign country) South Bend, Indiana

Residence Address: Street or R. R. 212 N. High St. City Danville County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Richard Lee Dillon - 23 mo.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert M. Dillon
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn D. Donoho
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tandy Dillon

New Address 62 N. High St.

Subscribed and sworn to before me this 25 day of Nov., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup. #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 *Circuit Court of Indiana dated the* 25 *day of* November, 19 85, *authorizing the joining together as husband and wife* EVAN EUGENE HEFLEY *and* TANDY C. DILLON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY C. VANLUE *hereby certify that on the* 30th *day of* NOVEMBER, *one thousand nine hundred and* 85 *at* DANVILLE, *County of* HENDRICKS, *State of Indiana, Groom* EVAN HEFLEY *of* HENDRICKS *County, State of* IN, *and, Bride* TANDY C. DILLON *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 30th *day of* NOVEMBER, *19* 85.. *Signed* /s/ JERRY G. VANHUE

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 2nd ~~3rd~~ *day of* DECEMBER, *19* 85 *Clerk*

Signed Mary Jane Russell HENDRICKS *Circuit Court*

Re-Marriage

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 590

File

11-25-85 Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

MALE
Medical Examination Report Dated 11-11-85
Name of Physician Walter McMannis

FEMALE
Medical Examination Report Dated 11-11-85
Name of Physician Walter McMannis

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronnie Middle D. Last Foster

Date of Birth: Month 12 Day 25 Year 46

Place of Birth (State or foreign country) Iowa

Residence Address: Street or R. R. Rt 1 Box 484A City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charlie Carol Foster
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Iowa.
9. Full maiden name of mother Christine Conley
   Residence of mother (if deceased so state) Rudolph, Ind.
   Birthplace of mother (State or foreign country) Iowa.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Ronnie Foster

New Address RR#1 Box 484-A CLAYTON

Subscribed and sworn to before me this 25 day of Nov., 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Margaret Middle Last Foster

Date of Birth: Month 3 Day 1 Year 47

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt. 1 Box 484 A City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Lee Moore
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Beatrice Hazel Mann
   Residence of mother (if deceased so state) Ft. Wayne, Ind.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Margaret H. Foster

New Address RR#1 Box 484-A Clayton Ind.

Subscribed and sworn to before me this 25 day of Nov., 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of Dec, 19 85, authorizing the joining together as husband and wife RONNIE D. FOSTER and MARGARET FOSTER

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN HESSELDENZ hereby certify that on the 6th day of DECEMBER one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION State of Indiana, Groom RONNIE D. FOSTER of HENDRICKS County, State of IN and, Bride MARGARET FOSTER 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 DECEMBER, 19 85.

Signed /s/ JOHN HESSELDENZ

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of DECEMBER, 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. 591

File

11-25-85 Date of Application

MALE
Medical Examination Report Dated 11-25-85
Name of Physician Ronald Steglmeier

FEMALE
Medical Examination Report Dated 11-20-85
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: First James Middle R. Last Western

Date of Birth: Month 2 Day 13 Year 37

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 241 City Clayton County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 R. Western
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Emma Hazel Hurt
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X James R Western
New Address PO Box 241 Clayton In 46118

Subscribed and sworn to before me this 25th day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Carol Middle L. Last Bradley

Date of Birth: Month 5 Day 8 Year 41

Place of Birth (State or foreign country) Mo.

Residence Address: Street or R. R. PO Box 241 City Clayton County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) 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 Wayfield D. Williamson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Ok.
9. Full maiden name of mother ~~Bee~~ B. Catherine Loomis
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Mo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Carol Bradley
New Address P.O. Box 241 Clayton, In.

Subscribed and sworn to before me this 25 day of Nov., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* Jan, 19 86, *authorizing the joining together as husband and wife* JAMES R. WESTERN *and* CAROL L. BRADLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN HESSELDENZ *hereby certify that on the* 11th *day of* JANUARY, *one thousand nine hundred and* 86 *at* INDIANAPOLIS, *County of* MARION, *State of Indiana, Groom* JAMES R. WESTERN *of* HENDRICKS *County, State of* IN, *and, Bride* CAROL L. BRADLEY *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* JANUARY, 19 86.

Signed /s/ JOHN HESSELDENZ

Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* JANUARY, 19 86.

Signed Mary Jane Russell *Clerk* HENDRICKS *Circuit Court*

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 592

File

11-25-85 Date of Application

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

MALE
Medical Examination Report Dated 11-1985
Name of Physician C. Kourany

FEMALE
Medical Examination Report Dated 11-21-85
Name of Physician D. Kourany

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle Wayne Last St. Clair
Date of Birth: Month Oct Day 25 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1465 Edgar Dr. City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Edgar St. Clair
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bernice Rhodus
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles Wayne St. Clair
New Address 1465 Edgar Dr. Plainfield

Subscribed and sworn to before me this 25 day of Nov, 19 85.
Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Karen Middle Lynn Last Rowland
Date of Birth: Month May Day 30 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 2715 N. Cumberland Rd. City Indpls County Marion State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Milton Stewart Rowland
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn Jean Travis
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen Rowland
New Address 2715 N. Cumberland Rd

Subscribed and sworn to before me this 25 day of Nov, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of December, 19 85, authorizing the joining together as husband and wife CHARLES WYANE ST. CLAIR and KAREN LYNN ROWLAND

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD L. THAYER hereby certify that on the 21st day of DECEMBER, one thousand nine hundred and 85 at INDIANAPOLIS, County of MARION, State of Indiana, Groom CHARLES WAYNE ST. CLAIR of HENDRICKS County, State of IN, and, Bride KAREN LYNN ROWLAND 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 21 day of DECEMBER, 19 85.

Signed /s/ RICHARD L. THAYER
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of DECEMBER, 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. 593

File

~~10~~ 11-26-85 Date of Application

MALE
Medical Examination Report Dated 11-12-85
Name of Physician J.C. Kerlin, M.D.

FEMALE
Medical Examination Report Dated 11-12-85
Name of Physician J.C. Kerlin, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Wakefield Last Swadner

Date of Birth: Month 9 Day 22 Year 43

Place of Birth (State or foreign country) Indpls, Indiana

Residence Address: Street or R. R. RR3, Box ~~33~~ 287 City Danville County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   John Wakefield Swadner, II
   Laura Louise Swadner
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Nelson Swadner
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lillian B. Smith
   Residence of mother (if deceased so state) Indpls, In.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John W. Swadner

New Address same

Subscribed and sworn to before me this 26th day of Nov., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Carol Middle Jean Last Gritton

Date of Birth: Month 4 Day 29 Year 49

Place of Birth (State or foreign country) Columbus, Ohio

Residence Address: Street or R. R. RR3 Box 287 City Danville County In. (Hen.) State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Talmadge William Jones
   Residence of father (if deceased so state) Washington Courthouse, Ohio
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betty Low Richelderphel
   Residence of mother (if deceased so state) Washington Courthouse, Ohio
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol Jean Gritton

New Address same

Subscribed and sworn to before me this 26th day of Nov., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ~~Circuit~~ Circuit Court by written order issued 3-day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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 26th day of November, 19 85, authorizing the joining together as husband and wife JOHN WAKEFIELD SWADNER and CAROL JEAN GRITTON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JOHN A. LEFLER hereby certify that on the 29th day of NOVEMBER, one thousand nine hundred and 85 at MOORESVILLE, County of MORGAN, State of Indiana, Groom JOHN WAKEFIELD SWADNER of HENDRICKS County, State of IN, and, Bride CAROL JEAN GRITTON 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 NOVEMBER, 19 85.

Signed /s/ JOHN A. LEFLER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of December, 19 85

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court

278

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 594

File

11-25-85
Date of Application

MALE
Medical Examination Report Dated

Name of Physician

FEMALE
Medical Examination Report Dated 11-19-85

Name of Physician Philip E. Johnson

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Johnnie Middle Ray Last Dean

Date of Birth: Month July Day 2 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. 127 City Plainfield County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Ray Dean
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Kay Linville
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John E Dean

New Address

Subscribed and sworn to before me this 16th day of Dec., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Theresa Middle A. Last Leggins

Date of Birth: Month 9 Day 1 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3802 South Walcott City Indpls. County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jessie H. Leggins
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Thelma Sawyer
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Theresa A. Leggins

New Address 3802 S. Walcott

Subscribed and sworn to before me this 25 day of Nov., 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of December, 19 85, authorizing the joining together as husband and wife JOHNNY RAY DEAN and THERESA A. LEGGINS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ANN L. SABLAN hereby certify that on the 19th day of DECEMBER one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom JOHNNY RAY DEAN of HENDRICKS County, State of IN and, Bride THERESA A. LEGGINS 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 19th day of DECEMBER, 19 85.

Signed /s/ ANN L. SABLAN

Official Designation PASTOR, CALVARY UMC

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of DECEMBER, 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. 595

File

11-27-85 Date of Application

MALE
Medical Examination Report Dated 11-26-85
Name of Physician Philip A. Batista, M.D.

FEMALE
Medical Examination Report Dated 11-20-85
Name of Physician Philip A. Batista, M.D.

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Andrew Last Hall

Date of Birth: Month 9 Day 18 Year 1966

Place of Birth (State or foreign country): Marion Co., Indiana

Residence Address: Street or R. R. 3 Burns Dr. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Walter Hall
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dixie Rose Horsley
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David A. Hall

New Address 3 Burns Dr.

Subscribed and sworn to before me this 27 day of November, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Robin Middle Dayle Last Moore

Date of Birth: Month 7 Day 15 Year 1966

Place of Birth (State or foreign country) Wichita, Kansas

Residence Address: Street or R. R. 432 Norman Ct. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Dale Moore
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wilma Ruth Willis
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robin Dayle Moore

New Address 3 Burns Dr.

Subscribed and sworn to before me this 27th day of November, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of* Dec., 19 85, *authorizing the joining together as husband and wife* DAVID ANDREW HALL *and* ROBIN DAYLE MOORE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD L. HOUK *hereby certify that on the* 7th *day of* DECEMBER, *one thousand nine hundred and* 85 *at* CORNERSTONE CHRISTIAN CHURCH *County of* HENDRICKS, *State of Indiana, Groom* DAVID ANDREW HALL *of* HENDRICKS *County, State of* IN, *and, Bride* ROBIN DAYLE MOORE *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 DECEMBER, 19 85.

Signed /s/ RICHARD L. HOUK

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* DECEMBER, 19 85.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 596

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

11-27-85
Date of Application

MALE
Medical Examination Report Dated 11-25-85
Name of Physician O. Kovacevic

FEMALE
Medical Examination Report Dated 11-26-85
Name of Physician O. Kovacevic

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Scott Last Scharlau

Date of Birth: Month 5 Day 27 Year 62

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 9919 Medallion Dr. City Indpls. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voter Registration & I.D. - Waiver

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Delmer Donald Scharlau
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Susan Kay Allen
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Michael S Scharlau

New Address 9919 Medallion Dr. Indpls In 46231

Subscribed and sworn to before me this 27 day of Nov. 85

Mary Jane Russell Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cheryl Middle Lynn Last Pike

Date of Birth: Month 9 Day 20 Year 67

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 3671 Willow Lane City Pldl. County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norman D. Pike
   Residence of father (if deceased so state) Pldl. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith A. Atwell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Cheryl L Pike

New Address 9919 Medallion Dr. Indpls In 46231

Subscribed and sworn to before me this 27 day of Nov. 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Supt. 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* 27th *day of* Nov. *, 19* 85 *, authorizing the joining together as husband and wife* MICHAEL SCOTT SCHARLAN *and* CHERYL LYNN PIKE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD ENDSLEY *hereby certify that on the* 30th *day of* NOVEMBER *, one thousand nine hundred and* 85 *, at* 350 E. Co. Line Rd. *, County of* HENDRICKS *, State of Indiana, Groom* MICHAEL SCOTT SCHARLAN *of* HENDRICKS *County, State of* IN *, and, Bride* CHERYL LYNN PIKE *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 30th *day of* NOVEMBER *, 19* 85 .

Signed /s/ DONALD ENDSLEY

Official Designation BAPTIST MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* DECEMBER *, 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. 597

File

12-2-85
Date of Application

MALE
Medical Examination Report Dated 11-21-85
Name of Physician Kyle Maynard

FEMALE
Medical Examination Report Dated 11-21-85
Name of Physician Kyle Maynard

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randy Middle L. Last Hollingsworth

Date of Birth: Month 5/ Day 29 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 10220 Potoka Dr. City Indpls. County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Paul Wayne Hollingsworth
   Residence of father (if deceased so state) Greenwood
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Jo Hunter
   Residence of mother (if deceased so state) Greenwood, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Randy L Hollingsworth

New Address 10220 Potoka Dr.

Subscribed and sworn to before me this 2 day of Dec., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Dawn Middle R. Last Morris

Date of Birth: Month 10 Day 27 Year 65

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 10232 Potoka Dr. City Indpls. County Ind. State Hendricks Co.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Anthony Morris
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Bonita Lucille Phillips
   Residence of mother (if deceased so state) Texas
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dawn Morris

New Address 10220 Potoka Dr.

Subscribed and sworn to before me this 2 day of Dec., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS *Circuit Court*

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6 *day of* Dec., 19....., *authorizing the joining together as husband and wife* RANDY HOLLINGSWORTH *and* DAWN MORRIS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MITCH DAVIS *hereby certify that on the* 7th *day of* DECEMBER, *one thousand nine hundred and* 85 *at* WESTLAKE CHURCH OF CHRIST, *County of* MARION, *State of Indiana, Groom* RANDY HOLLINGSWORTH *of* HENDRICKS *County, State of* IN, *and, Bride* DAWN MORRIS *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* DECEMBER, *19* 85.

Signed /s/ MITCH DAVIS

Official Designation MINISTER CHURCH OF CHRIST

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* DECEMBER, *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. 598

File

Date of Application

MALE
Medical Examination Report Dated 11-18-85
Name of Physician Michael S. Pizzato

FEMALE
Medical Examination Report Dated 11-18-85
Name of Physician Michael S Pizzato

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: Kenneth Middle: R. Last: Dietz

Date of Birth — Month: 9 Day: 9 Year: 66

Place of Birth (State or foreign country): Ohio

Residence Address — Street or R. R.: P.O. 86 502 N. Lebanon St. City: Lizton County: Hendricks State: Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 R. Cooper
   Residence of father (if deceased so state) Ohio
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Kendall Diane Marshall
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kenneth R. Dietz
New Address P.O. # 86 Lizton Indiana 46149
Subscribed and sworn to before me this 2 day of Dec., 19 85.
Mary Jane Russell HENDRICKS Circuit Court

FEMALE APPLICANT

Name — First: Rebecca Middle: L Last: Smith

Date of Birth — Month: 8 Day: 20 Year: 67

Place of Birth (State or foreign country): Minnesota

Residence Address — Street or R. R.: P.O. 86 502 N. Lebanon St. City: Lizton County: Hendricks State: Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☑
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father David Allen Smith
   Residence of father (if deceased so state) Minnesota
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Lynn Michelle Moriarity
   Residence of mother (if deceased so state) Minnesota
   Birthplace of mother (State or foreign country) Minnesota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Rebecca L Smith
New Address P.O. # 86 Lizton, Ind. 46149
Subscribed and sworn to before me this 2 day of Dec., 19 85
Mary Jane Russell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIA

We, the parents, of this applicant hereby give cons

signs, state facts which render the consent of the

PARENTS, PARENT OR GUARDIAN

, of this applicant hereby give consent for this marriage. If only one parent

ts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

Do not give out any copies of this license until I collect on Kenneth Dietz bad check

Jan

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3-Day Waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of Dec., 19 85, authorizing the joining together as husband and wife KENNETH R. DIETZ and REBECCA L. SMITH

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, MYRON BARNARD hereby certify that on the 7th day of DECEMBER one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom KENNETH R. DIETZ of HENDRICKS County, State of IN and, Bride REBECCA L. 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 7th day of DECEMBER, 19 85.

Signed /s/ MYRON BARNARD
Official Designation JUDGE

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of DECEMBER, 19 85.

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. 599

File

12-2-85 Date of Application

MALE
Medical Examination Report Dated 11-25-85
Name of Physician Dr. L. Deely, M.D.

FEMALE
Medical Examination Report Dated 11-25-85
Name of Physician Dr. L. Deely, 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 Richard Middle M. Last Land

Date of Birth: Month 6 Day 24 Year 1967

Place of Birth (State or foreign country) Monmouth, In.

Residence Address: Street or R. R. R.R. # 2, Box 222 City Monmouth County In. State 46122

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin E. Land
   Residence of father (if deceased so state) Monmouth, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Julia R. Griffith
   Residence of mother (if deceased so state) Monmouth, In.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Richard Land

New Address 2012 E. Main DANVILLE Ind

Subscribed and sworn to before me this 2nd day of December, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lisa Middle M. Last Towne

Date of Birth: Month 7 Day 29 Year 1969

Place of Birth (State or foreign country) Rhinelander, Wisconsin

Residence Address: Street or R. R. 2012 East Main St. City Monmouth County In. State 46122

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 William Towne
   Residence of father (if deceased so state) Coatesville, In.
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Judith Anne Harris
   Residence of mother (if deceased so state) Monmouth, In.
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Lisa Towne

New Address 2012 E Main St Danville, Ind

Subscribed and sworn to before me this 2nd day of December, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Judith A. Nowdsiler Mother

Subscribed and sworn to before me this 2nd day of December, 19 85

Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3-Day Waiver and filed in 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 ..... Circuit Court of Indiana dated the 2nd day of December, 19 85, authorizing the joining together as husband and wife of RICHARD DWAYNE LAND and LISA MARIE TOWNE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DONALD L. KNOY hereby certify that on the 14th day of DECEMBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom RICHARD DWAYNE LAND of HENDRICKS County, State of INDIANA, and, Bride LISA MARIE TOWNE of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of DECEMBER, 19 85.

Signed /s/ DONALD L. KNOY

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of DECEMBER, 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. 600

File

12-2-85
Date of Application

MALE
Medical Examination Report Dated 11-16-85

Name of Physician Joseph Thompson

FEMALE
Medical Examination Report Dated 11-16-85

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: First Kelvin Middle R. Last Coffey

Date of Birth: Month 5 Day 25 Year 67

Place of Birth (State or foreign country) Vincennes Ind.

Residence Address: Street or R. R. 103-70 Orchard Rd. City Martinsville County Morgan State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 B. Coffey
   Residence of father (if deceased so state) Martinsville Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jewell Beautine Carman
   Residence of mother (if deceased so state) Dead
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kelvin R. Coffey

New Address 147 S. Wayne St #4 Danville Ind

Subscribed and sworn to before me this 2 day of Dec., 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Misty Middle N. Last Morel

Date of Birth: Month 11 Day 3 Year 66

Place of Birth (State or foreign country) Florida

Residence Address: Street or R. R. 147 S. Wayne St #4 City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Vaccination Record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Elliott Morel
   Residence of father (if deceased so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Rhode Island
9. Full maiden name of mother Virginia Allison
   Residence of mother (if deceased so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Misty G. Morel

New Address 147 S. Wayne St #4 Danville, Ind

Subscribed and sworn to before me this 2 day of Dec., 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.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Virginia Allison Morel Mother

Subscribed and sworn to before me this 2 day of Dec., 19 85

Mary Jane Russell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of December, 19 85, authorizing the joining together as husband and wife KELVIN R. COFFEY and MISTY G. MOREL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, JERRY E. VANLUE hereby certify that on the 6th day of DECEMBER, one thousand nine hundred and 85 at DANVILLE, County of HENDRICKS, State of Indiana, Groom KELVIN R. COFFEY of MORGAN County, State of IN, and, Bride MISTY G. MOREL 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 DECEMBER, 19 85.

Signed /s/ JERRY G. Van Lue

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of DECEMBER, 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. 601

File

12-2-85 Date of Application

MALE
Medical Examination Report Dated 11-26-85
Name of Physician A. Dranwell

FEMALE
Medical Examination Report Dated 11-26-85
Name of Physician Ludmilla Dranwell

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle S. Last Tharp

Date of Birth: Month 5 Day 2 Year 50

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4530 Kathryn Dr. City Indpls. County Hendricks Co. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Robert S. Tharp
   Christy Tharp
   Richard Tharp
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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. Tharp
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Pearl June
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Robert L Tharp

New Address 4530 KATHRYN DR

Subscribed and sworn to before me this 2 day of Dec., 19 85

Mary Jane Rhasell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Amelia Middle L. Last Jones

Date of Birth: Month 7 Day 19 Year 52

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 4530 Kathryn Dr. City Indpls. County Hendricks Co. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers 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.
   Nichelle Jones
   Janice Jones
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orange Floyd Jones
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Washington
9. Full maiden name of mother Mary Lucille Cox
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Amelia Jones

New Address 4530 Kathryn Dr.

Subscribed and sworn to before me this 2 day of Dec., 19 85

Mary Jane Rhasell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6 *day of* Dec., 19 85, *authorizing the joining together as husband and wife* ROBERT L. THARP *and* AMELIA L. JONES

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

GEORGE W. ATKINSON *hereby certify that on the* 6th *day of* DECEMBER, *one thousand nine hundred and* 85 *at* INDPLS., *County of* MARION, *State of Indiana, Groom* ROBERT L. THARP *of* HENDRICKS *County, State of* IN, *and, Bride* AMELIA L. JONES *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* DECEMBER, 19 85.

Signed /s/ GEORGE W. ATKINSON

Official Designation PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* DECEMBER, 19 85.

Signed Mary Jane Rhasell Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 602

File

12-3-85
Date of Application

MALE
Medical Examination Report Dated 12-3-85
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 12-3-85
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: First Christopher Middle E. Last Shannon
Date of Birth: Month 6 Day 26 Year 47
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1003 Valley View Dr. #4 City Pkfd. County Hnd. 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. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Colt
   Cory
   Cristi
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Nola Winston Shannon
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ada V. Sparks
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana(?)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Chris Shannon
New Address 1205 3RD ST. Bedford In.
Subscribed and sworn to before me this 3 day of Dec. 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Lynda Middle S. Last Weldon
Date of Birth: Month 7 Day 06 Year 39
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R. R. 1205 Third St. City Bedford County Lwr. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☑ Judicial Decree
☑ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Steven
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Christian Sparks
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Hilda E. Moore
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lynda Weldon
New Address 1205 3RD ST. Bedford In.
Subscribed and sworn to before me this 3 day of Dec. 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Sup. Ct. Court by written order issued 3-Day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of Dec., 19 85, authorizing the joining together as husband and wife CHRISTOPHER E. SHANNON and LYNDA S. WELDON

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD C. KEELEY hereby certify that on the 7th day of DECEMBER, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom CHRISTOPHER E. SHANNON of HENDRICKS County, State of IN, and, Bride LYNDA S. WELDON of LAWRENCE 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 DECEMBER, 19 85.

Signed /s/ RICHARD C. KEELEY
Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of DECEMBER, 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. 603

File

12/3/85 Date of Application

MALE
Medical Examination Report Dated 11/26/85
Name of Physician Marc Robert Kappelman

FEMALE
Medical Examination Report Dated 11/26/85
Name of Physician Marc Robert Kappelman

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle D. Last Armstrong

Date of Birth: Month 2 Day 26 Year 1946

Place of Birth (State or foreign country) Kokomo Indiana

Residence Address: Street or R. R. 10235 W. Reeves Rd. City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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.
   Robin Gene - 13
   Cari Christine - 6
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Gene Armstrong
   Residence of father (if deceased so state) Utah
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Winnefred Ola Edwards
   Residence of mother (if deceased so state) Utah
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Gene Armstrong

New Address 10235 W. REEVES RD. INPLS, IN.

Subscribed and sworn to before me this 3 day of Dec. 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Marla Middle J. Last Mills

Date of Birth: Month 9 Day 19 Year 1952

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 10235 W. Reeves Rd. City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) 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 Elmer Leroy Mills
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Mildred Lavon Ventgen
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marla Jane Mills

New Address 10235 W. Reeves Rd Indpls In

Subscribed and sworn to before me this 3 day of Dec. 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of Dec, 19 85, authorizing the joining together as husband and wife ROBERT G. ARMSTRONG and MARLA J. MILLS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DALE HAMMOND hereby certify that on the 22nd day of DECEMBER, one thousand nine hundred and 85 at PLAINFIELD, County of HENDRICKS, State of Indiana, Groom ROBERT G. ARMSTRONG of HENDRICKS County, State of INDIANA, and, Bride MARLA J. MILLS of HENDRICKS County, State of INDIANA, were by me united 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 DECEMBER, 19 85.

Signed /s/ DALE HAMMOND

Official Designation ORDAINED PASTOR

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of DECEMBER, 19 85.

Signed Mary Jane Russell Clerk HENDRICKS Circuit Court

No. 604

File

Form Prescribed By
Indiana State Board of
Health under Authority
of I.C. 31-1-3-2
Effective July 1, 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

12-5-85
Date of Application

MALE
Medical Examination Report Dated 12-3-85
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 12-3-85
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Roy Middle Anthony Last Dillehay

Date of Birth: Month 5 Day 22 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11737 Rockville Rd. City Indpls. County Ind. Hendricks State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ernest McKenzie Dillehay
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Mary Margaret Brady
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Roy A. Dillehay
New Address 11737 Rockville Rd. Indpls.

Subscribed and sworn to before me this 12 day of 5, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lisa Middle Marie Last Abney

Date of Birth: Month 8 Day 4 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 11737 Rockville Rd. City Indpls. County Ind. Hendricks State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry R. Abney
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Gloria J. Farb
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lisa M. Abney
New Address 11737 Rockville Rd

Subscribed and sworn to before me this 12 day of 5, 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9 *day of* Dec. *,* 85 *, authorizing the joining together as husband and wife* ROY ANTHONY DILLEHAY *and* LISA MARIE ABNEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, RICHARD C. KEELEY *hereby certify that on the* 14th *day of* DECEMBER *, one thousand nine hundred and* 85 *at* PLAINFIELD *, County of* HENDRICKS *, State of Indiana, Groom* ROY ANTHONY DILLEHAY *of* HENDRICKS *County, State of* IN *, and, Bride* LISA MARIE ABNEY *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 14th *day of* DECEMBER *,* 85 *.*

Signed /s/ RICHARD C. KEELEY

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* DECEMBER *,* 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. 605

File

12-5-85 Date of Application

MALE
Medical Examination Report Dated 12-2-85
Name of Physician Michael Pizzato

FEMALE
Medical Examination Report Dated 12-2-85
Name of Physician Michael Pizzato

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bruce Middle Eric Last Gouty

Date of Birth: Month 5 Day 8 Year 1963

Place of Birth (State or foreign country) Carrollton Illinois

Residence Address: Street or R. R. 46 Acre Lane City Brownsburg County ____ State ____

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd Francis Gouty
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Low Kidenburger
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bruce E. Gouty

New Address 5120 West 15th Street

Subscribed and sworn to before me this 5th day of Dec., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kymberly Middle Lynn Last Thomas

Date of Birth: Month 2 Day 24 Year 1965

Place of Birth (State or foreign country) Indpls. In.

Residence Address: ~~107~~ 46 Acre Lane City Brownsburg County ____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) ____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Tausha Danyelle Thomas
   Jonathan Russell Thomas

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Steven R Thomas
   Residence of father (if deceased so state) Brownsburg In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Annette M. Richardson
   Residence of mother (if deceased so state) Brownsburg In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kymberly Lynn Thomas

New Address 5120 West 15th Street

Subscribed and sworn to before me this 5th day of Dec, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* DECEMBER, *19* 85, *authorizing the joining together as husband and wife* BRUCE GOUTY *and* KYMBERLY THOMAS

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, CHRIS E. WYNN *hereby certify that on the* 6th *day of* DECEMBER, *one thousand nine hundred and* 85 *at* BROWNSBURG, *County of* HENDRICKS, *State of Indiana, Groom* BRUCE GOUTY *of* HENDRICKS *County, State of* IN, *and, Bride* KYMBERLY THOMAS *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* DECEMBER, *19* 85.

Signed /s/ CHRIS E. WYNN

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* FEBRUARY, *19* 86

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. 606

File

12-5-85
Date of Application

MALE
Medical Examination Report Dated 12-2-85

Name of Physician James Black

FEMALE
Medical Examination Report Dated 12-2-85

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: First Bert, Middle D., Last Love

Date of Birth: Month 7, Day 26, Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 117 N. Jefferson, City Brownsburg, County, State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be 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 Love
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Sue Stacky
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bert D Love

New Address 117 N Jefferson Brownsburg

Subscribed and sworn to before me this 5 day of Dec., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sandra, Middle A., Last Piersall

Date of Birth: Month 10, Day 4, Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 117 N. Jefferson St., City Brownsburg, County, State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Boyd J. Piersall
   Residence of father (if deceased so state) Indiana
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Martha J. Hall
   Residence of mother (if deceased so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sandra Piersall

New Address 117 N Jefferson Brownsburg

Subscribed and sworn to before me this 5 day of Dec., 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of Dec., 19 85, authorizing the joining together as husband and wife BERT D. LOVE and SANDRA A. PIERSALL

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, HOLLIE MILLER hereby certify that on the 21st day of DECEMBER, one thousand nine hundred and 85 at BROWNSBURG, County of HENDRICKS, State of Indiana, Groom BERT D. LOVE of HENDRICKS County, State of IN and, Bride SANDRA A. PIERSALL 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 DECEMBER, 19 85.

Signed /s/ HOLLIE MILLER

Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of DECEMBER, 19 85

Signed Mary Jane Russell Clerk

HENDRICKS Circuit Court