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m Prescribed By Juna State Board of alth under Authority C. 31-1-3-2 ective July 1, 1977

MALE

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

FEMALE

No	254
File_	President Colors Color
	Date of Application

Medical Examination Report Dated Medical Examination Report Dated Name of Physician_ Name of Physician QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Whoever procures the issuance of a license to marry by any false statement, representation or pretense be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT FEMALE APPLICANT First Middle Brouillast Date of Birth vious Marital Status: Never Married OR Previous Marital Status: Never Married OR st Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment ate of birth verified by: Birth Certificate Judicial Decree Date of birth verified by:

Birth Certificate

Judicial Decree No Yes No Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed No Yes No Yes If answer is "yes", has the adjudication been re-Are you afflicted with a transmissible disease? No Yes -2. Are you afflicted with a transmissible disease No Yes Are you related to the female applicant closer than se Are you related to the male applicant closer than s Are you now under the influence of intoxicating liquor? No Yes No Yes 4. Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No Yes you now under the influence of a narcotic drug List the full names of any dependent children Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No T Yes dependent children? No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Residence of father (if deceased so state). Residence of father (if deceased so state Birthplace of father (State or foreign country) Full maiden name of mother_ Residence of mother (if deceased so state). Residence of mother (if deceased so state Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS tate of Indiana, HENDRICKS County of. HENDRICKS Circuit Court Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of ... County of .. Signed. Signed ... Mother Subscribed and sworn to before me thisday of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the...... of Indiana dated the day of authorizing the joining together as husband and wife THOMAS R. BROUILLARD \ and LISA M. WATSON Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, RICHARD ZORE hereby certify that on the 19th day of JUNE one thousand nine hundred and 87 at PLAINFIELD County of HENDRICKS and, Bride LISA M. WATSON 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..... Dated this 16thday of JUNE , 19 87 Signed /s/ RICHARD ZORE Official Designation CATHOLIC PRIESTday of JUNE

Signed.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE File_ 6-12.87

255

CONSENT OF PARENTS We the parents of this a

I. BAN J. one thousand nine

.Circuit Court

HENDRICKS

No.

Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR IV.	S County Date of Application
of LC. 31-1-3-2 Effective July 1, 1977	2 2 NIII
	FEMALE Medical Examination Report Dated
MALE .S. S.	Physician O. Jowany
Medical Examination Report Dated	Name of a license to marry by any false statement, representation or pretence
Name of Physician Washington 10, 31-1-3-6 prescribed "False statement—Whose	Name of Physician wer procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
	Middle
MALE APPLICANT Last	Name Rosemany Day
Name Day Year	Date of Birth Month
Date of Birth 0 Month 0 30 47	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City County	219 Knowson 1 18
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	C 2:
Other (Specify)	1. Are you now or have you ever been adjudged to be okunsound mind? No Yes D
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you to a life answer is "yes", has the adjudication been removed? No Yes
If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease?
2. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin? No Yes D
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor? No Yes No Yes
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug: 6. List the full names of any dependent children.
6. List the full names of any dependent children.	
Stephen W. Ampail	
7. Are now associated by the second order or order to compare the charge	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above No Yes -	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support. 8. Full name of father.	8. Full name of father
Residence of father (if deceased so state) RSSA	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	1 inci 1
8. Full maiden name of mother Mildeld E. Plummer	Ria Wiel Round
Residence of mother (if deceased so state)	9. Full maiden name of mother
Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state)
State of Indiana. HENDRICKS I depose and state the information given	Birthplace of mother (State or foreign country) State of Indiana,
County of HENDRICKS in this application is true and correct.	County of HENDRICKS sa: I depose and state the information given in this application is true and correct.
Signed & ferry of Jury	Signed X Kasemen . M. Maken
New Address 140 titler Al MONDON	New Address Same
Subscribed and aworn to before me this day of 190	Subscribed and sworn to before me this 2 day of 2 line 19
HENDRICKS Circuit Court	Man Court Franchis
CONSENT OF PARENTS, PARENT OR GUARDIAN	Gerk HENDRICKS Circuit Court
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana.	
County of HENDRICKS	State of Indiana,
Signed	County of HENDRICKS ss:
Signed	SignedFather
Subscribed and sworn to before me thisday of	Signed Mother
day of	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE	Clerk
HENDRICKS LICENSE ISSUED BY ORDER OF COU	URT. A marriage license having been refused to the above named parties, the Court by written order issued
authorizes and directs the issuance RETURN OF MARRIAGE LICEN	URT. A marriage license having been refused to the above named parties, the Court by written order issued
the Issuance	of a marriage !
Indiana dated the day of day of	ense issued by the clerk of the
Be it further remembered, the following marries	, 1987, authorizing the
TERRY CRIST was filed in my	office, to-unit. ROSEMARY. M. MAKER
State of Indian 2	hereby certify that
and, Bride	MOORESVILLE 2+th day of JUNE
were by me united in marriage and MAKER	at MOORESVILLE 27th day of JUNE of MORGAN County of MORGAN HENDRICKS County, State of IN Or that purpose by the Clerk of the Circuit Court of HENDRICKS
County. Dated this like like like like like like like like	MORGAN County of MORGAN HENDRICKS County, State of IN That purpose by the Clerk of the Circuit Court of HENDRICKS B7.
day of JUNE	that purpose by the Clerk of the Circuit County, State of IN
, 19	37
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINICO
of the State of Indiana this.	Official Designation MINISTER 30th day of JUNE
	a. day of

JUNE.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

256 0-12-87 Date of Application

HENDRICKS

...Circuit Court

MALE	Date of Application
Medical Examination Report Dated 6-11-97	FEMALE Medical Examination Report Dated 6-11-87
Name of Physician Devald Coloik,	Name of Physician Donald Speill
ALL QUESTIONS MUST BE ANSWERED 10, 21 1 2 6	
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	hoever procures the issuance of a license to marry by any false statement, representation or preten
Name First	FEMALE APPLICANT
Michell Alton Last	Name Pirst Middle Last
Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	- maiana,
RRI BOY 169 COAHSVILLE HEN TW	Residence Address East Street or R. R. Plantfill County State
Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Now a w MITTID LINING	· P.
Other (Specify)	Other (Specify) DWWW TICMAL
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No Ye	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No Yes 2. Are you afflicted with a transmissible disease? No Yes	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No Yes	Are you related to the male applicant closer than second cousin? No Yes 4. Are you now under the influence of intoxicating liquor? No Yes
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Kent Elliot lauson	
Enic Warne Lawson	
The second is considered to	
7. Are you required by any court order or orders to support the above	
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are i
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Otis Alton Queson	8. Full name of father Stalland Brewer
Residence of father (if deceased so state) Troi and	Residence of father (if deceased so state) Trdiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Vener K/
9. Full maiden name of mother ROONIC DANCH WillS	
+ 1: -	9. Full maiden name of mother 100 Owen 5
7400	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) KCN+UCKI
State of Indiana, County of HENDRICKS Sas: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS Sa: I depose and state the information gives in this application is true and correct
	County of the said correct
Signed Janel A Three	Signed Dalleus Clenita Meseral
New Address 250 N East Street Planfuld	New Address 250 N. Enst St Apt 119
Subscribed and sworn to before me this day of day of	Subscribed and sworn to before me this day of day of 195
Mary Jane Bussell Clerk HENDRICKS Circuit Court	Mary Jane Russell Gerk HENDRICKS Circuit Court
	The state of the s
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS } ss:
County of Section 1	County of
SignedFather	SignedFather
SignedMother	Signed
Subscribed and sworn to before me this	
	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
	urt by written order issued A 3 day Ulaura and filed
	f a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	
	se issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the12th_day ofJUNE	
DARRELL ALTON LAWSON an	ndBARBARA VENITA SHRUM
Be it further remembered, the following marriage certificate was filed in my of	fice, to-wit:
I,DAN-J. SMETZER-h	
one thousand nine hundred and 87 a	t AMO , County of HENDRICKS
State of Indiana, Groom	
and, BrideBARBARA VENITA SHRUMof	
were by me united in marriage as authorized by a marriage license issued for the County.	hat purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this	The state of the s
	Signed /S/ DAN J. SMETZER
	Official Designation PASTOR ,
Filed and recorded in accordance with the laws of the State of Indiana this	16th day of JUNE , 19 87

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

140	
File.	100
	1.112100
-	Date of Application

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Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR MARRIAGE Discussion APPLICATION FOR MARRIAGE Discussion APPLICATION FOR MARRIAGE Discussion () 12 87 Date of Application		
of I.C. 31-1-3-2 Effective July 1, 1977	1 - 0 -	
Filleging and C.	FEMALE Medical Examination Report Dated Medical Examination Report Dated	
1.7.87	Medical Examination Of Selvik 100	
MALE Medical Examination Report Dated	Name of Physician Donald Sefcek 10.0	
Lorald V. Sefack N.C.	the issuance of a license to marry by any false statement, representation or pretense	
Name of Physician Whose statement Whose prescribed "False statement whose statement whose prescribed "False statement whose statement whose pr	ever procures the issue.	
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 processed in any sum not exceeding five hundred dollars (8500,00)".	Name of Physicians of a license to marry by any false statement, representation or pretense ever, procures the issuance of a license to marry by any false statement, representation or pretense ever, procures the issuance of a license to marry by any false statement, representation or pretense ever, procures the issuance of a license to marry by any false statement.	
MALE APPLICANT	Name First Would	
Middle A D	Month Day Year	
Name Vear Day Year	Date of Birth 10 195-2	
Date of Birth Month / / / / / / / / / / / / / / / / / / /	Place of Birth (State or foreign country)	
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State	
Residence Addignas Street or R. R. City County State	Glainfield, 500	
Plainfield, In.	Previous Marital Status: Never Married OR	
Previous Marital Status: Never Married OR	Ended By Death Divorce Annument	
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended by: Date of birth verified by: Birth Certificate Judicial Decree	
Date of birth verified by: Birth Certificate Judicial Decree	Date of office of the control of the	
101	Other (Specify) Drivers License	
Other (Specify) 1/65	1. Are you now or have you ever been adjudged to be of unsound mind:	
1. Are you now or have you ever been adjudged to be of unsound minu.	If answer is "yes", has the adjudication been removed?	
If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease?	
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin?	
3. Are you related to the female applicant closer than second cousin:	4. Are you now under the influence of intoxicating liquor?	
4. Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic drug? No Yes	
5. Are you now under the influence of a narcotic drug:	6. List the full names of any dependent children.	
6. List the full names of any dependent children.		
2. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above	
dependent children? No U Yes U	dependent children?	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.	
8. Full name of father AUN X9. AMSCK	8. Full name of father Winda X. Vadanian	
Residence of father (if deceased so state) alchased	Residence of father (if deceased so state) The weekly Sermany	
Birthulace of father (State or foreign country) Andrana	Birthplace of father (State or foreign country) Wiceased	
Baskers & Short	O Granding 7/ AN Barakers.	
Full maiden name of mother products ()	9. Full maiden name of mother Turkerus Orio Turkerus	
Residence of mother (if deceased so state) (CCC)	Residence of mother (if deceased so state) Havefella	
Birthplace of mother (State or foreign country) Thaticky	Birthplace of mother (State or foreign country) Duenich Germany	
State of Indiana. HENDRICKS I depose and state the information given in this application is true and correct.	State of Indiana.	
	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	
signed fort Jane Smoeth.	Signed Lines R Daughty	
New Address 834 CHITELS BULG Bd		
Subscribed and sworn to before me this 12 day of June 1957	New Address 834 (acles bueges	
marie () we for 10 with bridge	Subscribed and sworn to before me this day of 19	
HENDRICKS Circuit Court	Mary Jane Gussell Clerk HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN		
	CONSENT OF PARENTS, PARENT OR GUARDIAN	
Wa, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary		
	signs, state facts which render the consent of the other parent unnecessary	
State of Indiana. County of HENDRICKS	State of Indiana,	
	County of HENDRICKS ss:	
Father		
Signed	SignedFather	
Subscribed and sworn to before me this	Signed Mother	
day of	Subscribed and sworn to be	
Clerk	Subscribed and sworn to before me thisday of	
COMPLETE IF MARRIAGE LICENSE ISSUED	T. A marriage license having been refused to the above named parties, the part by written order issued	
HENDRICKS COURT ISSUED BY ORDER OF COUR	T. A marriage lies.	
in	our by written and having been refused to the above named parties, the	
directs the issuance of	and med	
RETURN OF MARRIAGE LICENSE	of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE Lise issued by the clock of the state.	
in the state of th	AND MARRIAGE CERTIFICA	
day of	oy the clerk of the HENDRICKS Circuit Court	
Be it further remembered, the following marriage	, 1967, authorizing the joining the division to the day wife	
SHELBY C. PLOYE	the issued by the clerk of the HENDRICKS Circuit Court and RUEMA R. DOUGHTY Thereby certify that on the Lith day of JULY OF HENDRICKS Circuit Court and wife discount and	
one thousand nine hundred and	hereby	
JACK I CHOOM	at day of	
and, Bride RUEMA P. DOUGH	of HENDRICKS	
were by me united in marriage as nutbered.	thereby certify that on the at ST. PAUL day of JULY of HENDRICKS County, State of IN that purpose by the Clerk of the Circuit Court of HENDRICKS.	
County.	HENDRICKS	
day of JULY	that purpose by the Clerk of the C:	
Filed and recorded in accord	Signed	
accordance with the laws of the State of Indi	Signed /s/ SHELBY G. FLOYD Official Designation MINISTER	
Filed and recorded in accordance with the laws of the State of Indiana this	14th day of	
	Signed JULY 19 87	
	Clerk Clerk	

5. Are you now whose the influence

State of Indiana

County of HENDRIC Play pull

CONSENT OF PARENTS PA We, the parents of this annual signs, state facts which remo-

State of Indiana County of HENDRICK

COMPLETE IF MARR

HENDRICKS

Circuit Court

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

MALE

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	258
File	

Date of Application

.....Clerk

Circuit Court

HENDRICKS

Medical Examination Report Dated FEMALE Medical Examination Report Dated Mirlas Name of Physician_ Name of Physician ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,000". MALE APPLICANT FEMALE APPLICANT Date of Birth Date of Rive Place of Birth (State Previous Marital Status: Never Married Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decre 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes you now or have you ever been adjudged to be of unsound mind If answer is "yes", has the adjudication been removed! No Tyes No T Yes If answer is "yes", has the adjudication been remo Are you afflicted with a transmissible disease? No Yes No Yes D Are you related to the female applicant closer than second cousin? No Yes No Yes Are you related to the male applicant closer than second cousin Are you now under the influence of intoxicating liquor? No Yes No Yes 4. Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug No V Yes 5. Are you now under the influence of a narcotic drug No Yes List the full names of any dependent children 6. List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above dependent children? No O Yes O If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their suppo Residence of father (if deceased so state) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana, HENDRICKS and state the information given application is true and correct. County of .. Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS State of Indiana, **HENDRICKS** County of .. County of Signed.. Father Signed. Mother Mother Subscribed and sworn to before me this...... day of..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 **HENDRICKS** Be It Remembered, there was filed in my office a marriage license issued by the clerk of the...... of Indiana dated the day of day of 1957, authorizing the joining together as husband and wife

CAREY BRENT CHALFANT and THERESA MARIE WINEMAN Be it further remembered, the following marriage certificate was filed in my office, to-wit: at DANVILLE , County of HENDRICKS one thousand nine hundred and......87 HENDRICKSCounty, State ofIN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Signed /s/ JOHN P. ROOF Official Designation EPISCOPAL PRIEST 29th day of JUNE Filed and recorded in accordance with the laws of the State of Indiana this......

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

6-12-87

HENDRICKS

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 FOR APPLICATION FOR HENDRIC	MARRIAGE LICENSE 6-124 CKS County Date of Ap	
	FEMALE Medical Examination Report Dated 6-2-87	Rist
MALE Medical Examination Report Dated 6-5-87	(1-6666666666666-	
	Name of Physician	
Name of Physician (Colored Colored Col	ever procures the issuance of a license to marry by any talse statement, repres	entation or pretens
shall be fined in any sum not exceeding live number	FEMALE APPLICANT	
MALE APPLICANT	Name First Middle	Channe a
Name First Middle Uning II	Date of Birth Month Day	Year
Date of Birth Month Day Year	Place of Birth (State or foreign country)	64
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County	y / State
Residence Address Street or R. R. City County State	702 Falistale Drik Plainfeld His	dugkobe
	Previous Marital Status Never Married OR	Total speed
Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By Death Divorce Annulment D	
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree	
Other (Specify) Divers License	Other (Specify) Drivers License	
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?	No Yes D
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed"	No D Yes D
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease*	No Yes D
3. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin*	Note Yes
4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Yes	Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug?	No No Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children	No X Yes D
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above dependent children?	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory	No□ Yes□
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support	priori that you are in
8. Full name of father Dallas Wample C. L.	8. Full name of father William Edgar Stona	The same of
Residence of father (if deceased so state)	Residence of father (if deceased so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
9. Full maiden name of mother Uhind Q Joan (oilins	9. Full maiden name of mother Norganet John & Elliot	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Mollama	
Birthplace of mother (State or foreign country)		-
County of HENDRICKS S8: I depose and state the information given in this application is true and correct.	Birthplace of mother (State or foreign country) State of Indiana,	
Subscribed and sworn to before me this day of day of	County of HENDRICKS Signed Signed Signed Signed New Address 5.30 Acros County of Signed Signe	Stone
Mary Janu Russell Clerk HENDRICKS Circuit Court	Subscribed and sworn to before me this day of ALMA MANY JONE RUSSELL GET HENDRICKS	87
CONSENT OF PARENTS, PARENT OR GUARDIAN	The property of the second of	Circuit Court
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN	
state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage, If	only one parent
	signs, state facts which render the consent of the other parent unnecessary	and the second second second second
State of Indiana, County of HENDRICKS ss:		***************************************
County of TICNUKICKS ss:	State of Indiana,	
Signed	County of HENDRICKS	
	Signed	
Subscribed and sworn to before me this	Signed	Father
, 19	Subscribed and sworn to before me this	Mother
COMPLETE IF MARRIAGE	day of	19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A HENDRICKS County authorizes and directs the issuance of a page 1.50 per county.		Clerk
County	A marriage license having been refused to the above named by written order issued	
authorizes and directs the issuer	by written order issued	parties, the
RETURN OF MARRIAGE LICENSE Al Remembered, there was filed in my office a marriage license is	ND MARRIAGE CERTIFICATION	
RETURN OF MARRIAGE LICENSE AI fundiana dated the day of JAMES DALLAS WAMPLER RICHARD ZORE RICHARD ZORE RICHARD AND STREET OF THE STREET OF TH	sued by the clerk of the HENDRICKS	
MAMPLER WANTED	, 19 , authorizing the	rcuit Court
THAKIL ZODE	A CONTROL OF THE PROPERTY OF T	a and wy
Inte of Indiana	O'll comtif	
nd, Bride DALLAS WAMPLER at	PLAINFIELD day of THE	
RICHARD ZORE was filed in my office, ne thousand nine hundred and 8.7 here tate of Indiana, Groom JAMES DALLAS WAMPLER at md, Bride DONNA MARIE STRONG of ounty. ated this 19thday of JUNE 1987	HENDRICKS County of HENDE	RICKS
ated this	HENDRICKS County, State of	IN
19thday of	purpose by the Clerk of the County, State of	N
- OTA TO	the Cincin	KS
iled and recorded in accordance with	Signed	
Office	Signed /s/ RICHARD ZORE ial Designation PRIEST.	*************
~~~~	14th day of	*****************

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

MALE

Date of Birth

Name of Physician.

Place of Birth (State or foreign country)

Previous Marital Status: Never Married OR

Other (Specify)

8. Full name of father_

9. Full maiden name of mother_

State of Indiana,

State of Indiana,

County of ...

County of ..

Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: 

Birth Certificate 

Judicial Decree

1. Are you now or have you ever been adjudged to be of unsound mind?

Are you related to the female applicant closer than second cousin?

Are you required by any court order or orders to support the above

compliance with any-court order or orders issued for their support

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in

We, the parents, of this applicant hereby give consent for this marriage. If only one pare

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

If answer is "yes", has the adjudication been removed?

Are you now under the influence of intoxicating liquor?

Are you afflicted with a transmissible disease?

5. Are you now under the influence of a narcotic drug?

6. List the full names of any dependent children.

Residence of father (if deceased so state) Birthplace of father (State or foreign country)

Residence of mother (if deceased so state). Birthplace of mother (State or foreign country).

New Address...

CONSENT OF PARENTS, PARENT OR GUARDIAN

**HENDRICKS** 

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

Medical Examination Report Dated_

shall be fined in any sum not exceeding five hundred dollars (\$500,00)"

MALE APPLICANT

#### STATE OF INDIANA

6-12-8-

ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement-Whoever procures the issuance of a license to marry by

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

HENDRICKS

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Medical Examination Report Date Name of Physician Dromo

FEMALE A

FEMALE

Date of Birth

260

File	ra valle	willing (Spel
6-	12-8-	7
	e of Applica	
		MALK
	-12-87	
Alous	12	Mada
any false statemen	t representat	tion or preten
	AND THE PL	
PPLICANT	A SPANIE	
Middle	1	Last
Day	Year	use.
18	71	0
, ARAMSE A	and the	
City	County	State
dis Elizabeth a	1	mail makes
nnulment D		postupality road
Judicial Decree	The new health	or server by more
VALUE ALKARD	- het seellen	~
e of unsound mind?		No Yes
ved?		No Yes
		No Yes
second cousin?		NO PY Yes

	Place of Birth (State or foreign country)	
State	Residence Address Street or R. R. City County	State
1	115 C. Variat Downland	
0	Previous Marital Status: Never Married OR	med mainting
Amont No	Last Marriage Ended By: Death Divorce Annulment	
	Date of birth verified by: Birth Certificate  Judicial Decree	
- 1	Other(Specify)	of M
No Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind?	No Yes 🗆
No□ Yes□	If answer is "yes", has the adjudication been removed?	No Yes
No Yes 🗆	2. Are you afflicted with a transmissible disease?	No Yes 🗆
No Yes 🗆	3. Are you related to the male applicant closer than second cousin?	No Yes
No Yes -	4. Are you now under the influence of intoxicating liquor?	No Yes
No Yes	5. Are you now under the influence of a narcotic drug?	No Yes 🗆
	6. List the full names of any dependent children.	
10 10	The state of the s	
1		
street to	7. Are you required by any court order or orders to support the above	in the part of
No Yes	dependent children?	No Tes D
that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory pro	of that you are in
column .	compliance with any court order or orders issued for their support.	
	8. Full name of father Shirt Arguera Care	A CONTRACTOR OF THE PARTY OF TH
	Residence of father (if deceased so state)	CALIFORNIA CO.
	Birthplace of father (State or foreign country)	- State of
Alban 1	9. Full maiden name of mother Bornie for bours	alla
Marine I	5. Full maiden name of mother	
	Residence of mother (if deceased so state)	
	Birthplace of mother (State or foreign country)	substitute.
mation given and correct.	State of Indiana, HENDRICKS    Sa: I depose and state the info in this application is true	
20	Signed & andry S. Thur	
1.6	New Address 115 E. Copmont	140.13
19	Subscribed and sworn to before me this	None
Circuit Court	Mary Jane Rissell Gerk HENDRICKS	Cinata Count
	of the state of th	Circuit Court
Walterstate	CONSENT OF PARENTS, PARENT OR GUARDIAN	
one parent	We, the parents, of this applicant hereby give consent for this marriage. If or	alv one parent
one parent		
	signs, state facts which render the consent of the other parent unnecessary	
	Charles at Taillians	
	State of Indiana, HENDRICKS County of	
Father	Signed 1) - 1	1
Mother	Signed & Small J. Could	-
, 19	Subscribed and sworn to before me thisday of	19
Clerk	Mary Care Russell	Clerk
	0001	
	T. A marriage license having been refused to the above named I	
	urt by written order issued and Blog Wallet	and filed
he issuance o	f a marriage license to the above named parties.	S TO THE RE
GE LICENSI	E AND MARRIAGE CERTIFICATE	
arriage licen	se issued by the clerk of the HENDRICKS	rcuit Court
	, 1987, authorizing the joining together as husban	d and wife
a	nd CANDY S. CROUSE	
filed in my o		
	hereby certify that on the	
	of HENDDICKS County State of IN	

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CO HENDRICKS .....County..... authorizes and directs the issuance RETURN OF MARRIAGE LICE! Be It Remembered, there was filed in my office a marriage li of Indiana dated the ______15th ____day of ____JUNE DAVID L. JAGGAR Be it further remembered, the following marriage certificate was filed in m one thousand nine hundred and State of Indiana, Groom.......DAVID L. JAGGAR..... and, Bride CANDY S. CROUSE of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... Dated this 20th day of JUNE , 19.87 Signed /s/ DANNY VAUGHN Official Designation ... JUDGE PRO TEM.

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

....day of .....

HENDRICKS

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

O-15-87
Date of Application

HENDRICKS

.Circuit Court

Form Prescribed By Indiana State Board of APPLICATIO	ON FOR MARRIAGE LICES	6-15-87
Health under Authority of L.C. 31-1-3-2	HENDRICKS County	Date of Application
Effective July 1, 1977	, Control of the cont	10-11-0 b
	FEMALE Medical Examination Report Date	
MALE Medical Examination Report Dated  (-10-87)	c Physician	Least .
Medical Examination Report Bates	Name of Physician	any false statement, representation or protect
Name of Physician  ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False s for the form of the second of	statement-Whoever, procures the issuance of a license to many	pretense
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed. Take shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE A	PPLICANT
MALE APPLICANT	Name First	Riddle Lugenbeel
Name First Middle	Past Date of Birth Month	Day Year
Date of Birth Month Day Year	5	31 58
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	City 6 County State
And Clay County	State Residence Address Street or R. R.	County State
Residence Address Street of R. R. City Louis Monon		0
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce A	anulment 🗆
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate	Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Date of officer country	
Other (Specify) DULLY LUMBL	Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind?	No Yes□ 1. Are you now or have you ever been adjudged to be	of unsound mind? No Yes D
If answer is "yes", has the adjudication been removed?	No ☐ Yes ☐ If answer is "yes", has the adjudication been remov	- W -
2. Are you afflicted with a transmissible disease?	No Yes 2. Are you afflicted with a transmissible disease?  No Yes 3. Are you related to the male applicant closer than s	econd cousin. No X Yes □
a. Are you related to the female applicant closer than second cousin.	~	
4. Are you now under the intidence of indixicating inquot.	No Yes □ 4. Are you now under the influence of intoxicating liq.  No Yes □ 5. Are you now under the influence of a narcotic drug	
Are you now under the influence of a narcotic drug?     List the full names of any dependent children.	6. List the full names of any dependent children.	
Charity Pown Povers	Ealtha J.	
The state of the s	· U Copraci M.	
	" I pranan . D .	
7. Are you required by any court order or orders to support the above dependent children?	No Yes 7. Are you required by any court order or orders to su dependent children?	upport the above No□ Yes□
If answer is "yes", it is required that this Application be accompanied by satisfactory proof t		n be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for	or their support.
8. Full name of father HOLLY PLLAND POUR D	8. Full name of father	offed Burns
Residence of father (if deceased so state)	Residence of father (if deceased so state)	wantle
Birthplace of father (State or foreign country) Molla / W	Birthplace of father (State or foreign country)	Jenn.
9. Full maiden name of mother Dling Rwh Emily Hoffma	9. Full maiden name of mother Duly	Carmas . f. c
Residence of mother (if deceased so state)		lei l
Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state)	Mellindii
State of Indiana	Birthplace of mother (State or foreign country).  State of Indiana,	74.
County of HENDRICKS  Sa: I depose and state the inform in this application is true a	rind correct. County of HENDRICKS	I depose and state the information given in this application is true and correct.
Signed Lavid Lee aven	V A	Rama Land
New Address 22 A Michaels DR OB	Signed A Conc	In the angentier
Subscribed and sworn to before me this day of AUNL	New Address.	Muchaels Ar Hang
MALL MAL PUSSION - HENDRICKS	Subscribed and sworn to before me this	day of June 190
Cierk	ircuit Court Mary Jane Rusal	Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN		
We, the parents, of this applicant hereby give consent for this marriage. If only	CONSENT OF PARENTS, PARENT OR GUAR	DIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give c	onsent for this marriage. If only one parent
parent unnecessary	signs, state facts which render the consent of t	
State of Indiana.  County of HENDRICKS } **:		
swaity of	State of Indiana, County of HENDRICKS	
Signed	Father	
Signed	Signed	Father
Subscribed and sworn to before me thisday of	Mother Signed	Mother
		Mocher
COMPLETE IF MARRIAGE		day of 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER HENDRICKS County authorizes and directs the	OF COURT A	Clerk
inCounty	Court L. A marriage license having been refuse	ed to the above named parties the
		and filed
Be It Remembered the RETURN OF MARRIAG	E LICENSE AND MARRIAGE CERTIFICATE	arties.
DAVID L. POWERS day of June	HE ticense issued by the clerk of the HE	NDRICKS Circuit Court
of Indiana dated the	E LICENSE AND MARRIAGE CERTIFICATE  principle license issued by the clerk of the HE  and authorizing the ion	ining together the desired
LARRY LILLY was fi	led in my office, to suit. NANCY. R. LUGENBERT	ining together as husband and wife
State of Indiana 3	hereby certify that and	
and Bride	HIATON CITY	dy ofJUNE
Were by me writed in NANCY R. LUGENBELL	of MARION	, County of HENDRICKS,
one thousand nine hundred and 87  State of Indiana, Groom DAVID L. POWERS and, Bride NANCY R. LUGENBELL were by me united in marriage as authorized by a marriage license County.  Dated this 27th day of JUNE		ity, State of IN
Dated this 27th day of	cour cour cour cour cour cour cour cour	ity, State of,
JUNE	1987	ert of HENDRICKS
Filed and recorded in accordance with the laws of the State of India	Signed	
in accordance with the laws of the State of	Official Designation /S/ LARRY LII	LLY
Indicate of Indica	Official Designation PASTOR  30th day of JUNE	
	Signed JUNE	4007

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

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No	262
File_	A Constitution of the Cons
	10-15-87
	Date of Application

HENDRICKS

Circuit Court

THE STREET STREET	County
MALE Medical Examination Report Dated	Date of Application FEMALE
Name of Physician D. J. Moutto	Medical Examination Report Dated 6-9-87
	Name of Physician 2. 2. Moretto
shall be fined in any sum not exceeding five hundred dollars (\$500.000)	hoever procures the issuance of a license to marry by any false statement, representation or preter
MALE APPLICANT	
Name Prirst Middle Last	Name First
Date of Birth Month Day Year	Patricia 8. Stools
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Residence Address Street F R. R. City County	Place of Birth (State or foreign country)
City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	10012 C. 1000 D. Brownshing
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Dr. Lic.	O .
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify) M. Tw.
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  No Yes C  2. Are you afflicted with a transmissible disease?  No Yes C
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?  No Yes C  3. Are you related to the male applicant closer than second cousin?  No Yes C
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
	Typon
	Miskelle State M.
7 Anima mind	
7. Are you required by any court order or orders to support the above dependent children?  No Yes	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No  Yes
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Allmer Carrall	8. Full name of father English danie to their support.
Residence of father (if deceased so state)	Residence of father (if deceased so state) Williams
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Jayce Laure Thells	3. t. s n t
Residence of mother (if deceased so state) Littleton Co	
Birthplace of mother (State or foreign country) Askansas	Residence of mother (if deceased so state)
State of Indiana,	Birthplace of mother (State or foreign country)
County of HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
Frigned Randed O Canal	Sofice of the a
New Address. Same as above	Signed A. M. Commission of the
Subscribed and sworn to before me this 194 day of 1987.	New Address Shill M.
Muy Once Russell and HENDRICKS	Subscribed and sworn to before me this
Clerk Circuit Court	Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	
	signs, state facts which render the consent of the other parent unnecessary
tate of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS County of
Sounty of	County of
SignedFather	Signed Father
Signed	Signed
ubscribed and sworn to before me thisday of 19	Subscribed and sworn to before me thisday of
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. HENDRICKS	
CountyCounty	rt by written order issued
authorizes and directs the issuance of	
RETURN OF MARRIAGE LICENSE	HENDOLEK
Indiana dated the	issued by the clerk of the Circuit Court
RANDAL D. CARROLL	PATRICIA E. STEELE
RANDAL D. CARROLL and it further remembered, the following marriage certificate was filed in my office.	pe, to-wit:
CHARLOTTE R. KEMNITZ he	reby certify that on the 24th day of JUNE
e thousand nine hundred and 87 at	
ate of Indiana, GroomRANDAL.D. CARROLLof.	
d, Bride PATRICIA E. STEELE of	
ere by me united in marriage as authorized by a marriage license issued for the	it purpose by the Clerk of the Circuit Court of HENDRICKS
unty.  ted this 24thday of JUNE , 1987	
	Signea/S/CHARLOTTE-RKEMNITZ
	Ricial Designation JUDGE/MARION COUNTY SMALL CLAIMS DIV.
led and recorded in accordance with the laws of the State of Indiana this	20th day of JUNE , 19.87

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

File_

HEND	RICKS	

__County

Date of Application

§ Are you now under the influence in

8. Full name of father

9. Full maiden name of mother

New Address

CONSENT OF PARENTS, PARENT We, the parents, of this applicant he

COMPLETE IF MARRIAGE
HENORICIS

.. Circuit Court

State of Indiana. County of HENDRICKS

Effective July 1, 1987	FEMALE Board Dated 6-15-87
MALE	Medical Examination Report Dated
MALE Medical Examination Report Dated 6-13-87	Name of Physician andy D. Pround W.V.
Name of Physician. (2 Me) (XAAA)	noever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUENTERNS MAINT BE ANSWERED 14: 31-1-3-6 prescribed False candidated the firmed in arts man and exceeding five handred dollars (\$500,000)	FEMALE APPLICANT
MALE APPLICANT	Name First Middle MC Last
Time Thennoth Rederick Chamberline	Date of Birth Month Day Year
Date of Birth Miret Day Year 1959	Place of Birth (State or foreign country)
Place of Birth (State of Spring country)	Residence Address Street or R. R. City County State
Remidence Achdress Street or E. E. City County State	Lanvelle m.
provising, Si	Previous Marital Status: Never Married OR
Francisco Marriad Station Never Marriad © OR  Last Marriago Ended By: Death C Stourne C Annulment C	Last Marriage Ended By: Death Divorce Annulment Divorce Undivided Decree
Date of birth verified by D Sirth Certificate D Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Variety Drivers License	Other (Specify) Wrivers License
1. Are you now or have you ever been adjudged to be of unaound mind. No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjustication been removed.	If answer is "yes", has the adjudication been removed?  No Yes   No Yes   No Person
2. Now your afficiated with a treatmentalistic disease. No Sayes Co. N	2. Are you afflicted with a transmissible disease?  No Yes   3. Are you related to the male applicant closer than second cousin?  No Yes
Arm you related to the female applicant closer than second count.*  No Tes C  A. Arm you now under the influence of intenseating liques?  No C Yes C	4. Are you now under the influence of intoxicating liquor?  No Yes □
S. Acre you now under the influence of a narrotic drug! No W Yes C	5. Are you now under the influence of a narcotic drug?  No Yes
6. Liet the full names of any-dependent children.	6. List the full names of any dependent children.
Similar I and a second	
Are you required by any court order or orders to support the above dependent children? No.   Year	7. Are you required by any court order or orders to support the above
Management of "yes" is a required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No Yes   If answer is "yes" it is required that this Application be accompanied by estiff any yes (i.e., and i.e.,
compliance with any court geologics orders issued for plays support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
* Fill remote them I Killings K. Chamberlen Will	8. Full name of father Joseph D. Monald
Manifestical distribution and description of the second as states I fill The state of the second as states I fill the second as	Residence of father (if deceased so state) Flort Nanvelle In.
Methylaco of factor (trade or furging country)	Birthplace of father (State or foreign country) Indiana
8. Fill maillen nume it moites Margarge a. Parkurst	9. Full maiden name of mother Alla Mae Melce
Meridiance of matter (I terrained to cases)   Nicesed	
Mertigian of matter thate or tenigramatry. Michigan	Residence of mother (if deceased so state) Wanvelle St.
State of Indiana.	Birthplace of mother (State or foreign country). The Miles Ry  State of Indiana,
in this application is true and correct.	County of HENDRICKS   I depose and state the information given in this application is true and correct.
mone of Court & CMA	Signed Joann Glenna McDoneld
New Address	New Address 526 Enderly apt. 7 Brownslu
Statemental and evapors to before my thin LT day of June 1987	Subscribed and away to be a subscribed and
HENDRICKS Circuit Court	Subscribed and aworn to before me this day of 1987
CONSENT OF PARENTS, PARENT OR GUARDIAN	The Jane Tursell Clerk HENDRICKS Circuit Court
Win, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other perent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	of the other parent unnecessary.
Static of Indiana.	
County of HENDRICKS	State of Indiana,
Signed	County of HENDRICKS } ss:
Signed	
Subscribed and owner to before my thin	Signed Father
- day of - 19	Signed
Clerk	Subscribed and sworn to before me thisday of
HENDER'S	T. A marriage license having been refused to the above named parties, the art by written order issued.
in Carlo bell County Crounty	I. A marriage license having beau
authorizes and directs the issues	art by written order issued
of Indiana decad the 15th day of	AND MARRIAGE CERTIFICATE  See issued by the clerk of the HENDRICKS  Circuit Court  1987, authorizing the joining to the interest of the
Re RODERICK CHANGE	HENDRICKS
L. CHAMBERLIN	J. GLENNA MCDONALD  HENDRICKS  Circuit Court  J. GLENNA MCDONALD
See it further remembered, the following marriage certificate was filed in my of any thansand nine hundred and 87	J. GLENNA McDONALD  ereby certify that on the
State of Indiana, Groom K. RODERICK CO.	BROWNSBURG 17th day of JUNE HENDRICKS
States of Indiana, Groom K. RODERICK CHAMBERLIN  and Bride GLENNA MC DONALD	DRUWNSBURG day of JUNE
common by me amitted in macroscope as authorized by	HENDRICKS , County of HENDRICKS ,
Duting this	HENDRICKS , County of HENDRICKS , HENDRICKS County, State of IN
wave by me united in marriage as authorized by a marriage license issued for the Datied this	HENDRICKS  County, State of IN  County, State of IN  HENDRICKS  HENDRICKS
Filing and	HENDRICKS HENDRICKS
The state of the s	Digned
the state of Indiana this	ficial Designation /s/ MARTIN A. PETER  19th CATHOLIC PRIEST  Signed JUNE
	day of JUNE
	A seed and a seed a
	HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE Effective July 1, 1977 HENDRICKS County Date of Application Medical Examination Report Dated 6-8-87 FEMALE John Cronible Medical Examination Report Dated_ Name of Physician_ John Cronch 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 MALE APPLICANT Name FEMALE APPLICANT First Middle unn Date of Birth Date of Birth Place of Birth (State or fo 1026 Norman same Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by. Birth Certificate Judicial Decree Other (Specify)_ Other (Specify)_ 1. Are you now or have you ever been adjudged to be of un No T Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No O Yes O No T Yes If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease? No Yes No□ Yes□ 2. Are you afflicted with a transmissible disease? Are you related to the female applicant doser than se No O Yes O No Yes Are you related to the male applicant closer than second cousin? Are you now under the influence of intoxicating liquo No Yes O No T Yes Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcetic drug? No O Yes O No□ Yes□ Are you now under the influence of a narcotic drug? 6. List the full names of any dependent childre No O Yes O List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above Yes 🗆 dependent children? No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. compliance with any court order or orders issued for their support. 8. Full name of father Full name of father_ Residence of father (if deceased so state). Residence of father (if deceased so state)_ Birthplace of father (State or foreign country Birthplace of father (State or foreign country). 9. Full maiden name of mother. Full maiden name of mother. Residence of mother (if deceased so state). esidence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country) State of Indiana, State of Indiana, HENDRICKS and state the information given application is true and correct. HENDRICKS County of .... County of .. Signed. Signed. New Address. lew Address. Subscribed and sworn to before me this. Subscribed and swork to before me this HENDRICKS HENDRICKS .Circuit Court Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of .... ..... Mother Subscribed and sworn to before me this day of 19..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in...... authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the...... of Indiana dated the day of 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 ______ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Dated this day of , 19 ..... Signed..... Official Designation Signed.....

HENDRICKS

STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

June 15 19
Date of Application

.. Circuit Court

HENDRICKS

Are you afflicted

264

Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICEANN June 13 1987
Health under Authority of L.C. 31-1-3-2 Effective July 1. 1977	KS County Date of Application
Effective July 1. 1970	FEMALE Medical Examination Report Dated
MALE 6-9-87	CAN AND AND AND AND AND AND AND AND AND A
Demont Dated	Name of Physician
Name of Physician Apple Slegger Who	Name of Physician  oever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1646 prescribed "False statement - William Graph hundred (billars (\$500,00)".	FEMALE APPLICANT
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	Name First Middle Last /
Name , First / Middle Am I Last	Day Year
Date of Birth Month Day 19	Date of Birth 1964
Place of Birth (State of foreign country)	Place of Birth (State or soreign country)  Place of Birth (State or soreign country)  State R R R City Country State  State R R R R City Country
State City County / State	Residence Address Street of R. R. 155 6. Aprilles May
Residence Address Street, or R. R. City Myelle Sind In	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	June Survey ( peeting)
Other (Specify) Arunus Cares plante	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes  No Yes	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?  No D Yes D  No D Yes D	3. Are you related to the male applicant closer than second cousin? No Yes D
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug?  No. ✓ Yes □  6. List the full names of any dependent children.
6. List the full names of any dependent children.	b. List the full names of any dependent suitable.
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above dependent children?  No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Eller Lander Suight	8. Full name of father William J. Walling
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Julity and Files	9. Full maiden name of mother Auth Care Pettie
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS    Sas: I depose and state the information given in this application is true and correct.	State of Indiana,
County of the application is true and correct.	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Klick Ranies Knight	Signed Kimberly Marie Franklin
New Address 11 Springs t Danuille, IN46122	New Address
Subscribed and sworn to before me this day of day of 19	Subscribed and sworn to before me this day of the last
HENDRICKS Circuit Court	Mery Com P HENDRICKS
CONSENT OF PARENTS, PARENT OR GUARDIAN	Clerk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS sa:	State of Indiana,
Signed	County of HENDRICKS } ss:
Father	
Signed Mother	SignedFather
Subscribed and sworn to before me this day of	Signed
	Subscribed and sworn to before me thisday of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY COMPLETE	T. A marriage license having been refused to the above named parties, the urt by written order issued
HENDRICKS County ORDER OF COURT	T. A marriage license having b
authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE	urt by written order issued and filed
RETURN OF MARKS	I a marriage license to the above result
of Indiana dated the	E AND MARRIAGE CERTIFICATE se issued by the clerk of the
day of June	se issued by the clerk of the HENDRICKS
Be it further remembered, the following marriage continuation	E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS  Circuit Court  and KIMBERLY MARIE FRANKLIN
KENNETH E. VETTERS was filed in my of	fice, to-wit. KIMBERLY MARIE FRANKE
State of Indiana C	se issued by the clerk of the HENDRICKS  Circuit Court  19 , authorizing the joining together as husband and wife ffice, to-wit:  hereby certify that on the 27th at BARTLETT CHAPEL  Of HENDRICKS  County of HENDRICKS  County State of IN
and Bride KNIGHT	at day of
were by me united in marriage	of HENDRICKS , County of HENDRICKS
County. Of marriage license is authorized by a marriage license is an arriage license is a second of the second of	AT BARTLETT CHAPEL day of JUNE  OF HENDRICKS County of HENDRICKS  Chat purpose by the Clerk of the Circuit Court of HENDRICKS  Signature of HENDRICKS  HENDRICKS HENDRICKS
day of JUNE	hat purpose by the Clerk of the County, State of IN
19 87	HENDRICKS HENDRICKS
Filed and recorded in accordance with the laws of the State of Indiana this	Signed/S/ KENNY
the days of the State of Indiana this	Signed /s/ KENNETH E. VETTERS  Official Designation PASTOR
- *************************************	30±h day of

m Prescribed By ana State Board of Ith under Authority ctive July 1, 1977

MALE

Name of Physician.

Other (Specify)_

dependent children?

State of Indiana,

State of Indiana,

and, Bride.....

County. Dated this ...

County of ..

Are you afflicted with a transmissible disease

List the full names of any dependent children

Birthplace of father (State or foreign gountry)

Birthplace of mother (State or foreign country)

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE HENDRICKS County Date of Application FEMALE Medical Examination Report Dated LL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures hall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT FEMALE APPLICANT Middle Date of Bir Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: 

Birth Certificate 

Judicial Decree Date of birth verified by: Birth Certificate Judicial Decrees Are you now or have you ever been adjudged to be of unsound mind? No Yes D No Yes O If answer is "yes", has the adjudication been rem No D Yes D No T Yes If answer is "yes", has the adjudication been removed? No Yes D No W Yes 2. Are you afflicted with a transmissible disease? Are you related to the female applicant closer than second cousin? No Xes D Are you related to the male applicant closer than second cousin No Yes Are you now under the influence of intoxicating liquor? No Ves D No D Yes Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug! 6. List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No D Yes D No T Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Birthplace of mother (State or foreign country) State of Indiana. HENDRICKS New Address 2525 Chaseway Ct. Indianopoles, els. 44268 CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS County of. .....Father .....Mother COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE **HENDRICKS** Be It Remembered, there was filed in my office a marriage license issued by the clerk of the...... of Indiana dated the 2 3kd day of the June, 19 , authorizing the joining together as husband and wife SHANE F. CALDWELL and DIANA K. RUMLEY Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, WILLIAM R. CLAYTON hereby certify that on the 27th day of JUNE one thousand nine hundred and 87 at PLAINFIELD , County of HENDRICKS HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS .day of .. Signed /s/ WILLIAM R. CLAYTON

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

Official Designation ...... PASTOR. ...day of ..... JULY

**HENDRICKS** 

## STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

6-16-97 Date of Application

HENDRICKS

Form Prescribed By Indiana State Board of Health under Authority  APPLICATION FOR HENDRIC	MARRIAGE LICENSE  (c)   (c) - (f) -
of LC. 31-1-3-2 Effective July 1, 1977	F 10.00
to 1 th and the state of the st	Medical Examination Report Dated 5 1987
MALE 5-19-97	Name of Physician Clarles H. Jupple
Medical Examination Report Dated 9-179	Name of Physician
Name of Physician Cally Vapper	Name of Physician  oever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	First Middle 1, Last
Name First Middle Con Last	Name Only Day Year
popert ale year	Date of Birth Worth 30 54
Date of Birth Month 3 53	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R.	2 same
	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
	Other (Specify) Drivers License
Other (Specify) Drivers Cicense	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes  No Yes  No Yes  Yes  No O Yes  No Yes  No O Yes	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?  Yes	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?  Yes
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug?  No. Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Jason Robert Smiley	Jason Robert Smiley
Brian Hatthew Smiley	Brian Matthew Smiley
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father RODEC+ Date, Smile V Sc.	compliance with any court order or orders issued for their support.
7.1:	8. Full name of father Chester TURNER
	Residence of father (if deceased so state) Todiona
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (EDWKY
9. Full maiden name of mother taticia L. Emrich	9. Full maiden name of mother Dorothy M. Pother
Residence of mother (if deceased so state) Indiana	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Tyon Qaro	
State of Indiana, HENDRICKS    sa: I depose and state the information given in this application in the property of the propert	Birthplace of mother (State or foreign country) 7000 5500. State of Indiana.
County of in this application is true and correct.	County of HENDRICKS as: I depose and state the information given in this application is true and correct.
Signed to best Dale Small (	() The Analo
New Address SAMK	Signed Add The Signed
Subscribed and sworn to before me this. 16th day of 1987	New Address. Plane
THAT PARE RUALING HENDRICKS	Subscribed and sworn to before me this day of full 1987.
Clerk Circuit Court	Thany fame Russell Glerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
differences ary	signs, state facts which render the consent of the other parent unnecessary
Be the property of	
State of Indiana, County of HENDRICKS ss:	State
	State of Indiana, County of HENDRICKS
Signed	County of TEINDRICKS
Signed	SignedFather
Subscribed and sworn to before me this day of 19	
TOTAL CONTROL OF THE	Signed Mother Subscribed and sworn to before mathi
COMPLETE: Clerk	Subscribed and sworn to before me thisday of, 19
HENDRICKS LICENSE ISSUED BY ORDER OF COL	Clerk CT. A marriage license having been refused to the above named parties, the
County COUR	Tr. A marriage license having been refused to
authorizes and directs the issue	ourt by written order issued.
PETUDA: 0-	of a marriage license to the same meeting and meeting
of Indiana dated it. there was filed in my office a marrie	E AND MARRIAGE CERTIFICATION
day of	ise issued by the clerk of the
Be it further remembered, the following manual JR.	nse issued by the clerk of the HENDRICKS  Circuit Court and CATHY LYNN SMILEY  hereby certify that on the
SHLDON I CROSS certificate was filed in my	and CATHY LYNN SMILEY  hereby certify that on the at NEW WINCHESTER  of HENDRICKS CATHY Authorizing the joining together as husband and wife joining together a
one thousand nine hundred and	hereby and hereby
State of Indiana, Groom. ROBERT DALE SMILEY	ffice, to-wit:  hereby certify that on the at NEW WINCHESTER of HENDRICKS  HENDRICKS  County, State of IN  that purpose by the Classes
and, Bride CATHY LYNN SMILEY	of HENDRICH day of JULY
County of	Country of HENDRICKS
Dated this 7+h	that purposed
day of JULY	at NEW WINCHESTER of HENDRICKS , County of HENDRICKS , HENDRICKS IN that purpose by the Clerk of the Circuit Court of HENDRICKS
, 1987	of HENDRICKS , County of HENDRICKS , HENDRICKS County, State of IN that purpose by the Clerk of the Circuit Court of HENDRICKS
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ SHELDON L. GEORGE  Official Designation MINISTER
the State of Indiana this	Designation MINISTER L. GEORGE
	Signed Was day of JULY
	19 87 19 87

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

No. 207
File Date of Application

Circuit Court

MALE Medical Evanination B. (12)	FEMALE
Medical Examination Report Dated 6-10-87  Name of Physician E. Clark	Medical Examination Report Dated 6-10-87
	Name of Physician & Clark
hall be fined in any sum not exceeding five hundred dollars (\$500.00)".	oever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
David Michael & Last	Name First Middle Last
pate of Birth Month Day Year	Date of Birth Month Day Year
lace of Birth (State or foreign country),	Place of Birth (State or foreign country)
esidence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
20: 10 ac. old Do + another Graylo	to le. Same
ast Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
ate of birth verified by: Birth Certificate  Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
	Date of often verified by: A Birth Certificate of Judicial Decree
Other (Specify)Are you now or have you ever been adjudged to be of unsound mind? No Yes □	Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  No Yes  2. Are you afflicted with a transmissible disease?  No Yes
Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  No Yes	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug?  No Yes  List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No Yes
	6. List the full names of any dependent children.
	Lindsey / Whole Boesel
Are you required by any court order or orders to support the above	
dependent children? No □ Yes □	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father English C. Sports
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Walder Mingap	9. Full maiden name of mother Roythyll. Hopson
Residence of mother (if deceased so state) Andiana	Residence of mother (if deceased so state) Which
Birthplace of mother (State or foreign country) Undiana	Birthplace of mother (State or foreign country)
te of Indiana.  HENDRICKS    ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.
bscribed and sworn to before me this	Subscribed and sworn to before me this day of HENDRICKS  Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
te of Indiana, HENDRICKS } ss:	State of Indiana, HENDRICKS } ss:
inty of	County of
SignedFather	Signed Father
Signed	Signed
scribed and sworn to before me this	Subscribed and sworn to before me thisday of
LIE IDDICUS	T. A marriage license having been refused to the above named parties, the
County County Co	ourt by written order issued and filed
RETURN OF MARRIAGE LICENSE	se issued by the clerk of the HENDRICKS Circuit Court
	, 19.87, authorizing the joining together as husband and wife
	nd JENNY LYNNE SPARKS
it further remembered, the following marriage certificate was filed in my o	ffice, to-wit:
	hereby certify that on the 20th day of JUNE HENDRICKS
	at DANVILLE , County of HENDRICKS
	of
	HENDRICKS County, State of IN ,
e by me united in marriage as authorized by a marriage license issued for t	nat purpose by the Clerk of the Circuit Court of
ed this 20th day of JUNE , 19 87	/s/ EDWIN R. ALLENDED
	Signed
	Official Designation MINISTER 19 87
and recorded in accordance with the laws of the State of Indiana this	
Name and Address of the Control of t	Signed I May Jane Rhall HENDRICKS Circuit Count

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

268 File_ 6-17-87 Date of Application

HENDRICKS

... Circuit Court

HENDRICK

Form Prescribed By Indiana State Board of Health under Authority  APPLICATION FOR HENDRIC	CKS County Date of	Application
of I.C. 31-1-3-2 Effective July 1, 1977	10.5	9.5
Ellective and It test	FEMALE Medical Examination Report Dated 6-8-87	
MALE . (0-9-97	Name of Physician Mulath Pumpalo	
	Name of Physician Particle 10-17	
Name of Physician Kuruth Mumau	procures the issuance of a license to marry by any false statement, re	epresentation or pretense
Name of Physician  Name of Physician  LUCCAL PULL AND THE ANSWERED. L.C. 31-1-3-6 prescribed "False statement—What he fixed in any sum not exceeding five hundred dollars (\$500.00)".	FEMALE APPLICANT	
	First Middle	Last
MALE APPLICANT	Name Teresa Diane	Wallen
Name Piret Middle Og en	Date of Birth Honth	65
Date of Birth Month 77	Place of Birth (State or foreign country)	
Place of Birth (State or foreign country)	Residence Address Street or R. R. Bry NSW/O	Ounty State,
Residence Address Street or R. R. City County State	1041 CIFTUARO.	Nen Al
Number 2 North lowst (t. Danville Hen IN	Previous Marital Status: Never Married OR	The second second
Previous Marital Status: Never Married OR	Ended By: Death Divorce Annument	The state of the s
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree	
Date of birth verified by: Birth Certificate Judicial Decree	Other (Specify) Drivers License	
Other (Specify) Drivers License	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?	No Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes  No Yes	Are you now or have you even been seen seen seen seen seen seen se	No O Yes O
	Are you afflicted with a transmissible disease?	Ng Yes D
2. Are you afflicted with a transmissible disease?  No Yes  No	Are you related to the male applicant closer than second cousin?	No Yes D
3. Are you related to the female applicant closer than second cousin.	4. Are you now under the influence of intoxicating liquor?	No Yes D
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug?	No Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.	
	Grant Logan Wallen	
	0	
	7. Are you required by any court order or orders to support the above	
7. Are you required by any court order or orders to support the above dependent children? No □ Yes □	dependent children?	No□ Yes□
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satis-	factory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.	
8. Full name of father COTY LEC COOCA	8. Full name of father Henry Wilson Wallen	The second secon
Residence of father (if deceased so state) Ilinois	Residence of father (if deceased so state) Indiana	
Birthplace of father (State or foreign country) THip 015	Birthplace of father (State or foreign country)	
9. Full maiden name of mother Donna Elaine Elmore	9. Full maiden name of mother Patricia Lavonc H	urst
Residence of mother (if deceased so state) Thinois	Traliana	
Birthplace of mother (State or foreign country) Illinois		
One of the land	Birthplace of mother (State or foreign country)	
County of HENDRICKS  88: I depose and state the information given in this application is true and correct.		e the information given on is true and correct.
County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	County of HENDRICKS as: I depose and state in this application	
County of HENDRICKS sa: I depose and state the information given in this application is true and correct.	HENDDICKS as: I depose and state	
Signed Signed Source Country of HENDRICKS  Signed Sa: A depose and state the information given in this application is true and correct.  New Address 2 N. LOCUST C7 DANNILE	HENDDICKS as: I depose and state	
Signed Signed County of HENDRICKS  Signed County of HENDRICKS  Signed County of this application is true and correct.  New Address 2 N LOCUST C7 DANVILLE  Subscribed and sworn to before me this 1744 day of 440 mm. 1987.	County of HENDRICKS   Sax: In this application this application with the same of the same	
Signed Signed Source Country of HENDRICKS  Signed Sa: A depose and state the information given in this application is true and correct.  New Address 2 N. LOCUST C7 DANNILE	County of HENDRICKS Signed feresa D. Walle New Address # 2 N. Locust	Ct. Danvill
Signed Signed County of HENDRICKS  Signed County of Carbon in this application is true and correct.  Signed County of Carbon in this application is true and correct.  New Address 2 N Cocust Carbon 1987.  Subscribed and sworn to before me this 1744 day of MM 1987.  Though The Russian Clerk HENDRICKS Circuit Court	County of HENDRICKS  Signed Jeresa  New Address # 2 N Locust  Subscribed and sworn to before me this 1 Hands day of	Ct. Danvill
Signed County of HENDRICKS  Signed County of C7 DANNUE  New Address 2 N LOCUST C7 DANNUE  Subscribed and sworn to before me this. 1744 day of HENDRICKS  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN	County of HENDRICKS  Signed Jeresa  New Address # 2 N Locust  Subscribed and sworn to before me this 1 Hands day of	Ct. Danvill
Signed Signed Sas: I depose and state the information given in this application is true and correct.  Signed Signe	Signed Peresa Dalla New Address & 2 Dalla Day of HENDRICKS  Subscribed and sworn to before me this Aday of HENDRICKS  CONSENT OF PARENTS, PARENT OR GUARDIAN	Ct. Danvill  CKS Circuit Court
Signed County of HENDRICKS  Signed County of C7 DANNUE  New Address 2 N LOCUST C7 DANNUE  Subscribed and sworn to before me this. 1744 day of HENDRICKS  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN	Signed feresa Dalla New Address 2 Dacust  Subscribed and sworn to before me this 17th day of HENDR  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marris	Ct. Danvill  CKS Circuit Court
Signed Signed Sas: I depose and state the information given in this application is true and correct.  Signed Signe	Signed Peresa Dalla New Address & 2 Dalla Day of HENDRICKS  Subscribed and sworn to before me this Aday of HENDRICKS  CONSENT OF PARENTS, PARENT OR GUARDIAN	Ct. Danvill  CKS Circuit Court
Signed Signed Sas: I depose and state the information given in this application is true and correct.  Signed Signe	Signed Peresa Subscribed and sworn to before me this day of HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marrise signs, state facts which render the consent of the other parent unnecessity.	Ct. Danvill CKS Circuit Court  age. If only one parent cessary
Signed Signed Sas: I depose and state the information given in this application is true and correct.  Signed Signe	Signed feresa Dalla New Address 2 Dacust  Subscribed and sworn to before me this 17th day of HENDR  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marris	Ct. Danvill CKS Circuit Court  age. If only one parent cessary
Signed County of HENDRICKS  Signed County of C7 DANNIE  New Address 2 N COCUST C7 DANNIE  Subscribed and sworn to before me this. The day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS	Signed Peresa Subscribed and sworn to before me this Aday of HENDRICKS  Subscribed and sworn to before me this Aday of HENDRICAL PUBLIC CIERK HENDRICAL PUBLIC CIERCH P	Ct. Danvill CKS Circuit Court  age. If only one parent cessary
Signed County of HENDRICKS  Signed County of C7 DANILE  New Address 2 N COCUST C7 DANILE  Subscribed and sworn to before me this. May of HENDRICKS  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.	Signed Peresa Signed Adaption this application this application this application that application the second secon	Ct. Danvill CKS Circuit Court  age. If only one parent cessary
Signed County of HENDRICKS  Signed County of C7 DANNIE  New Address 2 N. COCUST C7 DANNIE  Subscribed and sworn to before me this. Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS	Signed Peresa Subscribed and sworn to before me this Aday of HENDRICKS  Subscribed and sworn to before me this Aday of HENDRICAL PUBLIC CIERK HENDRICAL PUBLIC CIERCH P	Ct. Danvill CKS Circuit Court  age. If only one parent cessary
Signed  New Address 2 N Coust C7 Dan 1987.  New Address 2 N Coust C7 Dan 1987.  Subscribed and sworn to before me this. 1714 day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed  Father  Signed  Father	Signed Person Deforms application this application this application that application the subscribed and sworn to before me this Described and Sworn to be sworn to	Ct. Danvill  CKS Circuit Court  age. If only one parent  cessary.
Signed  New Address 2 N Coust C7 Dan 1987.  New Address 2 N Coust C7 Dan 1987.  Subscribed and sworn to before me this. 1714 day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed  Father  Signed  Father	County of HENDRICKS  Signed Presa Dall Add Signed Dall Add Signe	Ct. Danvill  CKS. Circuit Court  age. If only one parent  cessary
Signed  New Address 2 N Coust C7 Dan 1987.  New Address 2 N Coust C7 Dan 1987.  Subscribed and sworn to before me this. 1714 day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed  Father  Signed  Father	County of HENDRICKS  Signed Presa Dall Address  New Address 2 Dall Address  Subscribed and sworn to before me this 17th day of HENDR  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marris signs, state facts which render the consent of the other parent unnecessary of the state of Indiana, County of HENDRICKS  Signed Signed Signed Signed	Ct. Danvill  CKS. Circuit Court  age. If only one parent  cessary
Signed  State of Indiana.  County of HENDRICKS  Signed  State of Indiana.  County of HENDRICKS  Signed  Signed	County of HENDRICKS  Signed Peresa Dallar in this application this application to be signed Peresa Dallar Aday of HENDRICKS  Subscribed and sworn to before me this Dallar Clerk HENDRICKS  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marrist signs, state facts which render the consent of the other parent unnecessity of the state of Indiana, County of HENDRICKS  Signed Signed Signed Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this	Ct. Danvill  CKS Circuit Court  age. If only one parent  cessary
Signed  New Address 2 N. COCUST CT. DANNILE  Subscribed and sworn to before me this. 1982.  HENDRICKS  Signed  New Address 2 N. COCUST CT. DANNILE  Subscribed and sworn to before me this. 1982.  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indians.  County of HENDRICKS  Signed  Signed  Father  Signed  Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED RV OPPORT	Signed Accust  New Address Aday of Accust  Subscribed and sworn to before me this Aday of HENDR  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marris signs, state facts which render the consent of the other parent unner signs, state of Indiana, County of HENDRICKS  Signed  Signed  Subscribed and sworn to before me this day of May of M	Ct. Danvill  CKS Circuit Court  age. If only one parent cessary
Signed  New Address 2 N. COCUST CT DANNILE  Subscribed and sworn to before me this. 1744 day of HENDRICKS  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of Signed  Signed  Signed  Signed  Father  Signed  Signed  Mother  Complete IF Marriage License Issued by Order of Court	County of HENDRICKS  Signed Presa Dacust  New Address 2 Dacust  Subscribed and sworn to before me this 2 HENDR  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marris signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner Signs.  State of Indiana,  County of HENDRICKS  Signed  Signed  Subscribed and sworn to before me this day of	Ct. Danvill  CKS Circuit Court  age. If only one parent cessary
Signed  New Address 2 N. COCUST CT DANNILE  Subscribed and sworn to before me this. 1744 day of HENDRICKS  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of Signed  Signed  Signed  Signed  Father  Signed  Signed  Mother  Complete IF Marriage License Issued by Order of Court	County of HENDRICKS  Signed Presa Dacust  New Address 2 Dacust  Subscribed and sworn to before me this 2 HENDR  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marris signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner Signs.  State of Indiana,  County of HENDRICKS  Signed  Signed  Subscribed and sworn to before me this day of	Ct. Danvill  CKS Circuit Court  age. If only one parent cessary
Signed  Signed  New Address 2 N. COCUST CT DANNILE  Subscribed and sworn to before me this. 1920.  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  Signed  Subscribed and sworn to before me this  Aday of Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  in authorizes and directs the issuance of authorizes and directs authorizes.	County of HENDRICKS  Signed Parent of this application of the other parent unnecessary of the parents of the other parent unnecessary of the consent of the other pare	Ct. Danvill CKS Circuit Court  Father  Mother  19
Signed  New Address  New Address  Signed  New Address  Clerk  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of  Signed  Signed  Signed  Signed  Subscribed and sworn to before me this.  Aday of  Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  County  County of  RETURN OF MARRIAGE LICENSE	County of HENDRICKS  Signed Person Depose and state in this application of the parent of the other parent unner signs, state of Indiana, County of HENDRICKS  Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of HENDRICKS  Signed Signed Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed an	Ct. Danvill CKS. Circuit Court  Father  Mother  19
Signed  New Address  New Address  Signed  New Address  Clerk  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of  Signed  Signed  Signed  Signed  Subscribed and sworn to before me this.  Aday of  Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  County  County of  RETURN OF MARRIAGE LICENSE	County of HENDRICKS  Signed Person Depose and state in this application of the parent of the other parent unner signs, state of Indiana, County of HENDRICKS  Signed Signed Signed Signed Signed Subscribed and sworn to before me this day of HENDRICKS  Signed Signed Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed an	Ct. Danvill CKS. Circuit Court  Father  Mother  19
County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this.  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  Signed  Subscribed and sworn to before me this  day of  Indiana, HENDRICKS  In authorizes and directs the issuance of RETURN OF MARRIAGE LICENS  Signed in my office a marriage licen day of  Indiana dated the  DANIEL L OGDEN  Be it further remembered.	County of HENDRICKS  Signed County of New Address 2 County of New Address 2 County of New Address 2 County of HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marrial signs, state facts which render the consent of the other parent unnecessity of the other parent unnecessary of the other par	Ct. Danvill  Ct. Danvill  CKS. Circuit Court  age. If only one parent  cessary.  Father  Mother  19  Clerk  named parties, the  and filed  Circuit Court
Subscribed and sworn to before me this.  Signed  Subscribed and sworn to before me this  day of  Indiana  County of  Signed  S	County of HENDRICKS  Signed Presa David Courst in this application to be signed Presa David Courst New Address 2 David Courst New Address 2 David Courst New Address 2 David Courst HENDRICKS  Subscribed and sworn to before me this David Course HENDRICKS  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marrial signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner signs, state facts which render the consent of the other parent unner	Ct. Danvill  CKS. Circuit Court  age. If only one parent cessary.  Father  Mother  19  Clerk  named parties, the and filed  Circuit Court  husband and wife
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m Prescribed By ana State Board of alth under Authority

IN

Clerk Virguit Court

#### STATE OF INDIANA

No. 269

....Circuit Court

HENDRICKS

	KS County 6-17-87 Date of Application
MALE Medical Examination Report Dated 6-13-87	FEMALE Medical Examination Report Dated 6-13-67
Name of Physician Robert Ogle	Name of Physician Robert Ogle
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,000".	ever procures the issuance of a license to marry by any false statement, representation or pr
MALE APPLICANT	FEMALE APPLICANT
Pare of Birth Month Phillip Dolden	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Robin CHE
Place of Birth (State or foreign country)  Residence Address  UICQINIQ	Place of Birth (State or foreign country)
City County State	Residence Address Street or R. R. City County . , Stat
Previous Marital Status: Never Married OR	R#1 BOX 490 Clayton Hendricks 1
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by:  Birth Certificate  Judicial Decree	Date of birth verified by: Birth Certificate  Judicial Decree
Other(Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?  No Yes	Are you now or have you ever been adjudged to be of unsound mind?
11 answer is "yes", has the adjudication been removed?  No ☐ Yes ☐  No ☐ Yes ☐  No ☐ Yes ☐	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	Are you afflicted with a transmissible disease?     No     N
4. Are you now under the influence of intoxicating liquor?  No. Yes   No. Ye	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
Operand well all well -	6. List the full names of any dependent children.
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Constant foods at the set	The second second second second
Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support,
8. Full name of father Robert Phillip Dolden	8. Full name of father Banner Gene Robinette
Residence of father (if deceased so state)	Residence of father (if deceased so state)
9. Full maiden name of mother May Ellen Martin	Birthplace of father (State or foreign country)
	9. Full maiden name of mother total Cia tave Holderfield
~ 1:10	Residence of mother (if deceased so state)
State of Indiana.	Birthplace of mother (State or foreign country)
County of HENDRICKS   Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Sa: I depose and state the information in this application is true and continuous
Signe Llawel Phillip Holder,	Signed Clancessa Rae Robinelle
New Address & 17 W Washington Dt. light	New Address 88/2 W. Washington Inc
Subscribed and sworn to before me this 17th day of HENDRICKS	Subscribed and sworn to before me this day of 400, 19
Mary Jane Russell Glerk HENDRICKS Circuit Court	
	MAINLE DAMO KUSSUU Clerk HENDRICKS Circuit
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f Indiana dated the	PARENT OR GUARDIAN  pplicant hereby give consent for this marriage. If only one particular the consent of the other parent unnecessary
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DANIEL PHILLIP DOLDEN  e it further remembered, the following marriage certificate was filed in my off  DAN T. CLOUSE  ne thousand nine hundred and  tate of Indiana, Groom  DANIELD PHILLIP DOLDEN  of  od, Bride  VANESSA RAE ROBINETTE  of  ere by me united in marriage as authorized by a marriage license issued for the	PARENT OR GUARDIAN  pplicant hereby give consent for this marriage. If only one product the consent of the other parent unnecessary.  CKS  Sas:  Pattinia Fays Robinton Me  fore me this May of Mills Me  aving been refused to the above named parties, d. and fi e above named parties.  ERTIFICATE  HENDRICKS  Circuit Co  19 authorizing the joining together as husband and u  d. VANESSA RAE ROBINETTE  ice, to-wit:  preby certify that on the 2.7th day of JUNE  1. R. R. L. BOX 490 , County of HENDRICKS  MARION County, State of IN  HENDRICKS County, State of IN
DANIEL PHILLIP DOLDEN  e it further remembered, the following marriage certificate was filed in my offer thousand nine hundred and ST at tate of Indiana, Groom DANIELD PHILLIP DOLDEN of the By me united in marriage as authorized by a marriage license issued for the punty.	PARENT OR GUARDIAN  pplicant hereby give consent for this marriage. If only one pander the consent of the other parent unnecessary.  CKS  ***  ***  ***  ***  ***  ***  ***
DANIEL PHILLIP DOLDEN  The it further remembered, the following marriage certificate was filed in my offer thousand nine hundred and that of Indiana, Groom DANIELD PHILLIP DOLDEN  The day of DANIELD PHILLIP DOLDEN  The thousand nine hundred and DANIELD PHILLIP DOLDEN  The day of DANIELD PHILLIP PHILLI	PARENT OR GUARDIAN  pplicant hereby give consent for this marriage. If only one particular than the consent of the other parent unnecessary.  CKS  Sas:  Sas:  CKS  Sas:  Sas:  CKS  Sas:  Sas:  CKS  Sas:  Sas
DANIEL PHILLIP DOLDEN  The it further remembered, the following marriage certificate was filed in my off the thousand nine hundred and that of Indiana, Groom DANIELD PHILLIP DOLDEN  The thousand nine hundred and the thousand nine hundred nine hundre	PARENT OR GUARDIAN  pplicant hereby give consent for this marriage. If only one particular that the consent of the other parent unnecessary.  CKS  Sas:  Sa

STATE OF INDIANA FOR MARRIAGE LICENSE APPLI

ICATION	FOR	MAIL	
	HENDRIC		County

File_ 6-19-87
Date of Application

Form: Prescribed By Indicate State Board of Health under Authority Application FOR I	MARRIAGE Date of Application
of 1C 31-1-32 Effective July 1, 1977	1.000
Residence of the second	FEMALE Medical Examination Report Dated 6-9-87
MALE 10.987	
Medical Examination Report Dated	Name of Physician July any false statement, representation or near
Name of Physician Mayor. All	ever procures the issuance of a license to marry by any the
ALL QUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "Paise state shall be fined in any sum not exceeding five hundred dollars (\$500,000".	Name of Physician.  Was any false statement, representation or pretense ever procures the issuance of a license to marry by any false statement, representation or pretense ever procures the issuance of a license to marry by any false statement, representation or pretense ever procures the issuance of a license to marry by any false statement.
MALE APPLICANT	Name Desdelth Jeon Descon
Marrie Middle Carlon	Date of Birth Day Year 50
Bude of Birth Rooth Day 57	Place of Birth (State or foreign country)
Plans of Birtle (State or foreign gounty;)	City County See
County State,	Residence Address Street or R. R. Brownshing Hen, IN
Banifornia Address Street of R. R. Daville Hen TN	Never Married OR
Previous Marital Status: Never Married Cl OR	Finded Ry: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment D	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: D Birth Certificate D Judicial Decree	X Other (Specify) Drivers license
Contact (Specify) Di VETS LiverSC No Yes -	1. Are you now or have you ever been adjudged to be of unsound mind?
L. Are you have or have you ever been adjunged to be a supplied to be a	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?  No. Yes   L. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
No. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?  No Yes  N
4. Are you now under the influence of intexicating liquor?	4. Are you now under the influence of intoxicating liquor?  No. Yes   No. Ye
5. Are you now under the influence of a narcotic drug? No Yes	Are you now under the influence of a national discount of the first the full names of any dependent children.
H. List the full names of any dependent children.  Appel Obsistion (astho)	Arcela, Kay Donan
New York Called	Velly Ann Duran
Naticy Kay Corretion	- Cent with account
Max solop carleou	7. Are you required by any court order or orders to support the above
Are you required by any court order or orders to support the above dependent children?  No  Yes	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
numpliance with any court order or orders issued for their support.  8. Full name of father. COCVOS ROUNDED (OF VO)	compliance with any court order or orders issued for their support.  8. Full name of father COCL BOSIL WATTER
T-diana	Dango Lad
VanlusVII	Todiana
Manage Lawy 1 Vac	
	9. Full maiden name of mother Opal Marie Dehang
Manufacture of mather (if deceased so state) Indiana	Residence of mother (if deceased so state) Indiauna
Birthglace of mother (State or foreign country). COHCKI	Birthplace of mother (State or foreign country) Indiana
County of HENDRICKS I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
and Simmie Gulton	Signed Berdetta Jean Deinson
New Atten 4819 £ 350N Pamille	
Subscribed and sworn to before me this 17th day of June 19.87.	New Address 48 19 E 350 N Danvill
Transford Russell Gork HENDRICKS Circuit Court	Subscribed and sworn to before me this 17th day of JUM, 1987.  Many James Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary.
State of Indiana.	
Granty of HENDRICKS **:	State of Indiana,
Signed	County of HENDRICKS ss:
Father	Signed Father
Subsections and sweets to before me this day of	Signed Mother
day of	Subscribed and sworn to before me thisday of, 19
Clerk	day of
HENDERCES LICENSE ISSUED BY ORDER OF COUR	Clerk  T. A marriage license having been refused to the above named parties, the purt by written order issued
County	our hy waits
The second cities and a second cities are a second cities are a second cities and a second cities are a se	and med
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE use issued by the clark of the
and the state of t	Z AND MARRIAGE GROOT
JIMMID IN GALL	TENDRICKS "Count
GLENN LINTUITATION marriage certificate was filed in	md BERDETTA JEAN DUNCAN  hereby certify in the point together as husband and wife the point toge
and thousand nine kundend t	
State of Indiana, Groom.	at SPEEDWAY day of JUNE
BERDETTA JEAN DUNCAL DE LEE CARLTON	of HENDRICH COMMARION
were by me united in marriage as authorized by	of HENDRICKS , County of MARION  HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 27th	that purpose by the County State of IN
day of JUNE	the Clerk of the Circuit Court of  HENDRICKS
, 19 07	0)
recorded in accordance with the laws of the State of the	Official Designation PASTOR
Filled and recorded in accordance with the laws of the State of Indiana this	Official Designation /s/GLENN LINTHICUM  2nd PASTOR  Signed day of JULY 97
	Signed day of JULY 87

2. Are you afflicted with a ? 3. Are you related to the ter-

7. Are you required by any dependent children

CONSENT OF PARENT We, the parents, of this ? signs, state facts which r

COMPLETE IF MA

of Indiana dated the one thousand nine hur

....Clerk

....Circuit Court

HENDRICKS

Prescribed By na State Board of h under Authority 31-1-3-2

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

No	271			
File_				
1116_	anna	18	19	81

HENDRICKS

HENDRICK	County June 18, 1987 Date of Application
MALE Medical Examination Report Dated 6-5-87	FEMALE Medical Examination Report Dated 6-5-87
Name of Physician Mr. Terry J. Mandel	Name of Physician Mr. Lury J. Mantel
L QUESTIONS MUST BE ANSWERED, I.C. 1-1-3-6 prescribed "False statement—Whom the fined in any sum not exceeding five hundred dollars (\$500,00)".	pever procures the issuance of a license to marry by any balse statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
Jamle E Moran	Name First Middle Surfake
te of Birth Month Day Year 7965	Date of Birth Month Day Year 1964
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
Sidence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
revious Marital Status: Never Married OR	- 6890 N. SR. 261 Distindity Vin In.
ast Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
ate of birth verified by:   Birth Certificate   Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Allesules lillage	Anni heri
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No □ Yes □	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
Are you related to the female applicant closer than second cousin?  No Yes   No Yes	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  No Yes
5. Are you now under the influence of a narcotic drug?  No Yes	4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  Now Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Control of Control
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Suith By Day	8. Full name of father John Church Surphi
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother wally for the Research	9. Full maiden name of mother Pullma Aug Streng
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)  State of Indiana.  I denote and state the information given	Birthplace of mother (State or foreign country)
County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana.  HENDRICKS  ss: I depose and state the information given in this application is true and correct.
Signed James & Moran	Signed Mary M. Swiher
New Address 704 Plaza Place, North Augusta S. ( 2984)	Signed Mary M. Switzer New Address 704 Plaza Place N. Augusta 5091
Subscribed and sworp to before me this day of 1987.	Subscribed and sworn to before me this
Muy Jose Clerk HENDRICKS Circuit Court	MAN Jene Glasses Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent differensially	
State of Indiana,	State of Indiana,
County of	State of Indiana, HENDRICKS County of State of Indiana, HENDRICKS
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED RV ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the
HENDRICKS County Co	ourt by written order issuedand filed
nauthorizes and directs the issuance o	
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licen	nse issued by the clerk of the
JAMES E. MORAN a	ind MARY M. SWISHER
Re it further remembered, the following marriage certificate was filed in my o	office, to-wit:
, MARTIN A. PETER	hereby certify that on the 27th day of JUNE , at BROWNSBURG , County of HENDRICKS ,
ne thousand nine hundred and	of ST. JOSEPH County, State of IN
MARY M CHICHER	HENDRICKS County, State of IN.,
vere by me united in marriage as authorized by a marriage license issued for t	hat purpose by the Clerk of the Circuit Court of HENDRICKS
ounty.  ated this27thday ofJUNE, 19.87	
	Signed /s/ MARTIN A. PETER Official Designation CATHOLIC PRIEST
	Official Designation JULY , 19.87

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE June 18, 1987

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

HENDRICKS County

Date of Application

6-9-87

HENDRICKS

Circuit Court

Effective July 1. 1977	FEMALE Medical Examination Report Dated  Wedical Examination Report Dated
MALE 6-9-87	Trau P. Trau
Medical Examination Report Dated	Name of Physician  ROY  ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle Lost
Name of Physician O.U	ever procures the issuance of a ficense
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed Paids shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT  Middle Lost
MALE APPLICANT	Name First Lynn Toulor
Name First Middle CONCS	Date of Birth Month 12
Date of Birth Month Day	(Arriger country)
District Chate or foreign country)	P P City County State
Indiana City County State	Residence Address  PI BOX 80C North Salem Hen IN
Residence Address Street or R. R. Roachdale Put. IN	Previous Marital Status Never Married OR
Previous Marital Status: Never Married OR	Divorce Divorce
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by Birth Certificate  Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	
Other (Specify)	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind*  No. Yes D  1. Are you now or have you ever been adjudged to be of unsound mind*
No Yes	1. Are you now or have you can be adjudication been removed.  If answer is "yes", has the adjudication been removed.
If answer is "yes", has the adjudication been removed?  No ✓ Yes ✓  No ✓ Yes ✓	2. Are you afflicted with a transmissible disease.
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin" No. Yes O
3. Are you related to the female applicant closer than second cousin:	4. Are you now under the influence of intoxicating liquor? No. Yes D
4. Are you now under the influence of intoxicating liquor?  No → 1 es □	5. Are you now under the influence of a narcotic drug" Novel Yes D
6. List the full names of any dependent children.	List the full names of any dependent children.
Cestin Clones	
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.  Ronald Stanley Taylor
o. Tarriante or facte	Indiana
Residence of father (if deceased so state) Indiana	Residence of father (if deceased so state).
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jean Witt	9. Full maiden name of mother Carolyn Sue Pobinson
Residence of mother (if deceased so state) Indiana	Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana,  HENDRICKS    As:   I depose and state the information given in this application is true and correct.
Signed Floger W. Clorco  New Address P. 2 Long and 46172 Bot 336  Subscribed and sworn to before me this grade and sworn to be grade and grade a	Signed New Address RR + 20 Box 33 Prochdale 461  Subscribed and sworn to before me this 18 day of June 18.87  Mary Jane Russell Oerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
The other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS } ss:	State of Indiana,
County of	County of HENDRICKS
Signed Father	
Signed	Signed
Subscribed and sworn to before me this	SignedMother
	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LIGHT	
HENDRICKS LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the part by written order issued
County	T. A marriage license having been refused to the above named parties, the ourt by written order issued
and directs the issuance of	of a manufacture and filed
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE use issued by the clark along the state of
of Indiana dated the	SE AND MARRIAGE CERTIFICATE
ROGER WAYNE CO.	ise issued by the clerk of the HENDRICKS  Circuit Court  Ind
Be it further remembered, the following marriage certificate was first	nd
	The same of the sa
State of Indiana C. POCCO	hereby certify that on the
State of Indiana, Groom ROGER WAYNE CLONCS	at NORTH SALEM day of JUNE
were by me united in marriage as authorized by a marriage license issued for  County.  Dated this	at NORTH SALEM of MONTGOMERY County of HENDRICKS HENDRICKS County, State of IN that purpose by the Clerk of the Circuit Court of HENDRICKS
County oy a marriage !:	TENDRICKS
Dated this 27.th day of JUNE 19.87	that purpose by the Clerk of the Circuit County, State of IN
, 1987	0)
Filed and recorded in accordance with	Signed /S/ G. THOWAR
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation PASTOR PASTOR
titts	lst day of
	G: JIII V

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

Date of Application

Circuit Court

MALE	U Date of Application
Medical Examination Report Dated 6-6-87	FEMALE /// 0/7
Name of Physician J. Momas Vieria	Medical Examination Report Dated 6-87
	Name of Physician Jomas Vionia
shall be fined in any sum not exceeding five hundred dellar affect "False statement—Who	never procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	II
Name First Middle	FEMALE APPLICANT
David Edward has	Name CFirst Middle Clast
In Day Year	Date of Birth Shelle Lee Clark
Place of Birth (State or foreign country)	10 12 25
Residence Address Street or R. R. City County	Place of Birth (State or foreign country)
PO RON 95 County State,	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	RRL BOX 9.5 Clayerdak Ritram IN
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate  Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Birdi Certificate — Judiciai Decree	Date of birth verified by: Birth Certificate  Judicial Decree
Other(Specify)	
1. Are you now or have you ever been edicated to be	Other(Specify)
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?
10 - 168 -	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant of the second s	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of interiesting lines?	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	
dependent children?	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No □ Yes □
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Richard F. 10065 Sr	compliance with any court order or orders issued for their support.  8. Full name of father Wallace M. Clark
Tadiana	
	Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Thing
9. Full maiden name of mother Carol S. Gaalema.	9. Full maiden name of mother Janot S. Gray
Residence of mother (if deceased so state) Indiana	
	Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Trolland	Birthplace of mother (State or foreign country)
State of Indiana,  HENDRICKS    Sa: I depose and state the information given in this application is true and correct	State of Indiana.  County of HENDRICKS    Sa: I depose and state the information given in this application is true and correct.
County of his application is true and correct.	County of HENDRICKS   ss: in this application is true and correct.
Signed Saved Jaco	Maria & coasts.
K 1 11 1-42 0	Signed Si
New Address.	New Address N= 180x 9548 Camby Und 461
Subscribed and sworn to before me this 18th day of June 1987.	Subscribed and sworn to before me this day of day of 1927.
Mary Jane Russell Clerk HENDRICKS Circuit Court	Mary Mare Russell Gerk HENDRICKS Circuit Court
C T O	Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS  ss:
County of HENDRICKS ss:	County of HENDRICKS
	Signed
Signed Father	SignedFather
Signed	Signed Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	
Cierx	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
A LET IS RIGHTO	rt by written order issued
nauthorizes and directs the issuance of a	
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS
Be It Remembered, there was filed in my office a marriage license	e issued by the clerk of theCircuit Court
f Indiana dated the 32 day of June	, 1987, authorizing the joining together as husband and wife
DAVID EDWARD JONES and	SHELLIE LEE CLARK
Be it further remembered, the following marriage certificate was filed in my office	ce, to-wit:
JOSEPH R. SHEVENELL her	reby certify that on the
ne thousand nine hundred and 87 at	STILESVILLE , County of HEDNRICKS ,
tate of Indiana Groom DAVID EDWARD JONES	HENDRICKS County, State of IN
nd Reide SHELLIE LEE CLARK	DUMNAM
sere hy me united in marriage as authorized by a marriage license issued for the	PUINAM County, State of IN
ore by me united in marriage as authorized by a marriage decree tooked for the	it purpose by the Clerk of the Circuit Court of HENDRICKS
ounty.	at purpose by the Clerk of the Circuit Court of HENDRICKS
ounty.  ated this 27th day of JUNE , 19.87	at purpose by the Clerk of the Circuit Court of HENDRICKS
ated this 27th day of JUNE , 19 87	. Signed/s/-JOSEPH-R: SHEVENELL.
ated this 27th day of JUNE , 19 87	at purpose by the Clerk of the Circuit Court of HENDRICKS  Signed JOSEPH R. SHEVENELL  Acial Designation MINISTER
ated this 27th day of JUNE , 19 87	Signed JOSEPH R. SHEVENELL  Ficial Designation MINISTER  1st day of July 1987
ated this 27th day of JUNE , 19 87	at purpose by the Clerk of the Circuit Court of HENDRICKS  Signed JOSEPH R. SHEVENELL  Acial Designation MINISTER

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

File ... 19-87

HENDRICKS

.... Circuit Court

Indiana State Board of Date of Application HENDRICKS County Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 Medical Examination Report Dated. FEMALE 10-41-0 MALE Name of Physician_ ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". Medical Examination Report Dated. MALE APPLICANT Middle Place of Birth (State or foreign country Date of Birth Place of Birth (State or foreign country Residence Address Previous Marital Status: Never Married OR Last Marriage Ended By: Death □ Divorce 🌠 Annulment □ Previous Marital Status: Never Married OR Date of birth verified by: Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind No B Yes D Other (Specify)_ No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D If answer is "yes", has the adjudication been removed No Yes If answer is "yes", has the adjudication been removed No Y Yes 2. Are you afflicted with a transmissible disease? No Yes 3. Are you related to the male applicant closer than second cousin No Yes D No Yes 3. Are you related to the female applicant closer than second cousin? No A Yes 4. Are you now under the influence of intoxicating liquor No Yes Are you now under the influence of intoxicating liquor? No A Yes 5. Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Residence of father (if deceased so state). Residence of father (if deceased so state) Birthplace of father (State or foreign country) 9. Full maiden name of mother___ Residence of mother (if deceased so state)_ Residence of mother (if deceased so state). Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana. HENDRICKS State of Indiana, HENDRICKS County of ..... HENDRICKS Circuit Court HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ..... signs, state facts which render the consent of the other parent unnecessary State of Indiana. HENDRICKS State of Indiana, County of HENDRICKS County of .... Father Subscribed and sworn to before me this ... Signed.... Mother ...... 19...... Subscribed and sworn to before me this ______day of _____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued..... authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 2 nd Be it further remembered, the following marriage certificate was filed in my office, to-wit: , 1987..., authorizing the joining together as husband and wife State of Indiana, Groom MARK GREGORY SPRINGMAN AN AN County of MARION County of MARION and, Bride......DENISE JANE.OLIVER..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Signed /s/ ARTHUR K. FRIESEN Signed Many Jane Rhacell

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Medical Examination Report Dated	FEMALE Medical Examination Report Dated 6-15-87
Name of Physician D. M. Hadley	Name of Physician D. M. Hadley
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Wi	hoever procures the issuance of a license to marry by any false statement, representation or prete
hall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	bever procures the issuance of a license to marry by any false statement, representation or prete
lame First Middle	Name First Middle
Date of Birth Month Day	Oo Man Roed
lace of Birth (State or (foreign country)	Date of Birth Month Bay Year
and.	Place of Birth (State or foreign country)
Street or R. R. City County State	Residence Address Street of R. R. City County State
evious Marital Status: Never Married OR	Same
st Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
ate of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
d Other (Specify) Dr. L'w	
Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify ) 1. Tw.
If answer is "yes", has the adjudication been removed?  No□ Yes□	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes  If answer is "yes", has the adjudication been removed? No ☐ Yes
Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease? No Yes
Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of intoxicating liquor?  No Yes   Are you now under the influence of a narcotic drug?  No Yes	4. Are you now under the influence of intoxicating liquor? No. Yes
List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No Yes
Wat court aliens	6. List the full names of any dependent children.
Prography 1900	
Are you required by any court order or orders to support the above lependent children?	7. Are you required by any court order or orders to support the above
f answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No□ Yes
ompliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are compliance with any court order or orders issued for their support.
'ull name of father Rhally I somie Hall In.	8. Full name of father Tange & Swith
Residence of father (if deceased so state)	Residence of father (if deceased so state)
irthplace of father (State or foreign country)	
Full maiden name of mother Melhow Save Hall	Birthplace of father (State or foreign country)
	9. Full maiden name of mother Khilly Way
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) And Standard
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
e of Indiana,  nty of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Bas: I depose and state the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in the information give
11/1/1/	County of
Signed All Hall	Signed Mouf Delle
New Address. A. M. M. C.	New Address. Same
cribed and sworn to before me this day of 1907	Subscribed and sworn to before me thing day of day of 19
Many Carl Russell Clerk HENDRICKS Circuit Court	Many Jane Rusell Clerk HENDRICKS Circuit Cou
~ 0 1 1	
SENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
of Indiana, HENDRICKS }ss:	State of Indiana, HENDRICKS  County of
y of	County of
SignedFather	Signed Fathe
Signed	Signed Mother
ribed and sworn to before me thisday of, 19,	Subscribed and sworn to before me thisday of, 19
UETK	Liet
	Γ. A marriage license having been refused to the above named parties, th
	urt by written order issuedand file
authorizes and directs the issuance of	f a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS
Be It Remembered, there was filed in my office a marriage licens	se issued by the clerk of the HENDRICKS Circuit Cour
ndiana dated the 24 day of UNE	, 19 8 7, authorizing the joining together as husband and wife
JOHN MICHAEL HALL	rd
juriner remembered, the joilowing marriage certificate was filed in my by	ereby certify that on the2.7±hday ofJUNE
howard nine hundred and 87	t WASHINGTON TOWNSHIP , County of HENDRICKS
of Indiana Green JOHN MICHAEL HALL	f HENDRICKS County, State of IN
Bride JO MARY REED of	HENDRICKS County, State of IN
by me united in marriage as authorized by a marriage license issued for the	hat purpose by the Clerk of the Circuit Court of HENDRICKS
ity.	
d this	Signed /s/ WILLIAM P. HENDRICKS
	Official Designation MINSITER
and recorded in accordance with the laws of the State of Indiana this	
and recorded in accordance with the laws of the State of Indiana this	, 1981

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE File_ 6-19.87 Date of Application

HENDRICKS

	MARRIAGE 25
Form Prescribed By Indiana State Board of Health under Authority  HENDRIC	
of 1.C. 31-1-3-2	The County Count
Effective July 1, 1977	FEMALE Colored Dated 6-18-87
1 11 57	Medical Examination Report Dates
MALE Medical Examination Report Dated  6-16-5	a Physician Juseph warmpon
Medical Examination Report Land 7 Thompson	Name of Physician
Name of Physician	Name of Physician  noever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement = W.S.	FEMALE APPLICANT
Shall be tilled ill any part	Middle
MALE APPLICANT	Name Megaret Rise althou
Name Pirat Middle	Date of Birth Mon Day
Date of Birth Month Day Year	Place of Birth (State or foreign country)
Sept.	Janville The state of the state
Place of Birth (State or foreign country)  Blech More Indiana Country & State	Residence Address Street of R.R. City County State
Residence Address Street or R. R.	9040 71.000 E. X) Erastone of Sp. 4010
10433 E. 100 11. Derwy surry	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Daw of the state o
	Other (Specify)
Other (Specify) Not Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
1. Are you now or have you ever been adjudged to be of unsound mind.	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin. No Yes O
3. Are you related to the female applicant closer than second cousin?  No	4. Are you now under the influence of intoxicating liquor?  No Yes
Are you now under the influence of intoxicating inquot.	Are you now under the influence of a narcotic drug?  No Yes D
5. Are you now under the influence of a narcotic drug.	Are you now under the influence of a markets     List the full names of any dependent children.
6. List the full names of any dependent children.	o. List the full names of any organization
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above dependent children?  No Yes U
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	
8. Full name of father Willie B. Hills	compliance with any court order or orders issued for their support.
Relian	8. Full name of father Strategy Paul Wellow
Residence of father (if deceased so state) Annalyting In.	Residence of father (if deceased so state) Drownslong In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother of Anal Brand	Quil P. Mlunt+
P She I I	9. Full maiden name of mother Chelipp hase allowed
Residence of mother (if deceased so state) Stownsbury An.	Residence of mother (if deceased so state) Directabling Street
Birthplace of mother (State or foreign country) Lennessee	Partie (Khila)
State of Indiana. HENDRICKS   sa: I depose and state the information given	Birthplace of mother (State or foreign country) State of Indiana,
County of HENDRICKS   Sa: I depose and state the information given in this application is true and correct.	County of HENDRICKS  Bas: I depose and state the information given in this application is true and correct.
Variable Tours	
Signed ft State 914 Jay 12	Signed Signed Challes Challes
New Address	New Address
Subscribed and sworn to before me this day of Music 1087	
Mary Jone Kussell Clerk HENDRICKS	Subscribed and sworn to before me this day of 1957
Circuit Court	Mary Jone Russell Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS	
County of HENDRICKS sa:	State of Indiana,
Signed	County of HENDRICKS ss:
Father	
Signed	Signed Father
Subscribed and amore to before	Signed
day ofday	Sub-
	Subscribed and sworn to before me this
	Subscribed and sworn to before me thisday of19
	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County authorizes and directs the issuance of	Clerk  Ourt by written order issued and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County	RT. A marriage license having been refused to the above named parties, the our by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY COUN	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY COUNTY COURT COUR	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County	Clerk CRT. A marriage license having been refused to the above named parties, the court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County	Clerk CRT. A marriage license having been refused to the above named parties, the court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County	Clerk CRT. A marriage license having been refused to the above named parties, the court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY	Clerk CRT. A marriage license having been refused to the above named parties, the court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  IN Authorizes and directs the issuance of RETURN OF MARRIAGE LICENS  RETURN OF MARRIAGE LICENS  of Indiana dated the day of day of DANIEL W. LYLES  Be it further remembered, the following marriage certificate was filed in my of the marriage licens  DANIEL B. (not ledgible)  one thousand nine hundred and 87  State of Indiana, Groom DANIEL W. LYLES	Clerk CRT. A marriage license having been refused to the above named parties, the court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  IN Authorizes and directs the issuance of RETURN OF MARRIAGE LICENS  RETURN OF MARRIAGE LICENS  of Indiana dated the day of day of DANIEL W. LYLES  Be it further remembered, the following marriage certificate was filed in my of the marriage licens  DANIEL B. (not ledgible)  one thousand nine hundred and 87  State of Indiana, Groom DANIEL W. LYLES	Clerk CRT. A marriage license having been refused to the above named parties, the court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  IN Authorizes and directs the issuance of RETURN OF MARRIAGE LICENS  RETURN OF MARRIAGE LICENS  of Indiana dated the day of day of DANIEL W. LYLES  Be it further remembered, the following marriage certificate was filed in my of the same of the following marriage certificate was filed in my of the same of the following marriage certificate was filed in my of the same o	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  IN Authorizes and directs the issuance of RETURN OF MARRIAGE LICENS  RETURN OF MARRIAGE LICENS  of Indiana dated the day of day of DANIEL W. LYLES  Be it further remembered, the following marriage certificate was filed in my of the same of the following marriage certificate was filed in my of the same of the following marriage certificate was filed in my of the same o	Clerk CRT. A marriage license having been refused to the above named parties, the court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  IN Authorizes and directs the issuance of RETURN OF MARRIAGE LICENS  RETURN OF MARRIAGE LICENS  of Indiana dated the day of day of DANIEL W. LYLES  Be it further remembered, the following marriage certificate was filed in my of the marriage licenty one thousand nine hundred and 87  State of Indiana, Groom DANIEL W. LYLES  and Reide	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  IN Authorizes and directs the issuance of RETURN OF MARRIAGE LICENS  RETURN OF MARRIAGE LICENS  Of Indiana dated the day of DANIEL W. LYLES  Be it further remembered, the following marriage certificate was filed in my of the county one thousand nine hundred and 87  State of Indiana, Groom DANIEL W. LYLES  and, Bride MARGARET ALTHOFF were by me united in marriage as authorized by a marriage license issued for County.  Dated this 10th day of JULY	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  IN Authorizes and directs the issuance of RETURN OF MARRIAGE LICENS  RETURN OF MARRIAGE LICENS  Of Indiana dated the day of DANIEL W. LYLES  Be it further remembered, the following marriage certificate was filed in my of the county one thousand nine hundred and 87  State of Indiana, Groom DANIEL W. LYLES  and, Bride MARGARET ALTHOFF were by me united in marriage as authorized by a marriage license issued for County.  Dated this 10th day of JULY	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY HENDRICKS County  RETURN OF MARRIAGE LICENS  RETURN OF MARRIAGE LICENS  of Indiana dated the  DANIEL W. LYLES  L. DANIEL B. (not ledgible)  one thousand nine hundred and  State of Indiana, Groom DANIEL W. LYLES  and, Bride MARGARET ALTHOFF were by me united in marriage as authorized by a marriage license issued for Dated this  Dated this  LyLY  LYLES  MARGARET ALTHOFF  Were by me united in marriage as authorized by a marriage license issued for Dated this  LyLY  LYLES  AND LYLES	Clerk CT. A marriage license having been refused to the above named parties, the court by written order issued and filed of a marriage license to the above named parties.  EE AND MARRIAGE CERTIFICATE  The se issued by the clerk of the HENDRICKS  The se issued by the clerk of the HENDRICKS  The se issued by the clerk of the HENDRICKS  The se issued by the clerk of the HENDRICKS  The se issued by the clerk of the HENDRICKS  The se issued by the clerk of the HENDRICKS  The se issued by the clerk of the Joining together as husband and wife of the service of HENDRICKS  The se issued by the clerk of the July  The service of HENDRICKS
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  HENDRICKS  County  RETURN OF MARRIAGE LICENS  RETURN OF MARRIAGE LICENS  of Indiana dated the  DANIEL W. LYLES  Be it further remembered, the following marriage certificate was filed in my of the series of the se	RT. A marriage license having been refused to the above named parties, the ourt by written order issued

m Prescribed By lana State Board of 4th under Authority C. 31-1-3-2 retixe July 1, 1977

APPLICANT

HENDRICKS

this marriage. If only one per

ove named parties, s

as husband and w

HENDRICKS TN

IN

IN. HENDRICKS

ible).....

., 19. 87

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

rent unnecessary.

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

277

File_	ALCOHOL: SE	THE REAL PROPERTY.	No. of Street,
	June	19	190
7	pun	14	110

HENDRICKS County June 19 19.		
MALE Medical Function ( )	Date of Application	
Medical Examination Report Dated 6-12-87	FEMALE Medical Examination Report Dated 6-12-89	
Name of Physician Larry D. Lovall, M.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
shall be fined in any sum not exceeding five hundred della exceibed False statement—W	Name of Physician Alland A Galley Da Shoever procures the issuance of a license to marry by any false statement, representation or pretent	
MALE APPLICANT	assume as a ticense to marry by any false statement, representation or preten	
Pirat Middle () . Last	PEMALE APPLICANT	
Date of Birth Month Day Year	And to Middle 1/2 glast	
Place of Birth (State or foreign country) 1939	Date of Birth Month. Day Year	
Residence Address Street or R. R.	Place of Birth (State or foreign country)	
10521 W. 10th St. Stople ( the State 2	Residence Address Street or H. R. City County Sinte	
Previous Marital Status: Never Married OR	105 -1 W. for St. Sills. Cling	
Last Marriage Ended By: Death O Divorce Annulment O	Previous Marital Status: Never Married DOR  Last Marriage Ended By: Death Divorce Annulment D	
Date of birth verified by:   Birth Certificate   Judicial Decree	Date of birth verified by: Birth Certificate  Judicial Decree	
Other (Specify) durera lleland	1	
I. Are you now or have you ever been adjudged to be of unsound mind? NEW Yes	Other (Specity) Alle Lelne	
2. Are you afflicted with a treatment of the second of the	Are you now or have you ever been adjudged to be of unsound mind?      No Yes O  If answer is "yes", has the adjudication been removed?  No O Yes O	
3. Are you related to the female and the	2 Are your afficient with a second second	
Are you now under the influence of including	3. Are you related to the male applicant closer than second cousin? No Q Ves Q	
5. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of intoxicating liquor? Nex D Yes D	
6. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?     No Yes      No Yes	
Mysles Diodne	any dependent children.	
- Unthony		
7. Are you required by any court order or orders to support the above dependent children?		
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	7. Are you required by any court order or orders to support the above dependent children? No D Yes D	
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	
8. Full name of father Ralph Dishore	compliance with any cours order or orders assued for their support.	
Residence of father (if deceased so state) Merien Ja	8. Full name of father yesple J. Halle	
Birthplace of father (State or foreign country) Militia	Residence of tather iff deceased so states Alley 1864 32	
9. Full maiden name of mother Vilaining L. Boroso	Birthplace of father (State or foreign country)	
Residence of mother (if deceased so state) Marian Ist.	9. Full maiden name of mother & Manage J. Seffler	
Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state) Allegille By	
State of Indiana,	Birthplace of mother (State or foreign country)	
County of HENDRICKS   Sa:   depose and state the information given this application is true and correct.	State of Indiana.  County of HENDRICKS as: I depose and state the information given in this application is transmission.	
Signed Wald A dape	County of in this application is true and correct.	
New Address 10521 Wast 10455	signed favet & Vester	
Subscribed and sworn to before me this 19 day of Office 81	New Address 10521 West 10th St.	
Mey by Py 11 HENDRICKS	Subscribed and sworn to before me thin day of Atrice 19	
Circuit Court	May fire fuell ark HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSERVOR	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN	
gns, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
	signs, state facts which render the consent of the other parent unnecessary	
tate of Indiana,		
ounty of HENDRICKS } **:	State of Indiana, HENDRICKS } **:	
Signed	County of	
Signed	Signed	
berilard and swarp to before as abl	Signed	
day of	Subscribed and sworn to before me thisday of19	
Clerk	Gerk	
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. HENDRICKS County	A marriage Manage Landon Lando	
OUT	t by written order issued	
authorizes and directs the issuance of a	and filed	
RETURN OF MARRIAGE LICENSE	VI VIIII	
are meridie to, there was filed in my office a marriage license	fermed by the start of the HENDRICKS	
Indiana dated the All day of August	Circuit Court, 19 87, authorizing the joining together as husband and wife	
it further remembered, the following marriage certificate was filed in my office	JANET L. HESTER	
THOMAS E. ATZ here		
thousand nine hundred and 87		
te of Indiana, Groom ALAN R. DIODORE of	HENDRICKS County of MARION , County of IN	
, Bride JANET L. HESTER of	HENDDICKS	
e by me united in marriage as authorized by a marriage license issued for that nty.	t purpose by the Clerk of the Circuit Court of HENDRICKS	
ed this 25th day of JUNE , 19.87	AT A STATE OF THE	
	Signed /s/ THOMAS E. ATZ	
Office	cial Designation JUDGE PRO TEM MARION COUNTY	

30th day of JUNE

, 1987.....

HENDRICKS

.....Clerk

Circuit Court

## STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

No .-File_ 6 -22-87 Date of Application

Form Prescribed By Indiana State Board of	APPLICATION FOR MARRIAGE DIGITAL		6 -22-87 Date of Application	
Health under Authority of LC. 31-1-3-2 Effective July 1, 1977	HENDRICI	County County	Date of Application	
Effective July 1.		FEMALE Medical Examination Report Dated_	6-8-87	
MALE	6-8-87		Cronphita.	
Deposit Dated		Name of Physician	folso statement representation	
Name of Physician  ALL QUESTIONS MUST BE ANSWERED. LC. 31  about he fixed in any sum not exceeding five hundred	The Language statement - Who	ever procures the issuance of a license to marry by an	y faise state in the representation or pretense	
ALL QUESTIONS MUST BE ANSWERED, LC. 31 shall be fined in any sum not exceeding five hundred	-1-3-6 prescribed "False statement dollars (\$500,00)".	FEMALE API	PLICANT	
shall be fined in any sum not exceeding MALE APPLICA		Nome A First	Middle Hall Last	
Name First A Product	Last	Date of Birth Month	Day Near	
Date of Birth Month Day	Year 7	Place of Birth State or foreign country)	2	
Place of Birth (State or foreign country)	Philips Il	Or Charles	County State	
Resilience Address Street of R. R.	ty County State	Hoto Narmon Or.	Briwnsburg In 46/18	
1610 A. Rigshee St.	enaple, on, to boy	Previous Marital Status: Never Married OR		
Previous Marital Status: Never Married QR		Finded By: Death Divorce Annu	ilment U	
Last Marriage Ended By: Death Divorce Annulment Date of hirth verified by: Birth Certificate Judicial D	Decree	Date of birth verified by: Birth Certificate Jud	iciai Decree	
		Other(Specify)		
Other (Specify)	nd mind? No Yes	1. Are you now or have you ever been adjudged to be of	unsound mind? No Yes D	
Are you now or have you ever been adjudged to be of unsoun  If answer is "yes", has the adjudication been removed?	No Ves U	If answer is "yes", has the adjudication been removed?		
2. Are you afflicted with a transmissible disease?	No Yes	Are you afflicted with a transmissible disease?      Are you related to the male applicant closer than seco	NdD Yes D	
2. Are you related to the female applicant closer than second co	No Yes No Yes	Are you related to the male applicant closer than see     Are you now under the influence of intoxicating liquor		
4. Are you now under the influence of intoxicating liquor?	No Yes	<ol> <li>Are you now under the influence of a narcotic drug?</li> </ol>	No Yes O	
Are you now under the influence of a narcotic drug?     List the full names of any dependent children.		6. List the full names of any dependent children.		
	, i.e.			
7. Are you required by any court order or orders to support the	above	7. Are you required by any court order or orders to supp	port the above	
dependent children?	No □ Yes □	dependent children?	No□ Yes□	
If answer is "yes", it is required that this Application be accon compliance with any cougt order or orders issued for their su		If answer is "yes", it is required that this Application be compliance with any court order or orders issued for t	, , , , , , , , , , , , , , , , , , , ,	
8. Full name of tather Loth Ailer	Ciamber J.	8. Full name of father	ues Defono	
Residence of father (if deceased so state)	upiliz, In.	Residence of father (if deceased so state)	unapolis, In	
Birthplace of father (State or foreign pountry) & Mel	witte, In	Birthplace of father (State or foreign country)	Swette In	
Graped Law Ricciard	i	X D.	the Parle of Parso	
Residence of mother (if deceased so state) Chic	190	9. Full maiden name of mother	the state of the s	
Birthplace of mother (State or foreign country)	and a Lot	Residence of mother (if deceased so state)	Chippets, Ch.	
State of Indiana.	and state the state of	Birthplace of mother (State or foreign country)	ellembus, In	
County of HENDRICKS ss: I de in t	pose and state the information given this application is true and correct.	County of HENDRICKS	I depose and state the information given in this application is true and correct.	
Frignes albert Hor	earli Reuly	¥ 7.		
New Address Soul as a	ibout	Signed		
Subscribed and awayn to before me this 22nd de	y of Stale 1084	New Address	sogspace hops	
Mary Jane Kurself Gor	HENDRICKS			
	Circuit Court	Mary for tressell	Clerk HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR GUARDI		
We, the parents, of this applicant hereby give consent f	or this marriage. If only one parent			
signs, state facts which render the consent of the other	parent unnecessary	We, the parents, of this applicant hereby give con signs, state facts which render the		
		signs, state facts which render the consent of the	other parent unnecessary	
(40)	***************************************			
	***************************************			
State of Indiana. HENDRICKS } **:		State of the		
County of	. 13 1.00	State of Indiana,  County of HENDRICKS		
Signed	Father	,		
Signed.	Mother	Signed	Father	
Subscribed and aworn to before me this	y of, 19	Subscribe Signed Ruth Oalles		
	Clerk	Subscribed and sworn to before me this 222	day of June 1981	
COMPLETE IF MARRIAGE LICENSE 100	SUED DV OD	mary S	ane Ressell Clerk	
HENDRICKS County	BY ORDER OF COUR	T. A marriage license having been refused art by written order issued.		
in Clerk's Office aut	horizes and directs the	r. A marriage license having been refused urt by written order issued to the above remeded a marriage license to the above remeded.	to the above named parties, the	
RET	UPN OF WALLE	f a marriage license to the above	and filed	
of Indiana dated the 3324	in my office a marriage 1:	MARKIAGE CERTIFICATION		
ALBERT DICCIARDA de	ay of the second	C AND MARRIAGE CERTIFICATE se issued by the clerk of the HEN	DRICKS C A Court	
State of Indiana C	h	ereby certify that on the	The state of the s	
and Bolds TERRY I VIV	RICCIARDI CRAWIEV	6:00 p.m	/ ofAUGUST	
were by me united in marriage as and	of	MARION HENDE	County of HENDRICKS,	
one thousand nine hundred and 87 State of Indiana, Groom ALBERT and, Bride TERRY LYNN HOFF were by me united in marriage as authorized b County.  Dated this 28th day of	y a marriage license issued for t	MARION HENDRICKS County hat purpose by the Clerk of the Circuit Court	I, State of IN	
day of	JUNE 87	County purpose by the Clerk of the Circuit C	f, State of HENDRICKS	
Filed and recorded in accordance with the laws	of the Co	Signed /s/ STEVE KERR  Official Designation MINISTER	Con to take	
Description of the same of the	of Indiana this	Official Designation MINISTER NOVEMBER		
		Signed NOVEMBER	10.07	
Filed and recorded in accordance with the laws		( Jana & Jame & Mary	, 19.8./	
		Signed May of NOVEMBER	HENDRICKS Circuit Court	

HENDRIC

CONSENT OF PARENTS

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File_

HENDRICKS

HENDR	County
MALE Medical Evamination B	Date of Application
Medical Examination Report Dated 6-16-8	FEMALE Medical Examination Report Dated 6 - 16-87
Name of Physician S. Paschall	No con con Con O con
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "Falso and	Name of Physician Steven Paschall
shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	hoever procures the issuance of a license to marry by any false statement, representation or preten
Name First	FEMALE APPLICANT
Steven Howard Tohns	Name First Middle Last
Year	Date of Birth Month Day In Schutt
Place of Birth (State or fordixn country)	189 330 Hear
Residence Address Street or R. R. City County State	Trace of Birth (State or foreign country)
TYS N. Parter St. P. Ifal. County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	- Dans
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
The Other (Specify) Dr. Just .	
1. Are you now or have you ever been adjudged to be of unsound mind?	A Other (Specify) Dr. Tw
If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin?  No Yes C  4. Are you now under the influence of intoxicating liquor?  No Yes C
5. Are you now under the influence of a narcotic drug?	¥
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	THE RESERVE THE PROPERTY OF TH
7. Are you required by any court order or orders to support the above	
No Ves O	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Oal Sullaton Johnson	compliance with any court order or orders issued for their support.
0 100	8. Full name of father the Saffold
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Canary Servi Wetsan	9. Full maiden name of mother Dais Own Pugket.
Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state)
State of Indiana,	Birthplace of mother (State or foreign country)
County of HENDRICKS   I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
Signed X St H. John	
New Address.	Signed X Michel & Schutt
22 0110 52	New Address.
Subscribed and sworn to before me this day of LICA INDIANCE	Subscribed and sworn to before me this day of day of 1987
Circuit Court	11 any augustusell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS PARENTS OF GRAPHAN	-00
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS ss:	State of Indiana, County of HENDRICKS ss:
	County of
SignedFather	Signed Father
Signed	Signed
subscribed and sworn to before me thisday of, 19,	Subscribed and sworn to before me thisday of, 19
Clerk	
	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
	rt by written order issued
authorizes and directs the issuance of	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS
	e issued by the clerk of the
f Indiana dated the day of day	
e it further remembered, the following marriage certificate was filed in my offi	i MICHELE L. SCHUTT ce. to-wit:
LARRY LILLY he	
LARRY LILLY  ne thousand nine hundred and 87 at	AVON County of HENDRICKS
tate of Indiana, Groom STEVEN H. JOHNSON of	HENDRICKS County State of IN
id, BrideMICHELE-L. SCHUTT	
ere by me united in marriage as authorized by a marriage license issued for the	at purpose by the Clerk of the Circuit Court of HENDRICKS
ounty.	
ated this18thday ofJULY, 19.87	. Signed /s/ LARRY LILLY
	Ficial Designation PASTOR
	ncial Designation
iled and recorded in accordance with the laws of the State of Indiana this	, 19 0/

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

280 File_ O-22-87
Date of Application

.Circuit Court

HENDRICKS

Form Prescribed By Indiana State Board of Application FOR MARRIAGE Discounty			
Health under Authority HENDRICE	KS County Date of Application		
of 1.C. 31-1-3-2 Effective July 1, 1977	FEMALE V-18-87		
And the state of t	FEMALE Medical Examination Report Dated		
MALE 6 - 18-87	Physician David III. Hadly		
Medical Examination Report Dated  Medical Examination Report Dated  Medical Examination Report Dated	Name of Physics to marry by any false statement, representation or no		
Name of Physician Whod "False statement - Whod	Name of Physician  never procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT		
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed Faise states hall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT		
MALE APPLICANT	Name First Middle		
Name First Middle	Month Day Year		
Day Year	Date of Birth (State or foreign country)		
Date of Birth	Place of Birth (State or foreign country)		
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State		
Residence Address Street or R. R. City. County	EET Broadman		
	Previous Marital Status: Never Married OR		
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree		
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by:		
wif all to tall a	Other (Specify)		
Other (Specify) No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D		
1. Are you now or have you ever been adjudged to be of unsound mind.	If answer is "yes", has the adjudication been removed? No D Yes D		
If answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease. No Yes D		
3. Are you related to the female applicant closer than second cousin?  No Yes   No	3. Are you related to the male applicant closer than second cousin? No Yes D		
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor? No Yes O		
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug? No Yes D		
6. List the full names of any dependent children.	6. List the full names of any dependent children.		
The share	7. Are you required by any court order or orders to support the above		
7. Are you required by any court order or orders to support the above dependent children? No Pes P	dependent children?		
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in		
compliance with any pour order or orders issued for their support	compliance with any court order or orders issued for their support.		
8. Full name of father Walley Failbut Clark	8. Full name of father Miliago thank the started		
Residence of father (if deceased so state)	Residence of father (if deceased so state)		
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Seat Walnus		
9. Full maiden name of mother Dy Miles Howard	M. L. a. M. Land		
	9. Full maiden name of mother Daylor State		
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)		
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)		
State of Indiana.  County of HENDRICKS  88: I depose and state the information given in this application is true and correct.	State of Indiana,		
	County of HENDRICKS as: I depose and state the information given in this application is true and correct.		
Signed J. J. J.	Signed Sherry A. Stinnett		
New Address 882 Broadway 5 On. ie	New Address 880 By addway 5. Dry		
Subscribed and sworn to before me this. 22 day of 1987			
Mary Car Russol - HENDROKS	Subscribed and sworn to before me this day of his		
Circuit Court	Many Jane Massell Gerk HENDRICKS Circuit Court		
CONSENT OF PARENTS, PARENT OR GUARDIAN			
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN		
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent		
the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary		
	the consent of the other parent unnecessary		
State of Indiana, County of HENDRICKS } ss:			
County of PICNDRICKS \$8:	State of Indiana,		
Signed	County of HENDRICKS		
Signed	Simul		
Subscribed and sworn to before me this	Signed Father		
Subscribed and sworn to before me this day of	Signed Mother		
	Subscribed and sworn to before me this		
COMPLETE IF MARRIAGE LICENSE ISSUED	A marriage license having been refused to the above named parties, the		
HENDRICKS ISSUED BY ORDER OF COURT.	A		
Courty	A marriage license having been refused to the above named parties, the		
RETURN OF MARRIAGE LICENSE  I Remembered, there was filed in my office a marriage license  JONATHAN SCOTT	a marriage license to the above named parties		
of Indiana dated the	AND MARRIAGE CERTIFICATE		
JONATHAN SCOTT CLARK	issued by the clerk of the HENDRICKS		
JONATHAN SCOTT CLARK  Be it further remembered, the following marriage certificate was filed in my office a marriage license  JACK L. MCINTOSH  JACK L. MCINTOSH  State of Indiana, Groom	AND MARRIAGE CERTIFICATE  issued by the clerk of the HENDRICKS  Circuit Court  I. SHERRY ANN STINNETT		
JACK L. MCINTOSH and some thousand nine hundred and 87 her State of Indiana, Groom JONATHAN SCOTT CLARK of Stere by me united in marriage certificate was filed in my office state.	SHERRY ANN STINNERS		
me thousand nine hundred and 87	oe, to-wit:		
state of Indiana, Groom	Recurrence 27th 27th June		
SHERRY ANN STIMMEN	BROWNSBURG day of HENDRICKS		
SHERRY ANN STINNETT  County.  26th  day of  JUNE  87  Wiled and recorded in accordance with	SHERRY ANN STINNETT  reby certify that on the 27th day of JUNE  BROWNSBURG HENDRICKS  HENDRICKS County of IN  At purpose by the Clerk of the Circuit Court of HENDRICKS  HENDRICKS IN  County of IN  HENDRICKS IN  HENDRICKS HENDRICKS IN  HENDRICKS HENDRICKS HENDRICKS		
lated this 26th	HENDRICKS County, State of IN		
day of Sone	tt purpose by the Clerk of		
, 19	the Circuit Court of HENDRICKS		
iled and recorded in accordance with the	Sianed		
Offi	Signed /s/ JACK L. MCINTOSH		
cris	Signed /s/ JACK L. MCINTOSH  30th day of History		

APPLICATION FOR MARRIAGE LICENSE

## STATE OF INDIANA

No	No. 280		
File_			
_	6-22-87		
	Date of Application		

HENDRICKS

... Circuit Court

Humber Michigan France

Form Prescribed By	MARRIAGE LICENSE
LIEVIDDI	CKS County Date of Application
of I.C. 31-1-3-2 Effective July 1, 1977	- The state of the
Anatherina - P	FEMALE Medical Examination Report Dated
MALE 6-18-87	11 11 140 11
Medical Examination Report Dated	Name of Physician
Name of Physician David M. Hadley	hoever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement - W.	FEMALE APPLICANT
shall be fined in any sum not exceeding five hundred dollars (8500,00)".  MALE APPLICANT	First Middle C Last
Last Last	Name Sharry Day Strantt
Date of Birth Month Day Year	Date of Birth
19 66	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City County State	887 Broadway S. B.J. + Ad.
	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Leat Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
if all to the	Charles (Specific)
Other (Specify) Rig . Volta Kill . AW	1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes	If answer is "yes", has the adjudication been removed?  No Yes
at answer is yes , has the adjustication been removed.	2. Are you afflicted with a transmissible disease?  No Yes   No Ye
2. Are you afflicted with a transmissible disease?  No 9 Yes 3. Are you related to the female applicant closer than second cousin?  No 9 Yes 5	3. Are you related to the male applicant closer than second cousin? No Yes -
4. Are you now under the influence of intoxicating liquor? No Yes	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?  No Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or cuders to support the state of the state
dependent children? No Ves	7. Are you required by any court order or orders to support the above dependent children?  No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
ecompliance with any sour order or orders issued for their support.	compliance with any court order or orders issued for their support.
	8. Full name of father William Found Sunnell
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or preign country)	Birthplace of father (State or foreign country) Seat & Maria
9. Full maiden name of mother Wy Helpe Howard	9. Full maiden name of mother Round as to the Description
Residence of mother (if deceased so state) and	
Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state)
State of Indiana. HENDRICKS	Birthplace of mother (State or foreign country)
County of PENDRICKS	State of Indiana, I depose and state the information given
Signed X	
New Address	
Subscribed and sworn to before me th	There are
Mary Jack & my / Parent tree	shimel , hereby give my consent for
- taughter;	Lerry ann It
CONSENT OF PARENTS, PARENT MATTY math	& De to
We, the parents, of this applicant he	Scott Clark.
signs, state facts which render the	
	X1.1:00-
Subscribed and sworm	to before me this 20th day of Quize 1987
Courty of Nexdicko	to before me this 20th day of
Yest & Hexariako	day of June 1987
State of Indiana. HENDRICKS My Commission and	
County of HENDRICKS My Commission ofpices. June	30 pgo Junto Frantento
Signed	Notary Public
Signed	
Subscribed and sworn to before me this	Sign
day of	Subscribed and Mother
	Subscribed and sworn to before me thisday of19
COMPLETE IF MARRIAGE LICENSE ISSUED DV	Clerk CT. A marriage license having been refused to the above named parties, the part is a marriage license having been refused to the above named parties, the life a marriage license having been refused to the above named parties, the life a marriage license having been refused to the above named parties, the life a marriage license having been refused to the above named parties, the life a marriage license having been refused to the above named parties, the life a marriage license having been refused to the above named parties, the life a marriage license having been refused to the above named parties, the life a marriage license having been refused to the above named parties, the life a marriage license having been refused to the above named parties, the life and
MENDRICKS County ORDER OF COUR	RT. A marriage licens
authorizes and directs the issuance of RETURN OF MARRIAGE LICENSI	ourt by written order issued
PETUDA and directs the issuance of	of a marriage license to the same and filed
Be It Remembered, there was filed in my of	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the
of Indiana dated the 26th day of	se issued by the class
Be it further remembered the fell	10.87 Circuit Court
JACK L. Mc INTOCH arriage certificate was filed in an	nd. SHERRY ANN Crizing the joining together as husband and wife
one thousand nine hundred and	Tice, to-wit:
State of the state	ereby certificati
and, Bride SHERRY ANN SCOTT CLARK	nd SHERRY ANN STINNETT  thereby certify that on the 27th day of JUNE  of HENDRICKS HENDRICKS HENDRICKS HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit Court of HENDRICKS
were by me united in marriage as authorized	HENDRICKS , County of HENDRICKS
Dated this 26th Hing	hat County, State of IN
day of SONE	hendricks  HENDRICKS  HENDRICKS  County, State of IN  hat purpose by the Clerk of the Circuit Court of HENDRICKS  Signed
, 19	HENDRICKS
Filed and recorded in accordance with the law	Signed
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ JACK L. McINTOSH  30th JUNE 87
ons	30th day of Him
	30 th day of JUNE 87
	11 11 11 11 11 11 11 11 11 11 11 11 11

Health under Authority

Form Prescribed By Indiana State Board of

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

County HENDRICKS

No	200
File_	
	6.22-87
	Date of Application

HENDRICKS

Circuit Court

280

Effective July 1, 1977 Medical Examination Report Dated. 18.81-0 MALE Name of Physician ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation shall be fined in any sum not exceeding five hundred deliver (\$500.00)" Medical Examination Report Dated shall be fined in any sum not exceeding five hundred dollars (\$500,00)" MALE APPLICANT Middle Date of Birth First Place of Birth (State or foreign country) State Place of Birth (State or foreign Residence Address Residence Address Previous Marital Status: Never Married R Last Marriage Ended By: Death Divorce Annulment D Previous Marital Status: Never Married OR Date of birth verified by: 

Birth Certificate

Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: 1. Are you now or have you ever been adjudged to be of unsound mind No Yes D Other (Specify)_ No Yes If answer is "yes", has the adjudication been removed" No D Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? No□ Yes□ No Yes D 2. Are you afflicted with a transmissible disease If answer is "yes", has the adjudication been removed? No Y Yes 3. Are you related to the male applicant closer than second cousing No A Yes D 2. Are you afflicted with a transmissible disease? No Yes No Yes 3. Are you related to the female applicant closer than second cousin? Are you now under the influence of intoxicating liquor" No Yes 4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No A Yes No Yes 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children 6. List the full names of any dependent children. 7. Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No Tes D No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any cour order or orders issued for their suppo Jacon J 8. Full name of father____ Residence of father (if deceased so state). Residence of father (if deceased so state)_ Birthplace of father (State or foreign country) Birthplace of father i State or foreigne 9. Full maiden name of mother Residence of mother (if deceased so state). Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country L. State of Indiana, I depose and state the information given HENDRICKS County of ... New Address... Subscribed and sworn to before me ti CONSENT OF PARENTS, PAREN' We, the parents, of this applicant h signs, state facts which render the , hereby give my consent "Sterry ann Sternell State of Indiana, HENDRICKS Signed. Subscribed and sworn to before me thi Subscribed and sworn to before me this /// day of COMPLETE IF MARRIAGE HENDRICKS Be It Remembere or more issued by the clerk of the..... of Indiana dated the .... .....26th day of ...... JUNE HENDRICKS Circuit Court JONATHAN SCOTT CLARK Be it further remembered, the following marriage certificate was filed in my office, to-wit: Supply authorizing the joining together as husband and wife SHERRY ANN STINNETT hereby certify that on the 27th day of JUNE were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ...... County of .. ... County, State of ... .....County, State of Filed and recorded in accordance with the laws of the State of Indiana this..... Signed _____/s/_JACK_L. MCINTOSH. Official Designation PASTOR 30th day of ..... JUNE Signed Man Clerk

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	186	
File		
	17700	

recite programme and the state of the state	County O-2287 Date of Application
MALE Medical Examination Report Dated 6-19-87	FEMALE
Name of Physician Jumas Moura	Medical Examination Report Dated 6-19-87
	Name of Physician Tlomas Moian
shall be fined in any sum not exceeding five hundred dollars (\$500,000".	pever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
Thomas locash O. Last	Name Pine
Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Indiana
Toda ONOFTER Todals. Hen IN	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Birth Certificate Dudicial Decree	Date of birth verified by: X Birth Certificate  Judicial Decree
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?
2 And the relative to the second seco	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?  No. Yes	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No. Yes  Yes  Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Francisco Company Control Cont
7. Are you required by any court order or orders to support the above	7. Are you required by any court and a relative to the same and a relative
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Joseph T. Riegel	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state) Tradiana	8. Full name of father James W. Fields III
	Residence of father (if deceased so state)
1 1 - 10 1	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother JUOLY E. KONN	9. Full maiden name of mother Brenda J. Nixon
Residence of mother (if deceased so state) Indiana	Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    I depose and state the information given in this application is true and correct.
County of	County of in this application is true and correct.
Signed Thomas of Rugel	Signed GOOY ONTURAL
New Address came as about	New Address Since Warre
Subscribed and sworn to before me this 22 day of 400 1987.	Subscribed and sworn to before me this 22 day of July 1987
Mary Jane Russell Glerk HENDRICKS Circuit Court	Mary Jane Russell Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana,
County of HENDRICKS ss:	State of Indiana, HENDRICKS  88:
SignedFather	Signed Father
Signed	
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
LIES IN DICKE	rt by written order issued
inauthorizes and directs the issuance of	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage licens	e issued by the clerk of the
of Indiana dated the day of	, 19 authorizing the joining together as husband and wife
THOMAS JOSEPH RIEGEL O an	d JUDY LU ANN FIELDS
Be it further remembered, the following marriage certificate was filed in my off	ereby certify that on the lst day of AUGUST
	t INDPLS. County of MARION
State of Indiana, Groom THOMAS JOSEPH RIEGEL 0	HENDRICKS County, State of IN
and, Bride JUDY LU ANN FIELD of	HENDRICKS County, State of IN ,
vere by me united in marriage as authorized by a marriage license issued for th	nat purpose by the Clerk of the Circuit Court of HENDRICKS
County.	
Dated this lst day of AUGUST , 19 87	Signed /s/ DAVID HALCOMB
	fficial Designation PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this	3rd day of AUGUST , 19.87
the state of the state of the same of	Signed Many Janes Amarell HENDRICKS Circuit Court
	HENDRICKS COMMISSION

Form Prescribed By

## STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS

Date of Application

Indiana State Board of Health under Authority Effective July 1, 1977 Medical Examination Report Dated FEMALE ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE Name of Physician. MALE APPLICANT Last Middle Date of Birth Place of Birth (State or foreign country Day Date of Birth Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment ☐ Birth Certificate ☐ Judicial Decree Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D No Yes No D Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed No Yes No Yes D 2. Are you afflicted with a transmissible disease If answer is "yes", has the adjudication been removed No Yes 3. Are you related to the male applicant closer than second cousin No Yes 2. Are you afflicted with a transmissible disease No Yes No Y Yes 4. Are you now under the influence of intoxicating liquor ou related to the female applicant closer than second co No Yes No A Yes ou now under the influence of intoxicating liquor 5. Are you now under the influence of a narcotic drug No Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. List the full names of any dependent children Are you required by any court order or orders to support the above No T Yes 7. Are you required by any court order or orders to support the above dependent children No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in 8. Full name of father_ Residence of father (if deceased so state). Birthplace of father (State or foreign country Residence of mother (if deceased so state) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, State of Indiana, HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... signs, state facts which render the consent of the other parent unnecessary... State of Indiana, HENDRICKS State of Indiana, County of .... HENDRICKS County of..... Signed. Signed. ......Mother Subscribed and sworn to before me this .......day of ....... Signed. Subscribed and sworn to before me this...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County.......Court by written order issued..... ....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the ..... day of ______, 19 _____, authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: JERRY LEE PHILLIPS and JANET LEE HADLEY william R. Clayton hereby certify that on the day of JULY one thousand nine hundred and 87

at PLAINFIELD and County of HENDRICKS...... State of Indiana, Groom JERRY LEE PHILLIPS of HENDRICKS County, State of IN and, Bride JANET LEE HADLEY Of HEDNRICKS County, State of INwere by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

Signed /s/ WILLIAM CLAYTON Signed Man

HENDRICKS ... Circuit Court

COMPLETE IF M

HENDRICH 新 到

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County

No	283	
File_		
r ne_	10-23-87	148

Date of Application

MALE	Date of Application
Medical Examination Report Dated	FEMALE Medical Examination Report Dated
0 0	Medical Examination Report Dated
Name of Physician 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of Physician M. & Mealy
ALL QUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	
	ever produces the issuance of a license to marry by any taise statement, representation or pretense
Name First Middle	FEMALE APPLICANT
Philip made Last	Name First Middle Mast
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or Pereign quuntry)	7 17 60
Ind.	Place of Birth (State of foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
- 10 scientifies	4 Hillanet Ct. Darville
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate U Judicial Decree
Other (Specify) Dr. Rus.	
	Other (Specify) No, To
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Application Burtlett	Granin Edward Myers
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father to the state of their support.	compliance with any court order or orders issued for their support.
8. Full name of father	8. Full name of father Eddie flyw 19/1/10
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Eull maiden name of mother ( whether ) such as I soulie	all I ai at backlin
9. Full maiden name of mother water and some some some some some some some some	9. Full maiden name of mother
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.	State of Indiana, HENDRICKS    State of Indiana, HENDRICKS   I depose and state the information given in this application is true and correct.
County of HENDRICKS   ss: I depose and state the information given in this application is true and correct.	County of HENDRICKS   ss: in this application is true and correct.
	X Oams A Muces
Signed	Signed A Sharph
New Address And as	New Address Some as apport
Subscribed and sworn to before me this day of 1907	Subscribed and sworn to before me this day of the day of the
Many Jane Fred Gerk HENDRICKS Circuit Court	Many Care Rail Glerk HENDRICKS Circuit Court
Clerk Circuit Court	
CONCENT OF PARTIES PARTIES OF CHAPPIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana	State of Indiana, HENDRICKS ss:
State of Indiana, County of HENDRICKS ss:	County of
[18] 프로그램 (19] [18] [18] [18] [18] [18] [18] [18] [18	Signed
SignedFather	
Signed	Signed Mother
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Subscribed and sworn to before the this	Clerk
Cierk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage license having been refused to the above named parties, the
HENDRICKS CONTROL OF THE PROPERTY OF THE PROPE	art by written order issued
County directs the issuance of	f a marriage license to the above named parties.
in authorizes and directs the issuance of	a marriage and a marr
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE HENDRICKS
Be It Remembered, there was filed in my office a marriage licens	se issued by the clerk of the Circuit Court
of Indiana dated the 29 day of TURE  PHILIP L. CLARK an  Be it further remembered, the following marriage certificate was filed in my of	id JAYNE A. MIEKS
Be it further remembered, the following marriage certificate was filed in my of	le contitue that on the 1st day of JULY
Be it further remembered, the following marriage certificate was field in my of I,	DANVILLE County of HENDRICKS
and, Bride	hat purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 29th day of JUNE , 1987	Signed/s/-LARRY-LILLY
The state of the s	Official DesignationPASTOR
	2 -d
Filed and recorded in accordance with the laws of the State of Indiana this	Man Clerk
	Signed HENDRICKS

## STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

6-23-87 Date of Appl

P86

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  8. Full name of father (if deceased so state)  Birthplace of father (if deceased so state)  Pull maiden name of mother (if deceased so state)  Birthplace of mother (if deceased so state)  Birthplace of mother (State or foreign country)  State of Indiana.  County of HENDRICKS  Signed Adam A March County of March Co	No Yes D No Yes D No Yes D No Yes D No Yes D
MALE Medical Examination Report Dated Manne of Physician Name of Physician Carc Scubb Name of Physician Carc Scubb Name of Physician Male are severing free southered where severing the southered sout	No Yes D No Yes D No Yes D No Yes D No Yes D
MALE Medical Examination Report Dated	No Yes D No Yes D No Yes D No Yes D No Yes D
Name Provided in an an age to the properties of the selection of the selec	No Yes D No Yes D No Yes D No Yes D No Yes D
MALE APPLICANT  Name  Prof.  Date of Birth  Date of	No Yes D No Yes D No Yes D No Yes D No Yes D
MALE APPLICANT  Name  Previous Martial States  Residence of Birth (State or foreign country)  Residence of Birth (State	No Yes D No Yes D No Yes D No Yes D No Yes D
Name Press Night But Place Burth State of Birth State or foreign country)  Fine of Birth (State or foreign country	No Yes O
Date of Birth (State or foreign country)  Fine or Birth (State or foreig	No Yes O
Place of Birth (State or foreign country)  Residence of Institute of Birth (State or foreign country)  Residence of Institute of Birth (State or foreign country)  Residence of Institute of Birth (State or foreign country)  Residence of Institute of Birth (State or foreign country)  Residence of Institute of Birth (State or foreign country)  Residence of Institute of Birth (State or foreign country)  Residence of Institute of Institute or orders to support the above dependent children  Residence of Institute of Institute or orders to support the above dependent children  Residence of Institute of Institute or orders to support the above dependent children  Residence of Institute of Institute or orders to support the above dependent children  Residence of Institute of Institute or orders to support the above dependent children  Residence of Institute of Institute or orders to support the above dependent children  Residence of Institute of Institute or orders to support the above dependent children  Residence of Institute of Institute or orders to support the above dependent children  Residence of Institute orders to orders to support the	No Yes O
Residence Address	No Yes O
Previous Marial Status. Never Married O R  Last Marriage Ended By Death Diverse Annahment.  Date of brith vertified by Death Diverse Annahment.  Dotter (Specify)  Dotter (Specify)  Dotter (Specify)  Dotter (Specify)  Dotter (Specify)  Dotter (Specify)  Last Marriage Ended By Death Diverse Annahment.  Dotter (Specify)  Dotter (Specify)  Dotter (Specify)  Dotter (Specify)  Dotter (Specify)  Last Marriage Ended By Death Diverse Annahment.  Dotter (Specify)  Last Marriage Ended By Death Diverse Annahment.  Dotter (Specify)  Last Marriage Ended By Death Diverse Annahment.  Dotter (Specify)  Last Marriage Ended By Death Diverse Annahment.  Last Marriage Ended By Death Diverse Annahment.  Dotter (Specify)  Last Marriage Ended By Death Diverse Annahment.  Dotter (Specify)  Last Marriage Ended By Death Diverse Annahment.  Dotter (Specify)  Last Marriage Ended By Death Diverse Annahment.  Last Marriage Ended By Death Diverse Annahment.  Last Marriage Ended By Death Diverse Annahment.  Dotter (Specify)  Last Marriage Ended By Death Diverse Annahment.  Dotter (Specify)  Last Marriage Ended By Death Diverse Annahment.  Last Marriage Ended By Death Diverse Ann	No Yes D
Personal Marriage Ended By   Death   Discorded   Death	No Yes D
Date of birth verified by Description of the property of the p	No Yes D
Other (Specify)   Birth Certificas   Jodicial Decree   Other (Specify)   Dillicial Certificas   Jodicial Decree   Other (Specify)   Dillicial Certificas   Jodicial Decree   Other (Specify)   Dillicial Certificas   Other (Specify)   Dillicial Certificas   Other (Specify)   Other (Sp	No Yes D
Are you now or have you ever been adjudged to be of unsound mind?  Are you now or have you ever been adjudged to be of unsound mind?  Are you are on the you ever been adjudged to be of unsound mind?  Are you are on the your or have you ever been adjudged to be of unsound mind?  Are you are worder the influence of the adjudication been removed?  Are you afficied with a transmissible disease?  Are you afficied with a transmissible disease?  Are you are under the influence of intexicating liquor?  Are you now under the influence of intexicating liquor?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are you now under the influence of an aerocic drug?  Are y	No Yes D
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Are you related to the female applicant closer than second cousin?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of inaxicating liquor?  Are you now under the influence of inaxicating liquor?  Are you now under the influence of a nacrotic drug?  Are you now under the influence of a nacrotic drug?  Are you now under the influence of a nacrotic drug?  Are you now under the influence of a nacrotic drug?  Are you now under the influence of an acrotic drug?  Are you now under the influence of an acrotic drug?  Are you now under the influence of an acrotic drug?  Are you now under the influence of an acrotic drug?  Are you now under the influence of an acrotic drug?  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  If answer is 'ye''. It is required that this Application be accompanied by satisfactory proof that you are required by any court order or orders to support the above dependent children.  Full name of father. [Author of the proof that this Application be accompanied	No Yes D No Yes D No Yes D
Are you related to the male applicant closer than second coussin?  Are you related to the male applicant closer than second coussin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  Last the full names of any dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children.  Are you required by any court order or orders to support the above dependent children?  If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  Full name of father.  Full name of father.  Residence of father (ideceased so state).  Full maked father (State or foreign country).  Manual Area of the support the above dependent children.  Full name of father.  Residence of father (ideceased so state).  Full maked father.  Full name of father.  State of foreign country.  Full name of father.  State or foreign country.  Full name of father.  State or foreign country.  Full name of mother istate or foreign country.  Full name of father.  State or foreign country.  Full name of mother istate or foreign country.  Full name of father.  State or Indiana.  Full name of mother istate or foreign country.  Full name of mother istate or foreign country.  Full name of mother istate or foreign country.  Full name of father.  State of Indiana.  Full name of mother istate or foreign country.  Full name of father.  State of Indiana.  Full name of mother istate or foreign country.  Full name of father.  Full n	No Yes D
Are you now under the influence of a narcotic drug?  Are you now under the influence of a narcotic drug?  Last the full names of any dependent children.  Are you required by any dependent children.  Are you required by any court order or orders to support the above dependent children?  If answer is yes, it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders to support the above dependent children?  If answer is yes, it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  Pull names of father (if deceased so state)  Birthplace of father (if deceased so state)  Birthplace of father (if deceased so state)  Birthplace of mother (if deceased so state)  Signed Association is true and correct.  New Address  Subscribed and sworn to before me this.  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marriage. If only one parent igns, state facts which render the consent of the other parent wassers.	No D Yes D
5. Are you now under the influence of a narcotic drug?  6. List the full names of any dependent children.  6. List the full names of any dependent children.  6. List the full names of any dependent children.  6. List the full names of any dependent children.  6. List the full names of any dependent children.  6. List the full names of any dependent children.  6. List the full names of any dependent children.  6. List the full names of any dependent children.  6. List the full names of any dependent children.  7. Are you required by any court order or orders to support the above dependent children.  8. Full names of any dependent children.  8. Full name	No □ Yes □
Are you required by any court order or orders to support the above dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  Brithplace of father (if deceased so state)  Brithplace of father (if deceased so state)  Brithplace of father (istate or foreign country)  Brithplace of mother (istate or foreign country)  Signed Add Blackers  New Address  Signed Address  Signed Address  Subscribed and sworn to before me this  Ago of Address  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state facts which reader the consent of the other nareal inspanses and state the importance of the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state facts which reader the consent of the other nareal inspanses and the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state facts which reader the consent of the other nareal inspanses and the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state facts which reader the consent of the other nareal inspanses and the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state facts which reader the consent of the other nareal inspanses and the ligns, state facts which reader the consent of the other nareal inspanses.	
7. Are you required by any court order or orders to support the above dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders is support.  3. Full name of father (if deceased so state)  Birthplace of father (if deceased so state)  Birthplace of mother (if deceased	
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compliance with any court order or orders issued for their support.  Full name of father  Residence of father (if deceased so state)  Birthplace of father (State or foreign country)  Residence of mother (if deceased so state)  Birthplace of mother (if deceased so state)  Birthplace of mother (State or foreign country)  State of Indiana.  Birthplace of mother (State or foreign country)  State of Indiana.  State of Indiana.  New Address  Subscribed and sworn to before me this.  County of.  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state fats which render the consent of the other name of the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state fats which render the consent of the other name of the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state fats which render the consent of the other name of the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state fats which render the consent of the other name of the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state fats which render the consent of the other name of the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state fats which render the consent of the other name of the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state fats which render the consent of the other name of the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state fats which render the consent of the other name of the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state fats which render the consent of the other name of the parents and state the information given.  State of Indiana.  County of the parents of the parents and state the information give	
Residence of father (if deceased so state)  Birthplace of father (State or foreign country)  Pull maiden name of mother  Residence of father (State or foreign country)  Birthplace of mother (if deceased so state)  Todiana  State of Indiana,  Country of  HENDRICKS  Signed  New Address  New Address  New Address  New Address  New Address  Subscribed and sworn to before me this.  Aday of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent  ligns, state facts which render the consent of the other parent unaccessed.	
Birthplace of father (State or foreign country)  Residence of mother (if deceased so state)  Birthplace of moth	
Residence of mother (if deceased so state)  Birthplace of mother (if deceased so state)  Birthplace of mother (State or foreign country)  state of Indiana.  County of Signed Address  New Address  New Address  Signed Address  Laborata  Mexidence of mother (State or foreign country)  Signed Address  Laborata  Signed Address  Laborata  Laborata  Laborata  Signed Address  Signed Address  New Address  Laborata  Signed Address  Subscribed and sworn to before me this  Subscribed and sworn to before me this  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent  ligns, state facts which render the consent of the other parent, unpecusions  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
Residence of mother (if deceased so state)  Birthplace of mother (State or foreign country)  Mala Mala State of Indiana.  County of HENDRICKS  Signed Hold Mala State the information given in this application is true and correct.  Signed Hold Mala Mala State of Indiana.  New Address.  Subscribed and sworn to before me this.  County of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent ligns, state facts which render the consent of the other parent unpressent.	
Birthplace of mother (State or foreign country)  State of Indiana.  HENDRICKS  Signed Foreign country)  Signed Foreign country  State of Indiana.  Country of HENDRICKS  Signed Foreign country  State of Indiana.  Country of HENDRICKS  Signed Foreign country  State of Indiana.  Country of HENDRICKS  Signed Foreign country  State of Indiana.  Country of HENDRICKS  Signed Foreign country  State of Indiana.  Country of HENDRICKS  Signed Foreign country  State of Indiana.  Country of HENDRICKS  Signed Foreign country  State of Indiana.  Country of HENDRICKS  Signed Foreign country  State of Indiana.  Country of HENDRICKS  Signed Foreign country  State of Indiana.  Country of HENDRICKS  Signed Foreign country  State of Indiana.  Country of HENDRICKS  Subscribed and sworn to before me this Agrid day of HENDRICKS  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent digns, state facts which render the consent of the other parent unpagesters.	
Signed Address Signed Address Signed Address New Address Subscribed and sworn to before me this. Of day of HENDRICKS County of HENDRICKS Signed Address Subscribed and sworn to before me this. Of day of HENDRICKS County of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent uppeaces.	
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signs, state facts which render the consent of the other parent unpeccessive	19.87.
signs, state facts which render the consent of the other parent unnecessary	nly one parent
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	ON OUR CORP. CARROL AND RESIDENCE
	5011-3420W-1-3488-1-1883THE
	AND ADDRESS OF THE PARTY OF THE
State of Indiana, HENDRICKS ss: State of Indiana,	
County of HENDRICKS	
Father	
Signed	Police
day of Subscribed and	Father
	Father
HENDRICKS County Court by written order issued	Mother 19
HENDRICKS County COURT. A marriage license having been refused to the above named process.  Court by written order issued authorizes and directs the issuance of a marriage license to the above.	Mother 18
and directs the issuance of a	Mother 18
RETURN OF MARRIAGE	Mother 18
AND MARRIAGE CERTIFICATE	Mother  Clerk  parties, the and filed
Be it further remembered, the following marriage certificate was filed in my office a may office, to-wit:	Mother  18 Clerk  parties, the and filed
be it further remembered, the following marriage certificate was fled: and DIANE I Diane the joining together as husband	Mother  18 Clerk  parties, the and filed
I Appu	Mother  18
	Mother  18
State of Indiana Green 87 hereby certify that on the	Mother  Clerk  parties, the and filed  Circuit Court  nd and wife
State of Indiana, Groom	Mother  18 Clerk  parties, the and filed  Circuit Court  nd and wife
State of Indiana, Groom	Mother  18 Clerk  parties, the and filed  Circuit Court  nd and wife
State of Indiana, Groom	Mother  18 Clerk  parties, the and filed  Circuit Court  nd and wife
State of Indiana, Groom. JOHN L. BALCKMORE at AVON  und, Bride. DIANE L. BRADLEY. of HENDRICKS County of HENDRIC  were 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. 27th day of JUNE, 19.87	Darties, the and filed Circuit Court and wife
State of Indiana, Groom. JOHN L. BALCKMORE at AVON  und, Bride. DIANE L. BRADLEY. of HENDRICKS County of HENDRIC  were 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. 27th day of JUNE, 19.87	Darties, the and filed Circuit Court and wife
State of Indiana, Groom. JOHN L. BALCKMORE at AVON  and, Bride. DIANE L. BRADLEY of HENDRICKS County of HENDRIC  were 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 27th day of JUNE HENDRICKS County, State of IN  HENDRICKS County, State of IN  HENDRICKS County, State of IN  HENDRICKS HENDRICKS County, State of IN  HENDRICK HENDRICKS HENDRICKS County, State of IN  HENDRICK HENDRICK HENDRICK	Darties, the and filed Circuit Court and wife
State of Indiana, Groom	Darties, the and filed Circuit Court and wife
State of Indiana, Groom. JOHN L. BALCKMORE  at AVON  Ind, Bride. DIANE L. BRADLEY  were 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. 27th day of JUNE  Signed  Signed  Signed	Darties, the and filed Circuit Court and wife

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

No	285	OF STREET
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File	tip salder forhers	19

tive July 1, 1977 HENDRICKS 6-53-8-County Date of Application MALE Medical Examination Report Dated_ FEMALE Medical Examination Report Dated. Name of Physician_ Name of Physician LL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense hall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT FEMALE APPLICANT Date of Rirth mmerman Place of Birth (State or Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: 

Birth Certificate 

Judicial Decree Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: A Birth Certificate Judicial Decree Other (Specify)_ Other (Specify)_ Are you now or have you ever been adjudged to be No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed No T Yes If answer is "yes", has the adjudication been removed? No T Yes Are you afflicted with a transmissible disease? No Yes D 2. Are you afflicted with a transmissible disease No Yes 🗆 Are you related to the female applicant closer than second cousing No Y Yes No Yes Are you related to the male applicant closer than second cousin Are you now under the influence of intoxicating liquor? No 9 Yes No Yes Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No Y Yes No Yes you now under the influence of a narcotic drug? 6. List the full names of any dependent children. List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No Yes dependent children? No T Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support 8. Full name of father_ Residence of father (if deceased so state) Residence of father (if deceased so state). Birthplace of father (State or foreign country). 9. Full maiden name of mother_ Residence of mother (if deceased so state). Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana. HENDRICKS County of ... Signed & Daniel Shelton Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS Signed. Subscribed and sworn to before me this..... .Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the...... of Indiana dated the DH day of MML , 19.87, authorizing the joining together as husband and wife DANIEL SHELTON Be it further remembered, the following marriage certificate was filed in my office, to-wit: at PLAINFIELD , County of HENDRICKS one thousand nine hundred and 87 MORGAN County, State of IN State of Indiana, Groom DANIEL G. SHELTON County. Dated this _______10th __day of ___JULY ______, 19.87.... /s/ CARL AKARD RILEY Signed .....

MINISTER

**HENDRICKS** 

.... Circuit Court

Official Designation...

Signed MANA

Form Prescribed By Indiana State Board of

STATE OF INDIANA PPLICATION FOR MARRIAGE	LICENSE
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HENDRICKS

Date of Application

Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 Medical Examination Report Dated. Name of Physician_ ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT Date of Birth Date of Birth Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D Other (Specify)_ No Yes If answer is "yes", has the adjudication been removed No O Yes O 1. Are you now or have you ever been adjudged to be of unsound mind No□ Yes□ 2. Are you afflicted with a transmissible disease? No Yes D If answer is "yes", has the adjudication been removed? No Yes 3. Are you related to the male applicant closer than second cousin No Tres D 2. Are you afflicted with a transmissible disease No D Yes 4. Are you now under the influence of intoxicating liquor? No Yes D Are you related to the female applicant closer than second cousin No Yes 5. Are you now under the influence of a narcotic drug? Are you now under the influence of intoxicating liquor? Not Yes D No Yes ou now under the influence of a narcotic drug? 6. List the full names of any dependent children. List the full names of any dependent children. Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No D Yes D dependent children No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. Residence of father (if deceased so state). Residence of mother (if deceased so state). Birthplace of mother (State or foreign country) State of Indiana, State of Indiana, I depose and state the information given CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary... State of Indiana, HENDRICKS HENDRICKS Signed Signed... Subscribed and sworn to before me this .......day of ....... Signed. Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 30 A DOUGLAS RYAN LANE Be it further remembered, the following marriage certificate was filed in my office, to-wit: CHRISTINA ANN EAGLE hereby certify that on the 4th day of JULY State of Indiana, Groom. DOUGLAS RYAN LANE of LAWRENCE and, Bride CHRISTINA ANN EAGLE Of HENDRICKS County of MARION were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Signed /s/ ORVILLE HALL JR.

Signed MANA

HENDRICKS

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

File

6-24-87

Date of Application

HENDRICKS

MALE	Date of Application
Medical Examination Report Dated 6-19-87	FEMALE , , Q Q 7
Name of Physician Amer Bl. A	Medical Examination Report Dated 6-19-87
- O TALK	Name of Physician Blenn Baker
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,000".	ever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	THE CONTROL OF THE CO
Name of First / Middle	FEMALE APPLICANT
Date of Hirth Mary Ting	Name Catherine Dia Middle Dan De Last
(Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address O Street or R. R. City County State	Catting the On
RRI Bay 240P City Author State In.	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	10 mg as 2 kging, on 46147
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate  Judicial Decree
Other (Specify) Dreales' License	
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify)
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of intoxicating liquor?  No Yes   Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7 Are you required by
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court of der or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Mala C. Ting	8. Full name of father Ilmis Hotel Carrall of
Residence of father (if deceased so state) Pulsalum, Dr.	Residence of father (if deceased so state) Olclasel
Birthplace of father (State or foreign country) Lep. Pomerset,	Residence of father (II deceased so state)
Distribute of facility (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother fryce a. Sindricks	9. Full maiden name of mother Olrla Athel tretchar
Residence of mother (if deceased so state) Petts days Inc.	Residence of mother (if deceased so state) Indunipalis In
Birthplace of mother (State or foreign country) Danaille In.	
State of Indiana	Birthplace of mother (State or foreign country)
County of HENDRICKS   ss: I depose and state the information given in this application is bue and correct.	State of Indiana, HENDRICKS  Ba: I depose and state the information given in this application is type and correct.
Han A to	
Signed Much Linea Drug	Signed Sunning Diomo Currol
YNew Address KIKIT DOXING TITTS ORO A	New Address CK# 1 DOX/19 PULLSON
Subscribed and sworn to before me this 2 4th day of June 1, 1987.	Subscribed and sworn to before me this 247 day of June 1987
Mary Jane Ressella HENDRICKS COMITS COMITS	
Gierk Circuit Court	Mary Jane Kerssell Glerk HENDRICKS Circuit Court
CONSERVE OF PARTITION OF CHARLES	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana,
HENDRICKS \> ss:	State of Indiana, HENDRICKS County of
County of HENDRICKS ss:	
HENDRICKS \> ss:	State of Indiana, HENDRICKS County of Signed Father
County of HENDRICKS ss:	
Signed	Signed Father
Signed	Signed Father Signed Mother
Signed	Signed Father Signed Mother
Signed   Father   Signed   Mother   Subscribed and sworn to before me this   day of   Clerk	Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk
Signed	Signed Father  Signed Mother  Subscribed and sworn to before me this day of Clerk  C. A marriage license having been refused to the above named parties, the
Signed Father Signed Mother Subscribed and sworn to before me this day of Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS County Count	Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  C. A marriage license having been refused to the above named parties, the rt by written order issued and filed
Signed Father Signed Mother Subscribed and sworn to before me this day of Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHERDRICKS County Count	Signed
Signed	Signed
Signed Father Signed Mother Subscribed and sworn to before me this day of PEDER OF COURT HENDRICKS County C	Signed
Signed	Signed
Signed Father Signed Mother Subscribed and sworn to before me this day of Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS County Count	Signed
Signed Father Signed Mother Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County Cou	Signed
Signed	Signed
Signed	Signed
Signed Signed Mother Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County C	Signed
Signed Father Signed Mother Signed Mother Signed Signed Mother Signed Mother Signed Mother Signed Mother County Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County County County County County County County County County Set Be It Remembered, there was filed in my office a marriage licens of Indiana dated the day of STEVEN GREG PING an STEVEN GREG PING an CLYDE D. WAKE Me thousand nine hundred and STEVEN GREG PING attact of Indiana, Groom STEVEN GREG PING on Make thousand nine hundred and STEVEN GREG PING on Make CATHERINE DIANE CARROLL Of Make CATHERINE DIANE CARROLL Of CATHERINE DIANE CARROLL OF	Signed
Signed Father Signed Mother Signed Mother Signed Signed Mother Signed Mother Signed Mother Signed Mother County Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County County County County County County County County County Set Be It Remembered, there was filed in my office a marriage licens of Indiana dated the day of STEVEN GREG PING an STEVEN GREG PING an CLYDE D. WAKE Me thousand nine hundred and STEVEN GREG PING attact of Indiana, Groom STEVEN GREG PING on Make thousand nine hundred and STEVEN GREG PING on Make CATHERINE DIANE CARROLL Of Make CATHERINE DIANE CARROLL Of CATHERINE DIANE CARROLL OF	Signed
Signed	Signed
Signed	Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  C. A marriage license having been refused to the above named parties, the rt by written order issued and filed a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE HENDRICKS  e issued by the clerk of the Circuit court fice, to-wit:  ereby certify that on the 18th day of JULY  t GREENWOOD , County of JOHNSON , HENDRICKS  MARION County, State of IN   MARION County, State of IN   MARION County of HENDRICKS  HENDRICKS  MARION County of HENDRICKS  MARION County State of IN   MARION HENDRICKS
Signed	Signed
Signed Mother Signed Mother Signed Mother Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County C	Signed

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No ..

288

6-24-87 Date of Application

form Prescribed By ndiana State Board of APPLICATION FOR	MARKING County	Date of Application
ndiana State Board of Fealth under Authority  £ LC. 31-1-3-2  Effective July 1, 1977		6-15-89
Inecias 2007 t. serv	FEMALE Medical Examination Report Dat	ed distance
MALE MALE MALE Makes Evamination Report Dated 6-15-87	1 / LE OHA	
Medical Examination Report Dated	Name of Filysteration	y any false statement, representation or pretense
MALE Medical Examination Report Dated  Name of Physician Jeres of Trees	noever procures the issuance of a nectural	ADDITIONT
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "Faise state."	FEMALE	Middle Last 2
MALE APPLICANT	Name First	15. Sinelles
Same Winst Middle Lesker	Date of Birth Month	Day   Year   1965
Thereace Day Year 4	Place of Birth (State or foreign country)	rdeara)
Date of Birth Month 33 /16	188 11/10/10 B	City / County / State
Place of Birth (State or foreign country)	Residence Address	formsburg Dudreck
Residence Address Street of Brownshing Wenderles	Previous Marital Status: Never Married OR	
Previous Marital Status: Never Married C OR	Dogth Divorce	Annulment L
Lost Marriage Ended By: Death Divorce L Annulment	Date of birth verified by: Birth Certificate	
Date of birth verified by: Birth Certificate Judicial Decree	Other (Specify)	soulense)
Other (Specity) Arevers Livers Livers No V Yes	Are you now or have you ever been adjudged to	be of unsound mind? No Yes
1. Are you now or have you ever been adjudged to be of unsound mind:	If answer is "yes", has the adjudication been ren	noved? No Yes O
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?	
2. Are you afflicted with a transmissible disease?  No 2/Yes -	Are you related to the male applicant closer that     Are you related to the male applicant closer that	
3. Are you related to the female applicant closer than second cousin?  No	Are you now under the influence of intoxicating     Are you now under the influence of a narcotic d	Irug? No to Yes D
8. Are you now under the influence of a narcotic drug?  No D Yes  No D Yes	Are you now under the influence of a distribution.      List the full names of any dependent children.	and the second of the second of
6. List the full names of any dependent children.	b. List the land have	
		a support the shove
T. Are you required by any court order or orders to support the above	<ol> <li>Are you required by any court order or orders to dependent children?</li> </ol>	110 — 165 —
dependent children."  If answer in "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Applic	ation be accompanied by satisfactory proof that you are in
compliance with any coart order or orders infued for their support.	compliance with any court order or orders issue	ed for their support.
8. Full name of tachof lo Rald Ke Kay Kesher	8. Full name of father Alended	J. Smuner
Besidence of father (if deceased so state) Flenwood In.	Residence of father (if deceased so state)	ansvelle, In.
Birthplace of father (State or foreign country) Malegna,	Birthplace of father (State or foreign gountry)	Indeana.
Marilyn Kase lervidson	9. Full maiden name of mother Jaken	Due Kalibens
Residence of mother (if deceased so state) Themneagalis Thenn	Residence of mother (if deceased so state)	rounsburg In.
men with		Indedica)
State of Indiana.  I depose and state the information given	Birthplace of mother (State or foreign country)State of Indiana,	I depose and state the information given
County of HENDRICKS as: I depose and state the information given in this application is true and correct.	County of HENDRICKS	in this application is true and correct.
Michael BLosher	Sized Live	O. Smither
New Address	Signed.	
Subscribed and severe to before me this 24th day of June 1987	New Address	34th. June 187
Mary one Russell and HENDRICKS	Subscribed and sworn to before me this	A PLANT HENDRICKS Circuit Court
Clerk Circuit Court	siacy fine reces	Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR G	HARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent		ive consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary		
	signs, state facts which render the consent	of the other parent unnecessary
State of Indiana,		
County of HENDRICKS } **:	State of Indiana,	
Signed	County of HENDRICKS	} ss:
Father	Signed	Father
Mother	Signed	Mothe
day of	II.	day of, 19
Clerk	t before me this	day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF		Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CO-	URT. A marriage license having been r	efused to the above named parties, the
authorizes and directs the income	Court by written order issued	and file
DEMILIA	marriage license to the above name	od nautice
the state of the s	NSE AND MARRIAGE CERTIFICATE	
day of who	og the clerk of the	Circuit Cour
Be it further remembered, the following marriage certificate was filed in m  DENNIS R. FULTON  one thousand nine hundred and	and LISA DAWN SMITHER	re joining together as husband and wif
DENNIS R. FILL TON	LISA DAWN SMITHER	
87	og certify that on the	
State of Indiana, Groom MICHAEL ROY LESHER	hereby certify that on the 11th at INDIANAPOLIS of JOHNSON	day ofJULY
and, price	of 701111-	County of MARLON
County	HENDRICKS	County, State of
were by me united in marriage as authorized by a marriage license issued of Dated this 11th day of JULY , 19	for that purpose by the Clerk of the C:	County, State of HENDRICKS
, 19	87	it Court of
Filed and recorded in accordance with the laws of the State of Indiana this	Official DesignationMINICE	IS R. FULTON
this	15th day of The	7

6. List the full names of a

Are you required by at compliance with any o 8. Full name of father

11/40 CONSENT OF PARE

. Circuit Court

HENDRICKS

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

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICE	County
MALE Medical Examination Report Dated 6-22-87	Date of Application FEMALE
	Medical Examination Report Dated 6-31-87
Name of Physician Norwell & Sefeck	Name of Physician Asnald & Sescik
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry by any false statement, representation or protense
MALE APPLICANT	
Name First Middle 1/ Last	Name First Middle APPLICANT
Date of Birth Month Day Year	Tully malicast
Place of Birth (State or foreign country)	Date of Birth Month Day Year 1960
Residence Address Street or R. R. Sity Marian St	Place of Birth (State or foreign country)  Moreon In.
1015 Hace la M. Clavelle Hend O	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR	Bridge Miller & Mary Miller & Sh.
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment   Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) alles le Coutine	2 8 . 6.
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify) William WC.
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?  No ☐ Yes ☐  If answer is "yes", has the adjudication been removed?  No ☐ Yes ☐
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
<ul> <li>3. Are you related to the female applicant closer than second cousin? No   Yes □</li> <li>4. Are you now under the influence of intoxicating liquor? No   Yes □</li> </ul>	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug?  No Ves   N	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	<ul> <li>5. Are you now under the influence of a narcotic drug?</li> <li>No ✓ Yes □</li> <li>6. List the full names of any dependent children.</li> </ul>
	Last the full names of any dependent children.
	mich of Pil
	My to Gilly "
7. Are you required by any court order or orders to support the above	mant del
dependent children?	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Australia All Allan	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state)	8. Full name of father working Call Mark Sully
2-1-	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Office Alexand	9. Full maiden name of mother Allen gay doubless
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) and land	Birthplace of mother (State or foreign country) Julpla. In.
State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    See: I depose and state the information given in this application is true and correct.
It I House	11 2 1 100
Signed Dute Hair do B. O will	Signed Holly A. Walicoat
New Address 1015 Hacienda Die Danville	New Address 013 1440 centra on Daniel
Subscribed and sworn to before me this day of 19.	Subscribed and sworn to before me this day of the state o
MANY JEM KLOSSEL Clerk HENDRICKS Circuit Court	JAMES JAMES LIESCH CHER HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary.
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which relief the consent of the other parent direcessary.
State of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS } ss:
County of	County of
SignedFather	Signed Father
Signed	Signed Mother
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	C. A marriage license having been refused to the above named parties, the
	art by written order issued
in authorizes and directs the issuance of	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
The At Remembered there was filed in my office a marriage licens	e issued by the clerk of the
of Indiana dated the AN day of Mills	, 19. H./., authorizing the joining together as husband and wife
CMEVE H HALICED an	d HOLLY A. MALICOAT
Be it further remembered, the following marriage certificate was filed in my of lLARRYR. HESSON	ice, to ter.
	t DANVILLE , County of HENDRICKS ,
State of Indiana Cross STEVE H. HAUGER	f
	HENDRICKS County, State of IN.
vere by me united in marriage as authorized by a marriage license issued for th	at purpose by the Clerk of the Circuit Court of HENDRICKS
County.	
Dated this	
	ficial DesignationJUDGE SUPERIOR COURT II
Filed and recorded in accordance with the laws of the State of Indiana this	9th day of JULY , 19 87.
Section 19 - Control of the Control	Signed HENDRICKS Circuit Court
	Ortate Outt

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE File_ 10.25.8-Date of Application

HENDRICKS

... Circuit Court

dependent chaidren

8 Full name of father.

CONSENT OF PAREN

Form Prescribed By Indiana State Board of APPLICATION FOR M	MARRIAGE DIS-	
Health under Authority HENDRICK	CSCounty Date of A	pplication
of I.C. 31-1-3-2 Effective July 1, 1977	(e-12-8-	DALLAR T
	Medical Examination Report Dated	
MALE Post Dated 6/11/87	a Plansician	The state of the s
Medical Examination Report Dated	Name of Physician	esentation or preter
Name of Physician Cauelas L. Alruy  Name of Physician Cauelas L. Alruy  ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoe	ver procures the issuance of a license to many	pretense
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed in any sum not exceeding five hundred dollars (8500,00)".	FEMALE APPLICANT	
shall be fined in any sum not exceeding the MALE APPLICANT	Name First Middle	Simm
Name First Middle Raughn	Day Day	Year
Eddie Year Year	Date of Birth	55
Date of Birth 13 /940	Place of Birth (State or foreign country)	
Place of Birth (State or foreign country)	Residence Address Street of R. T.	State State
Residence Address Street of R. R. City County State	To Cartaratra) TT	
K - a Francis sumposer	Previous Marital Status: Never Married OR	
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by:	
Mini Lis - Lecture	Other (Specify) W. J. J.	
Other (Specify) Wycure G	Are you now or have you ever been adjudged to be of unsound mind?	No Yes 🗆
1. Are you now or have you ever been adjudged to be of disound minus	If answer is "yes", has the adjudication been removed?	No□ Yes□
If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease?	No Yes 🗆
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin?	No ▼ Yes□
Are you related to the female applicant closer than second cousin?      Are you now under the influence of intoxicating liquor?  Yes	4. Are you now under the influence of intoxicating liquor?	No P Yes D
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug?	No P Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.	
* As a second by a second seco	7. Are you required by any court order or orders to support the above	· Landard Street
7. Are you required by any court order or orders to support the above No Yes O	dependent children?	No□ Yes□
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfa	actory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.	
8. Full name of father Cillle Baugh	8. Full name of father Tobert Street	
Residence of father (if deceased so state) Allasla	Residence of father (if deceased so state)	- And Constitution
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
9. Full maiden name of mother Mary & . Hallaway	9. Full maiden name of mother boothy Inglan	Maser
Residence of mother (if deceased so state) Allkall	00	
4	Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country) State of Indiana.	Birthplace of mother (State or foreign country)	
County of HENDRICKS  I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Sas: I depose and state in this application	the information given is true and correct.
Colli Bayaha	9/10 0	
R + 1 R Solver 00 al	Signed X Nathy Sue Se	mm
New Address Poute 6, Port 201, Franklin Ty	New Address houte 6, Box 201,	Franklin, X
Subscribed and sworn to before me this day of 1987	Subscribed and sworn to before me this day of	me 19843/3
Mary Jane Kussell Gerk HENDRICKS Circuit Court	May Can Duy of Marine	eks a
	Clerk HENDKI	Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marria	
signs, state facts which render the consent of the other parent unnecessary		
	signs, state facts which render the consent of the other parent unnec	essary
		***************************************
		***************************************
State of Indiana,		***************************************
County of HENDRICKS } ss:	State of Indiana,	
Signal	County of HENDRICKS ss:	
Signed		
Signed Mother	Signed	Father
Subscribed and sworn to before me this day of	Signed	Mother
	Subscribed and sworn to before me thisday of	. 19
COMPLETE IF MARRIAGE LIGHT	and the state of t	Clark
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County authorizes and directs the	RT A mount	Glerk
in County County	ourt by waiting license having been refused to the above n	amed parties, the
and the Issuance	_ 0	and filed
authorizes and directs the issuance of RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE  nse issued by the clerk of the	Take
of Indiana dated the	SE AND MARRIAGE CERTIFICATE	
of Indiana dated the LDLE BAUGHN  EDDIE L. BAUGHN  Be it further remembered, the following marriage marriage licentage in the state of	and KATHY S. SIMM	Cinnuit Court
Be it further remembered, the following marriage certificate was filed in my one thousand nine hundred and 87	, 19 7, authorizing the	Circuit Court
I marriage certificate was filed :	and KARILLE as	husband and wife
one thousand nine hundred and 87	hereby certify *1	
State of Indiana, Groom EDDIE L. BAUGHN	at DANVIII - 5th day of THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
and, Bride KATHY S. SIMM	of SIMPSON County of HI	ENDRICKS
Were by me united in marriage as authorized by a marriage license issued for Dated this 5th day of JULY , 19.87.	of SIMPSON , County of HI  HENDRICKS County, State of KI  that purpose by the Clerk of the Circuit Court of HE	ENTUCKY
Dated this	that purpose by the Country State of	TN
JULY JULY	the Clerk of the Circuit Court of HE	NDRICKS
1987		***************************************
Filed and recorded in accord	Signed /s/ ANDREW J. SIMKINS Official Designation MINISTER	
of the State of Indiana this	Official Designation MINISTER  8th day of JULY	***************************************
	day of July	***********************

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No	291	
File		
	THE RESERVE OF THE PARTY OF THE PARTY.	

MALE	Date of Application
Medical Examination Report Dated \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FEMALE
Name of Physician T. Wal Ker	Medical Examination Report Dated 6-12-87
ALL QUESTIONS MUST BE ANSWERED TO	Name of Physician T. Walker
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Name of Physician \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
III DIOAN I	
Name First Middle Last	Name First Middle
Date of Birth Month Day Year	Rito T want Rola Last
Place of Birth (State or foreign country)	Date of Birth   Month Day Year
Residence Address Street or R. R. City C	(State or foreign country)
21 Glindale Park Greenwood, State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	KRI BOXIST-1 Stilesville
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate  Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
Other (Specify)	Date of birth verified by: Birth Certificate  Judicial Decree
1 Are not repeated	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?
No Tes U	If answer is "yes", has the adjudication been removed?
3 Are you related to the famels and the same to the famels and the same to the famels and the same to	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?  No Yes	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug?  No Y Yes	4. Are you now under the influence of intoxicating liquor? No P. Yes
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
	Haam Delcher
7. Are you required by any	
7. Are you required by any court order or orders to support the above dependent children?  No Yes	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father teter. Leone	compliance with any court order or orders issued for their support.  8. Full name of father Herman Banschbach
Residence of father (if deceased so state) New York	0 1
Birthplace of father (State or foreign country)	Til
9. Full maiden name of mother Cassie E. Domenico	Birthplace of father (State or foreign country)
	9. Full maiden name of mother Mary Doer
Residence of mother (if deceased so state) Deceased	Residence of mother (if deceased so state) TN
Birthplace of mother (State or foreign country) New York	Birthplace of mother (State or foreign country)
State of Indiana,  County of HENDRICKS   I depose and state the information given in this application is true, and correct.	State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.
County of in this application is true and correct.	County of in this application is true and correct.
Signed & Manual Care	Signed X Xeta & Belcher
New Address 8#1 Box 157-1 ST1/8 11/14	New Address R.R. 1 Box 157-1 Stateswill
Subscribed and sworn to before me this and day of June 19	Subscribed and sworn to before me this 26 day of June 19
Mary Caus Russell HENDRICKS	Man Co of well HENDRICKS
Clerk Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, LIES IDDICKS
County of HENDRICKS ss:	County of
Signed	Signed
	Signed
ubscribed and sworn to before me thisday of	
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
	rt by written order issued and filed
authorizes and directs the issuance of	a marriage license to the above named parties.
	AND MADRIAGE CERTIFICATE
The At Demembered there was filed in my office a marriage license	e issued by the clerk of the
Indiana dated the 30 day of Ohne	190 ), authorizing the joining together as husband and wife
DAVID CARL LEONE	RITA JEAN BELCHER
e it further remembered, the following marriage certificate was filed in my offi	ce, to-wit:
MINITED TO THE PARTY OF THE PAR	reby certify that on theJULY,
at 11	PLAINFIELD County of HENDRICKS
tate of Indiana, Groom DAVID CARL LEONE of RITA JEAN BELCHER of	HENDRICKS County, State of IN
nd, Brideofof	County, State of,
	HENDRICKS
	at purpose by the Clerk of the Circuit Court of HENDRICKS
no to the state of	at purpose by the Clerk of the Circuit Court of
ounty.  ated this 11th day of JULY , 1987	signed /s/ KEVIN HALE
ounty.  ated this 11th day of JULY , 19.87	Signed /s/ KEVIN HALE  Ficial Designation PASTOR
ounty.  ated this	Signed /s/ KEVIN HALE  Ficial Designation PASTOR

Form Prescribed By

## STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

Date of Application

Indiana State Board of HENDRICKS County Health under Authority of LC. 31-1-3-2 Effective July 1, 1977 6-24-87 Medical Examination Report Dated___ Inomas C. Dascol. Medical Examination Report Dated 6-24-87 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 that the first had be first by the f shall be fined in any sum not exceeding five hundred dollars (8500,00)" alan Marie MALE APPLICANT Rose Residence Address 20 1 N. 200 W. Danville Previous Marital Status: Never Married & OR Copplestone Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)___ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No T Yes D If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes D 2. Are you afflicted with a transmissible disease? No Yes -2. Are you afflicted with a transmissible disease? 3. Are you related to the male applicant closer than second cousin? No Yes No Yes Are you related to the female applicant closer than second cousin? No Yes D 4. Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of intoxicating liquor? Ne Yes 5. Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. List the full names of any dependent children. 7. Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their suppor Steven L. Wilson Herman Lee Indiana Indiana Residence of father (if deceased so state)_ Residence of father (if deceased so state) Indiana Indiana Birthplace of father (State or foreign country) Sandra Darlene Roach Suzanne Indiana Indiana Residence of mother (if deceased so state)_ Onio Indiana Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)_ State of Indiana. HENDRICKS State of Indiana, HENDRICKS County of .... New Address 1750 S. Ocea New Address 1250 S. Olean Blod Subscribed and sworn to before me this... HENDRICKS .Circuit Court HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... signs, state facts which render the consent of the other parent unnecessary. State of Indiana. HENDRICKS State of Indiana, HENDRICKS County of .... Signed. Mother Subscribed and sworn to before me this ......day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 of Indiana dated the 30 ...., 1987..., authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: cate was filed in my office to with I, WILLIAM P. HENDRICKS hereby certify that on the day of JULY at DANVILLE 4th aay of HENDRICKS , County of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Signed /s/ WILLIAM P. HENDRICKS Official Designation MINISTER Signed Many

... Circuit Court

HENDRICKS

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No. 293

HENDRICKS

Acoustical Comment	CKS County Date of Application
MALE Medical Exemination B	FEMALE
Medical Examination Report Dated 0-1-87	Medical Examination Report Dated 6-17-87
Name of Physician Rothschild	Name of Physician M. Rothschild
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—W	hoever procures the issuance of a license to marry by any false statement, representation or prete
MALE APPLICANT	
Name First Middle Last	Name First Middle Last
Date of Birth Month Day	Holly Kay Kramen
Place of Birth (State or (oreign country)	7 18 100
Residence Address Street R P	Place of Birth (State or foreign country)
473 County State West HB NY 10025	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	- Dina 9
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
A Other (Specify) Dr. Fix	0 0 -
	Other (Specify) W. T. W.
If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No \$\frac{1}{2}\$. Yes \$\Box\$	If answer is "yes", has the adjudication been removed?  No □ Yes  2. Are you afflicted with a transmissible disease?  No □ Yes
3. Are you related to the female applicant closer than second cousin? No Y Yes	3. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?  No Yes
5. Are you now under the influence of a narcotic drug?  No Yes   No Yes	5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Change Toleran and the
	The same of the same of the same
	The Party County of the Party County
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
Full name of father The Mary William Without	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state)	8. Full name of father 11 (and 3. Price)
0.4.0	Residence of father (if deceased so state)
4 H 1811 1011	Birthplace of father (State or foreign country)
Full maiden name of mother Helly lidely Marter	9. Full maiden name of mother hadrey Wards (Marshar)
Residence of mother (if deceased so state) White with a state of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Sa: I depose and state the information gives this application is true and correct
County of HENDRICKS and this application is true and correct.	County of
Signed Dob - Mahrel	Signed H. Hay Komen
New Address 473 CPN # B N42 10025	New Address 473 CPW #B NY2 10025
Subscribed and sworn to before me this and day of Me 1987	Subscribed and sworn to before me this 29 day of 198
Man Discoll HENDRICKS	Mrs. Cano Rivello HENDRICKS
Clerk Circuit Court	Circuit Court
DISENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
ns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	again, state facts which feller the consent of the other parent unfecessary.
ate of Indiana,	State of Indiana, HENDRICKS  Sas:
unty of HENDRICKS ss:	County of
SignedFather	Signed Father
Signed Mother	Signed Mother
	Subscribed and sworn to before me thisday of19
oscribed and sworn to before me thisday of	
	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	C. A marriage license having been refused to the above named parties, the
	rt by written order issuedand filed
	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license	e issued by the clerk of the
Indiana dated the 3 day of Saley	, 19. 7, authorizing the joining together as husband and wife
BOR I MITCHELL an	d HOLLY KAY KRAMEN
it further remembered, the following marriage certificate was filed in my off	ice, to-wit:
JOHN-C-MOWRER he	panyllle
thousand nine hundred and 87 at MITCHELL	NEW YORK Country of HENDRICKS ,
tte of Indiana, Groom	NEW YORK County State of New York
d, Bride HOLLY KAY KRAMEN of	the Clark of the Circuit County, State of NEW YORK
re by me united in marriage as authorized by a marriage license issued for th	iai purpose by the Clerk of the Circuit Court of
ted this4thday ofJULY, 19.87	Signed /s/ JOHN C. MOWRER
	fficial DesignationJUDGE PRO-TEMPORE, 19.87, 19.87
	10 11 10 10 10 11 10 11 10 11

Form Prescribed By

Indiana State Board of

### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

HENDRICKS

.Circuit Court

6.29-87 Date of Application

Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 6-25.87 Medical Examination Report Dated FEMALE MALE Name of Physician ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,000". Medical Examination Report Dated_ MALE APPLICANT Previous Marital Status: Never Married Death Divorce Annulment D Last Marriage Ended By: Date of birth verified by: Birth Certificate U Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: 

Birth Certificate 

Judicial Decree 1. Are you now or have you ever been adjudged to be of unsound m No Yes D Nes Yes No D Yes D If answer is "yes", has the adjudication been removed No Yes NO Yes D If answer is "yes", has the adjudication been remo 2. Are you afflicted with a transmissible disease NO Yes 3. Are you related to the male applicant closer than second cousin ou afflicted with a transmissible disease No Yes D No Yes No Yes D ou related to the female applicant closer than second cousin 4. Are you now under the influence of intoxicating liquor No Yes 5. Are you now under the influence of a narcotic drug No Yes 6. List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes D No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in State of Indiana, State of Indiana, County of. CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary... State of Indiana. HENDRICKS State of Indiana, County of .... HENDRICKS County of..... Signed. Mother Subscribed and sworn to before me this .......day of ....... Signed. Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County.......Court by written order issued..... authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the ... DENNIS G. WHITE

Be it further remembered, the following marriage certificate was filed in my office, to-wit: ......, 19...., authorizing the joining together as husband and wife MARK L. CALLAWAY hereby certify that on the day of JULY HENDRI State of Indiana, Groom DENNIS G. WHITE Of HENDRICKS E BROWNSBURG , County of HENDRICKS , and, Bride KATHLEEN J. LAUHOFF Of HENDRICKS County, State of HE were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County, State of IN 5th day of JULY , 19.87 .... Signed /s/ MARK L. CALLAWAY Official Designation MINISTER .....day of ......AUGUST. Signed Many

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

No. O

Circuit Court

HENDRICKS County Date of Application MALE Medical Examination Report Dated_ FEMALE Medical Examination Report Dated. Name of Physician Name of Physician_ ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT FEMALE APPLICANT Name Date of Birth Place of Birth (State or foreign country Residence Address County State 1811 Carton Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree If answer is "yes", has the adjudication been remov No Yes If answer is "yes", has the adjudication been removed? Are you afflicted with a transmissible disease No Yes O Are you afflicted with a transmissible disease you related to the female applicant closer than second cousin No Yes Yes 🗆 you related to the male applicant closer than second cousin' you now under the influence of intoxicating liquor? Yes 🗆 No Yes you now under the influence of intoxicating liquor! you now under the influence of a narcotic drug? Yes 🗆 List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes No O Yes O If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. compliance with any court order or orders issued for their support. Robert Edward Minnerus Residence of father (if deceased so state) Birthplace of father (State or foreign country). Full maiden name of mother Nama Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country). State of Indiana, HENDRICKS State of Indiana, I depose and state the information given in this application is true and correct. CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of ... County of ... Signed. Signed. Subscribed and sworn to before me this... Subscribed and sworn to before me this......day of....... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... ..., 19...., authorizing the joining together as husband and wife of Indiana dated the _____day of... and RHONDA C. WISHMIER ROBERT LOUIS MINNERUP Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, .....LYNN COLEMAN hereby certify that on the llth day of JULY at BROWNSBURG , County of HENDRICKS one thousand nine hundred and 87 State of Indiana, Groom ROBERT LOUIS MINNERUP 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 /s/ LYNN COLEMAN Official Designation ....

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

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

# STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

__County

296 File_

6-19-87 Date of Application

I answer to yet ha

Marie

answer it we to

Circuit Court

Effective day 1, 1911	FEMALE Medical Examination Report Dated  (24-20)
MALE Medical Examination Report Dated 6-87	n misian + au ( s (1000)
Name of Physician Paul School	Name of Physician  oever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
Name of Physical Research Windship Research Wind	FEMALE APPLICANT
Shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	Name First Middle Last
Name First Middle TALL	Day Year
Date of Birth Month Day Year	Date of Birth  Place of Birth (State or foreign country)
5 24 (0)	City County S
Place of Birth (State or foreign country)  Street or R. R. County	Residence Address Street or R. R. Amo Herricks.
Residence Address Street or R. R. AND HONOUS ///	Never Married OR
Previous Marital Status: Never Married OR	Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by:   Birth Certificate  Judicial Decree	Other (Specify) Drivers License
Other (Specify) Divers Live 1857 No. 9 Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
1. Are you now or have you ever been adjudged to be of unsound mind:	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?  No Yes   No Ye	3. Are you related to the male applicant closer than second cousin?  No. Yes D
Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No Yes D
5. Are you now under the influence of a narcotic drug?	Are you now under the interest of any dependent children.      List the full names of any dependent children.
6. List the full names of any dependent children.	U. Distance
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above No □ Yes □	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.  8. Full name of father
T-0.000	
Talana	Residence of father (if deceased so state)
birthpace of lattice (challed foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother SUSOODA HOS DET	9. Full maiden name of mother 100 5 W 1961
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)  State of Indiana,
Signed E Day 6  New Address SME AS About  Subscribed and sworn to before me this A day of HENDRICKS Circuit Court	Signed New Address Date A Date Subscribed and sworn to before me this Date Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS	
County of HENDRICKS 88:	State of Indiana, County of HENDRICKS ss:
Signed Father	County of HENDRICKS Ss:
Signed	Signed Father
Subscribed and sworn to before me thisday of, 19	Signed Mother
	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE	
HENDRICKS COUNTY ISSUED BY ORDER OF COUNTY	RT. A marriage license having been refused to the above named parties, the court by written order issued
in County C	ourt by written order is a ving been refused to the above named parties, the
and directs the issuance	of a marriage license to it
The Tit 20 amount in the IURN OF MARRIAGE TO THE	above named parties
of Indiana dated the In aday of day of	SE AND MARRIAGE CERTIFICATE  Inse issued by the clerk of the HENDRICKS  Circuit Court  Authorizing at the state of the sta
Be it further remembered the A.	19 57 Circuit Court
was fled	and
one thousand nine hundred and	SE AND MARRIAGE CERTIFICATE  Inse issued by the clerk of the HENDRICKS  Circuit Court  and KARLENE E. NELSON  Thereby certify that on the Other
and, Bride KARLENE E. NELSON	at DANVILLE day of JULY of HENDRICKS County of HENDRICKS  That purpose by the Clerk of the Circuit Court of HENDRICKS  HENDRICKS County, State of IN HENDRICKS
County. County.	HENDRICKS County of HENDRICKS  HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 9th day of July	that purpose by the City. County, State of IN
, 19.07	
Filed and recorded in accord	Signed
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ MARY LEE COMER Official Designation JDUGE, HENDRICKS SUPERIOR COURT NO.
of Indiana this	9th JDUGE, HENDRICKS SUPERIOR COURT NO.

Circuit Court

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

MALE

## STATE OF INDIANA

6.50-87

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County

No	297	
File		

6-30-87
Date of Application

Medical Examination Report Dated 6-20-87	FEMALE Medical Examination Parat Date
Name of Physician R. K. Stagemoller	Medical Examination Report Dated
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Name of Physician
MALE APPLICANT	ever procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle D Last	Name First
Date of Birth Month Day Year	Linda C Middle Villac Last
Place of Birth (State or fergin country)	Date of Birth Month Day Year On
Residence Address Street or R. R. City & County State	Place of Birth (State or foreign country)
522 Januardale Dr. Ply County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	ane
Last Marriage Ended By: Death Divorce Annulment Annulment	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Word &	Other (Specify) Mr. Lec.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?  No Yes	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?  No ♥ Yes □  3. Are you related to the female applicant closer than second cousin?  No ♠ Yes □	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?  No Yes   Yes  Yes	3. Are you related to the male applicant closer than second cousin?  No Yes   4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Coard Greek Midglan	- Gena Kay Eller
facet Cash " "	Constitution of the second state of
	hadraniki mate a sekrati
7. Are you required by any court order or orders to support the above dependent children?  No Yes	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No D Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Now Wildow Bridghaw	8. Full name of father William Ja Tent
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Washington	Birthplace of father (State or foreign country) . Usegusie
9. Full maiden name of mother V value W. Was	9. Full maiden name of mother Dessee, Faires
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) / Sunfield, Sr.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Healteckey
State of Indiana, HENDRICKS    I depose and state the information given the application is true and correct.	State of Indiana, HENDRICKS  88: I depose and state the information given in this application is true and correct.
County of	County of
Signed All 3 Duly	Signed Sinda Celler
New Address SAME AS JABOVE	New Address 522 Rawrolage Clamfille
Subscribed and sworn to before me this 30 day of 19	Subscribed and sworn to before me this 30 day of 1957
11 Confined WASSELL Clerk HENDRICKS Circuit Court	May Jan Sussell Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	
	Since of Indiana
State of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS County of
County of	SignedFather
Signed Father	Signed Mother
Signed Mother	Subscribed and sworn to before me thisday of, 19
Subscribed and sworn to before me this	Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
HENDRICKS CCo	ourt by written order issued
n authorizes and directs the issuance o	of a marriage license to the above ham a
Be It Remembered, there was filed in my office a marriage licen	ase issued by the term of authorizing the joining together as husband and wife
Be It Remembered, there was filed in my office a marriage licen of Indiana dated the day of	J LINDA ELLER
KARL E. BRIDGHAM	E to soit
J	hereby certify that on thelithday ofJULY
one thousand nine hundred and 87	at CRAWFORDSVILLE , County of FIGURESOFFERI ,
State of Indiana, Groom	County, State of IN,
State of Indiana, Groom KARL E. BRIDGHAM  and, Bride LINDA ELLER of license issued for	that purpose by the Clerk of the Circuit Court of HENDRICKS
were by me united in marriage as authorized by a marriage license issued for	
County.  Dated thisllthday ofJULY, 19.87.	
	CLERK OF THE MONTGOMERY CO. COURTS
Filed and recorded in accordance with the laws of the State of Indiana this	16th day of JULY , 1987
filed and recorded in accordance with the laws of the State of Induna this	Signed Many Jane Rhanell HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

File_ 6-30-87
Date of Application

.Circuit Court

rm Prescribed By tiana State Board of APPLICATION FOR M	County	The second secon	of Application
alth under Authority HENDRICK		1 22 00	Districted
ective July 1. 1977	FEMALE Medical Examination Report Dates	6-23-82	- And Inches
22.00	MYIME	ALC CLY	The Stewart Land
MALE Medical Examination Report Dated 6-23-87	Name of Physician Mchael	folos statument	retresentation
Medical Examination	the issuance of a license to marry by	any false statement.	representation or pretense
MALE Medical Examination Report Dated  Name of Physician Nichoel Necley  L QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whose tired in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE A	PPLICANT	
AL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	FEMALE	Middle	fast
MALE APPLICANT  Last	Name Fire	DOLL	1055
Middle   110 Tarland	Date of Birth Month	Day	41
Hardy Day	Place of Birth (State or foreign country)	012	A STATE OF THE PARTY OF THE PAR
e of Birth Month 8	Place of Birth (State of Street or R. R.	City	County , State /
ice of Birth (State or foreign country)	Residence Address	Manuille	Hendricks IN
Stones Address Street, or R. R. 11 City 110 167W) IN	07 110		the same of the same of
340 W. York Steet Hartisville 1949	Previous Marital Status: Never Married OR	nnulment 🗆	THE PARKET RE
vious Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce A  Date of birth verified by: Birth Certificate	Judicial Decree	are had been
Marian Ended Ry. Death Divorce Annulment	Date of birth verified by: Birth Certification		
te of birth verified by: Birth Certificate Judicial Decree	Other (Specify)		
	Other(Specify)      Are you now or have you ever been adjudged to be	of unsound mind?	No Yes D
Are you now or have you ever been adjudged to be of unsound mind?  No Yes  No	Are you now of hardy  If answer is "yes", has the adjudication been remo	ved?	No D Yes D
	2. Are you afflicted with a transmissible disease?		No Yes D
in the disease?	a Are you related to the male applicant closer than	second cousin?	No Y Yes
No.	Are you now under the influence of intoxicating li     Are you now under the influence of intoxicating li	quor?	No Yes D
Are you now under the influence of intoxicating liquor?  No Yes   No Yes   Yes  Yes	Are you now under the influence of a narcotic dru	g?	No Yes D
Are you now under the influence of a narcotic drug?	List the full names of any dependent children.		1
List the full names of any dependent children.			
Richard Anthony McFarland			
Soft lose h McFarland			
Timothy wayne Heranland	7. Are you required by any court order or orders to	support the above	No□ Yes□
Are you required by any court order or orders to support the above dependent children?	dependent children?		
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Applicat		sacistaciony proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued	A P	
Full name of father Harold McFarland Jr.	8. Full name of father 3. FOUL 30.	and d	
Residence of father (if deceased so state) Training	Residence of father (if deceased so state)	reasea	
7 4:	Birthplace of father (State or foreign country)		
Dealha 11 mm	March A	lick	The second secon
Full maiden name of mother Ken ha wood 5	9. Full maiden name of mother NO V	enten	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)	COCO	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)		
Signed Hand R. M. Fan Cancol  New Address 295/2 Columbia  Subscribed and sworn to before me this 20 day of HENDRICKS  Circuit Court	New Address Subscribed and sworn to before me this	Ogerk HE	JUNE 1997 NDRICKS Circuit Court
		Gerk	
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GU	ARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby giv	e consent for this n	narriage. If only one paren
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent o	f the other parent	unnecessary
			A CONTRACTOR OF THE PROPERTY O
			513131 513611111111111111111111111111111
		The same of the sa	***************************************
State of Indiana, HENDRICKS ss:	State of Indiana,		
	County of HENDRICKS	88:	
Signed Father	Signad		Fathe
Signed	Signed		***************************************
ubscribed and sworn to before me thisday of19	Signed		Moth
	Subscribed and sworn to before me this	day of	19
			Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF			**************************************
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having been re-	fused to the ab	ove named parties, th
Authorizes and 1	Court by written order issued	to the abo	and file
		nartice	
Be It Remembered, there was first in	SE AND MARRIAGE CERTIFICATE	parties.	
Fe It Remembered, there was filed in my office a marriage lice	ense issued by the clerk of the	HENDRICKS	
HAROLD MCFADI AND	187		Circuit Cou
Be it further remembered, the following marriage service	and authorizing the	joining togethe	er as husband and wi
NOT LEGIBLE	office, to-wit:		***************************************
me thousand nine hundred and 87	hereby certify that on the		
State of Indiana, Groom HAROLD Market	at 7:30 p =	day ofJI	UL-Y
ind, BrideJUDY POSS	of MODGAN	County of	MARION
State of Indiana, Groom	HENDE	County, State of	IN
were by me united in marriage as authorized by a marriage license issued for Dated this 17th day of JULY , 19.8	r that purpose by	County, State of	IN
Dated this 17th day of JULY 19.8	bose by the Clerk of the Circuit	Court of	HENDRICKS
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ NOT L Official Designation	EGIBLE	THE PARTY OF
the laws of the State of Indiana this	Official Designation PASTOR day of		***************************************
THE PARTY OF THE P	4.th day of	v .	07
	Signed 1	(	, 19.0.1

.....Circuit Court

Form Prescribed By Indiana State Board 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-/-87
Date of Application

MALE	Date of Application
Medical Examination Report Dated 6-19. 87	FEMALE / 10.000
Name of Physician Farry D. Lougel In 10	Medical Examination Report Dated 9-19.8
111.10.	Name of Physician Farry N. Fivall M. N.
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoshall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever prompts the immense of a limit
MALE APPLICANT	are the issuance of a license to marry by any false statement, representation or pretense
Name First Middle	FEMALE APPLICANT
Dere N. Intt.	Name / First Middle / jast
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	1 11 1963
Residence Address Street of R. R. J	Place of Birth (State or foreign country)
817 Broken Bow hail 1 2 County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	4884 Hours New Naxville In.
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by. — Birth certificate — Judicial Decree	Date of birth verified by: Birth Certificate  Judicial Decree
Other (Specify) Mrweis License	Mai Lin
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify) NULLES OUCESSE
100 165	1. Are you now or have you ever been adjudged to be of unsound mind?
No les d	If answer is "yes", has the adjudication been removed?
No = Les =	2. Are you afflicted with a transmissible disease?
	3. Are you related to the male applicant closer than second cousin?
	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?  No Yes   6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	
dependent children? No Yes	7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Alarved The Cottongene	8. Full name of father Atald Eugene Williams
Residence of father (if deceased so state) Marwilly & -	1000000
None mas not De	Residence of father (if deceased so state)
Birthplace of father (State or foreign gountry)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Toes Thorne Supplies	9. Full maiden name of mother Where Watson William
Residence of mother (if deceased so state) Alceased	Residence of mother (if deceased so state) 4884 Locus Mr. Denvillalin
1/215-10t- 2.	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Wolfeld 1 / E.g.	Birthplace of mother (State or foreign country).
State of Indiana, HENDRICKS  I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    State of Indiana, HENDRICKS   I depose and state the information given in this application is true and correct.
County of	
Signed Stene W. (allosen	X Signed Cindi To Williams
New Address	New Address 817 Broken Bow Thail #224
, () 1 57	1 1 1 27
Subscribed and sworn to before me this day of the subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of July 19
May pre Russell Clerk HENDRICKS Circuit Court	Mary Jone Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which tends
State of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS ss:
County of HENDRICKS	County of
SignedFather	Signed Father
	Signed
Signed	Subscribed and sworn to before me thisday of, 19
Subscribed and sworn to before me thisday of	
Clerk	Clerk
	T A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	1. A marriage measured and fled
HENDRICKS County	urt by written order issued
nauthorizes and directs the issuance o	f a marriage license to the above hamed parties.
conver	AND MADDIAGE CERTIFICATE
Be At Remembered there was filed in my office a marriage licen	se issued by the clerk of the
	14 Milliorizing the joining together as modula and wife
of Indiana dated the day of a general the following marriage certificate was filed in my o	nd CINDI J. WILLIAMS
GENE. W. COTTONGIM.  Be it further remembered, the following marriage certificate was filed in my o	ffice, to-wit:
one thousand nine hundred and 8.7	at DANVILLE , County of HENDRICKS ,
one thousand nine hundred and 8.7  State of Indiana, Groom GENE W. COTTONGIM	of
State of Indiana, Groom GENE W. COTTONGIN  and, Bride CINDI J. 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
were by me united in marriage as authorized by a marriage license issued for	
County. 11th day of JULY 19.87	Signed /s/ ARTHUR E. GRESS
Dated this day of	Signed
	Official Designation ASSOCIATE PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this	14th day of JULY , 19.8/
rued and recorded in accordance with the laws of the State of Thanks	
	HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of

Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

6-7-1	187
Date of	Application
	10.00

HENDRICKS

Circuit Court

Medical Examination Report Dated FEMALE MALE Name of Physician Medical Examination Report Dated. ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense that the first in the f shall be fined in any sum not exceeding five hundred dollars (\$500,00) MALE APPLICANT Name Last Middle Name First Date of Birth Place of Birth (State or foreign Date of Birth Residence Address Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: 

Birth Certificate Last Marriage Ended By: Death Divorce Annulment D Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree Other (Specify) Univers license Are you now or have you ever been adjudged to be of unsound mind No Yes D No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D No T Yes If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease No Yes 2. Are you afflicted with a transmissible disease No Yes D Are you related to the male applicant closer than second or No Yes No Yes D 3. Are you related to the female applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor No Yes 4. Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug No Y Yes D No Yes 5. Are you now under the influence of a narcotic drug? List the full names of any dependent children Are you required by any court order or orders to support the above No P Yes D No□ Yes□ dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father Steve H. Birthplace of father (State or foreign country)_ 9. Full maiden name of mother MMHC Residence of mother (if deceased so state)_ Birthplace of mother (State or foreign country) Tenres (C State of Indiana. State of Indiana. I depose and state the information given in this application is true and correct. **HENDRICKS** and state the information given County of .. County of. HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana. HENDRICKS State of Indiana, HENDRICKS County of..... Signed Subscribed and sworn to before me this ______day of _______19____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. Be It Remembered, there was filed in my office a marriage license issued by the clerk of the RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be it further remembered, the following marriage certificate was filed in my office, to-wit: and SHIRLEY KAY PIERSON one thousand nine hundred and 8.7 nereoy certify that on the day of GIRTH ALEXANDER MOORE at CARTERSBURG, County of HENDRICKS and, Bride SHIRLEY KAY PIERSON of HENDRICKS County, State of IN HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County, State of IN Dated this JULY ...., 19.87..... HENDRICKS Signed /s/ RONALD J. HUMES Official Designation......MINISTER Signed Many Jane Knall

orm Prescribed By diana State Board of ealth under Authority I.C. 31-1-3-2 [fective July 1, 1977]

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

Date of Application

Circuit Court

MALE	Date of Application
Medical Examination Report Dated 7-2-87	FEMALE Medical Examination Report Dated
Name of Physician 12. B. Hagagard	Name of Physician 5. 30x
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-fi proceptions "Fall and the state of t	
	ever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
Name First & Middle Kink Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	12 86 8
Residence Address Street of R. R. City County State	Place of Birth (State or foreign country)
Street of R. R. City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married P OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
0-8.	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) ON NV.	A Other (Specify) Dr. No.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Yes O	2. Are you afflicted with a transmissible disease? No X Yes D
3. Are you related to the female applicant closer than second cousin?  No Yes□  4. Are you now under the influence of intoxicating liquor?  No Yes□	3. Are you related to the male applicant closer than second cousin?
	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug?     No  Yes       List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No 📮 Yes
	6. List the full names of any dependent children.
	Contract Catherine
	The Control of the Co
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Educated Educate K will	compliance with any court order or orders issued for their support
1)	8. Full name of father Charles Walles Want Sappington
Residence of father (if deceased so state) WACTALLA	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) (Subdiana)	Birthplace of father (State of foreign country)
9. Full maiden name of mother Marian War Slovelan	9. Full maiden name of mother Barbara and Buyungton
Duding)	-0'.
Residence of mother (if deceased so state) Shalona	The state of the s
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) 1300 and 1500 and
State of Indiana.  HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  as: I depose and state the information given in this application is true and correct.
County of The The County of Th	1). 18
Signed Long July Signed	Signed & Tonane A. Pappington
New Address SAME AS AbovE	New Address SAME AS ABOUE
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of day of 1871.
Man Co B. 1100 HENDPICKS	Mary Jane Russell Gerk HENDRICKS Circuit Court
Gerk Circuit Court	Clerk Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana
State of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS County of
County of	
SignedFather	Signed Father
SignedMother	Signed
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
HENDRICKS County Co	urt by written order issuedand filed
inauthorizes and directs the issuance of	f a marriage license to the above named parties.
THE PROPERTY OF THE PARTY OF TH	AND MARRIAGE CERTIFICATE
The manufacture there was fled in my office a marriage licen	se issued by the clerk of theCircuit Court
The col.	19, authorizing the joining together as husband and wife
DON E VINVIE	nd LORRAINE A. SAFFINGION
Be it further remembered, the following marriage certificate was filed in my o	free, to-writ:
WINDS TO THE RESIDENCE OF THE PARTY OF THE P	hereby certify that on the ±±£n
I,RICHARD J. HULL II one thousand nine hundred and 87	HENDRICKS County of TIPTON
State of Indiana, Groom DON E. KINKLE	HENDRICKS County, State of IN
one thousand nine hundred and 87  State of Indiana, Groom DON E. KINKLE  and, Bride LORRAINE A. SAPPINGTON of	County, State of HENDRICKS
were by me united in marriage as authorized by a marriage license issued for t	hat purpose by the Clerk of the Circuit Court of
Country	
Dated this	
	Official DesignationPASTOR
Filed and recorded in accordance with the laws of the State of Indiana this	17th day of JULY , 19.87
nea and recorded in accordance with the large of	Signed Many Jame Russell HENDRICKS Circuit Court
	Cinquit Count

Form Prescribed By

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No	302
File_	
	7-2-87
	Date of Application

HORICKS

HENDRICKS

.... Circuit Court

Indiana State Board of Health under Authority of LC 31-1-3-2 Effective July 1, 1977 Medical Examination Report Dated. FEMALE 6.29.8 MALE ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". Name of Physician Medical Examination Report Dated MALE APPLICANT Day Middle 2 Date of Birth Place of Birth (State of foreign country) County Residence Address State Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: D Birth Certificate D Judicial Decree Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D No A Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No D Yes D No□ Yes□ If answer is "yes", has the adjudication been removed 2. Are you afflicted with a transmissible disease No Yes D No Yes 3. Are you related to the male applicant closer than second cousin? Are you afflicted with a transmissible disease No Y Yes No Yes are you related to the female applicant closer than second cousin No Yes 4. Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of intoxicating liquor No Yes D 5. Are you now under the influence of a narcotic drug? No Yes 6. List the full names of any dependent children Are you required by any court order or orders to support the above No T Yes No Yes dependent children' If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in 8. Full name of father___ 8. Full name of father Residence of father (if deceased so state) Residence of father (if deceased so state). Birthplace of father (State or foreign country 9. Full maiden name of mother. Residence of mother (if deceased so state) Residence of mother (if deceased so state). Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, **HENDRICKS** HENDRICKS County of ... New Address Subscribed and sworn to before me thisp. HENDRICKS Circuit Court Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary HENDRICKS State of Indiana, HENDRICKS Mother Subscribed and sworn to before me this. Subscribed and sworn to before me this..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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..... ., 19. S...., authorizing the joining together as husband and wife hereby certify that on the 10th day of JULY State of Indiana, Groom LAWRENCE G. ANGRICK at 3:00 p.m., County of HENDRICKS RHONDA E. BALOUGH were by 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, State of IN Signed /s/ LARRY R. HESSON Official Designation JUDGE SUPERIOR COURT #2 Signed Many James R

m Prescribed By lana State Board of alth under Authority C. 31-1-3-2 lective July 1, 1977

County.

Dated this.

#### STATE OF INDIANA

303

I.C. 31-1-3-2  Iffective July 1, 1977  HENDRIC	MARRIAGE LICENSE File
	County 7- 3- 8 7 Date of Application
MALE Medical Examination Report Dated 6 2787	FEMALE Date of Application
	Medical Examination Report Dated 6-2787
Name of Physician O. Cachawshi	Name of Physician P Cackowski
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed False statement Washington and statement Washington	orser procures the issuance of a license to marry by any false statement, representation or protense
MALE APPLICANT	were presented the assuance of a facetise to marry by any false statement, representation or protense
MALE APPLICANT Middle	FEMALE APPLICANT
Michael Scott Smith	Name Per First, Middle Last
June Day Year	Date of Birth Month Day York
Place of Birth (State or foreign country)	Place of Birth (State or foreign coefficies) 15 1967
State or R. Ry City County State	Residence Address   Street or R. R. Ditte County   State
1038 reday his flyd Hendricke In	9880 W 10 th. 20-0 molnly starter In
Previous Marital Status: Never Married D OR	Previous Marital Status: Never Married D CR
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By Death D Divorce D Annulment D
Date of birth verified by:   Birth Certificate Judicial Decree	Date of birth serified by: Thirth Certificate D Judicial Decree
Other (Specify) Als Lie	
Are you now or have you ever been adjudged to be of unsound mind? No. Yes O	Other (Specify)
If answer is "yes", has the adjudication been removed? No 🗆 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No O Yes O
Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?  No D Yes D
Are you related to the female applicant closer than second cousin? NaD Yes O	2. Are you afflicted with a transmissible disease. No O Yes O  3. Are you related to the male applicant closer than second cousin. No O Yes O
Are you now under the influence of intoxicating liquor?  No.D Yes D	4. Are you now under the influence of intoxicating liquor?  No D Yes D
Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narontic drug? No O Yes O
List the full names of any dependent children.	6. List the full names of any dependent children.
	The state of the s
The second secon	
Are you required by any court order or orders to support the above	
dependent children? Ne D Yes D	7. Are you required by any court order or orders to support the above dependent children.* No O Yes O
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court ageler or ordery issued for gheir support.
Full name of father Sulve Meenard Ameth	& Fillmostwo Mul Colward Mackey
Residence of father (if deceased so state)	Remidence of Eather sit deceased so states Ind
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Incl
Full maiden name of mother Donna moriety Iblo	ou. Sheet I Trellier
Residence of mother (if deceased so state)	9. Full master name of mother strategy of the California
0-1	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).
ounty of HENDRICKS as: I depose and state the information given in this application is true and correct.	State of Indiana.  HENDRICKS  as: I depose and state the information given in this application is true and correct.
Signed Nichard S. Smith	and and
	Barol Blok hiller State of Children gammanimin
New Address 9880 WIOTE 200 INOPLS IN THE	New Address Total ( ) 10 8 10 dond kin All 16
ubscribed and sworn to before me this day of Hely 1981	Subscribed and sworn to before me this 3, day of Many 1967
Mary Jane Quaselfier HENDRICKS Circuit Court	mure Jane Guesself Clark HENDRICKS Circuit Court
	- 6/
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
gns, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
	principal to the control of the cont
ate of Indiana, HENDRICKS } **:	State of Indiana. HENDRICKS } ***
unty of PIENDRICKS	County of
Signed	Fether .
Signed Mother	Bigned
bscribed and sworn to before me this day of 19.	Subscribed and sworn to before me this
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	C. A marriage license having been refused to the above named parties, the
HENDRICKS County Cou	irt 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 licens	e issued by the clerk of the HENDRICKS Circuit Court
Indiana dated the day of day	, 19 authorizing the joining together as husband and wife
RICHARD SCOTT SMITH	d PAULA SUE MACKEY
it further remembered, the following marriage certificate was filed in my of	
SUNTE K. VERDELLER	ereby certify that on the 18th day of JULY DANVILLE Countries HENDRICKS
e thousand nine hundred and 87	UENDRICKS IN
ate of Indiana, Groom RICHARD SCOTT SMITH	f
d, Bride PAULA SUE MACKEY of	HENDRICKS County, State of IN HENDRICKS
re by me united in marriage as authorized by a marriage license issued for the	had purpose by the tiern of the tircuit tourt of

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

16th...

day of JULY

Official Designation ORDAINED CLERGY 20th day of

/s/ EDWIN R. ALLENDER

, 1987

HENDRICKS

...Clerk Circuit Court

, 1987

Farm Prescribed By Indiana State Board of Health under Authority of LC 28-1-3-2 Effective July 1, 1977

# STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County

304 File_

7-3-87
Date of Application

Elitabeticos bears of	FEMALE Medical Examination Report Dated  7-2-87
MALE Medical Examination Report Dated 7-1-87  Medical Examination Report Dated 7-1-87	a Physician Narch K. Haggash
Madical Examination Report Dail B. Haggard, M. V.	Name of Physician  Dever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
Name of Physician - Who was the D. St. 1-3-6 prescribed False statement - Who	ever procures the issuance of a
SERVE THE STREETS OF MATERIAL STREET	First Middle Last
MALE APPLICANT	Name Carla Day Year
Same Day Vest	Date of Birth Month
Date of Birth Wageth 19 1956	Place of Birth (State or foreign country)
Place of Birth (State or George geometry) diana County, State	Residence Address Street or R. R. City County State
Rungeron Alterny Street of E. E. Dr. Peld. Hend., In.	Previous Marital Status: Never Married OR
Province Marital Stalius: Never Married D OR	Nomings Ended By: Death Divorce Annulment
Last Marriage Ended By: Death C Discover Annulment C	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Contificate D Judicial Decree	Other (Specify) Drivers License
Orthon Branch Lie - Victure No Yes -	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Tyes
1. Are you now or have you ever been adjudged to be of unacount minu.	If answer is "yes", has the adjudication been removed?
If answer is "yes" has the adjudication been removed?  No. Yes  No	2. Are you afflicted with a transmissible disease?
N. Are you cointed to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?  No □ Yes □  4. Are you now under the influence of intoxicating liquor?  No □ Yes □
6. Are you now under the influence of intersesting liquer?  Now Yes  Now Yes	4. Are you now under the influence of intercept of the influence of a narcotic drug?  5. Are you now under the influence of a narcotic drug?  No Yes
2. Whe have meeting our outpresses of a sension made.	6. List the full names of any dependent children.
8. Line the full names of any dependent children.	Kelly . 15
Cultural age! wark age	Rrenna)
fring - age 8	- VII WILLIAM
Trucka - oge 1	7. Are you required by any court order or orders to support the above
7. Are you required by any outerfurder or orders to support the above dependent children. No □ Yes □	dependent children?
If answer is "yes". It is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
a Full name of turner Show Letter Sastinan	compliance with any court order or orders issued for their support  8. Full name of father.
Plan 1:11 )	Magazan.
Residence of faction (if decounsed so state).	Kan To B
Birthglaco of factor of foreign country.	Birthplace of father (State or foreign country)
9. Full mainten name of monther of Fide California Space Security	9. Full maiden name of mother Seneral Multiple M
Residence of mother (if decreased se states Thursday, S. )	Residence of mother (if deceased so state) Moresvelle, In.
Birthplace of mother Chain or foreign country).	Birthplace of mother (State or foreign country) Huntucky
County of HENDRICKS Is depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Ss: I depose and state the information given in this application is true and correct.
and John D. State	Carley land a Real
See Assem same as above	Signed Carla Sul Select
Substituted and sweets to before on this	New Address & 939 Neghlander Dr. Plgd, In 4618
HENDRICKS	Subscribed and sworn to before me this
Clreuit Court	Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the censent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
Miles production and the second secon	
State of Indiana. HENDRICKS	
County of	State of Indiana, County of HENDRICKS ss:
Signad Father	
Signed	Signed Father
Subscribed and sware to before me this. day of	SignedMother
Cut	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE 19911PD DV	Clerk
HENDRICKS COURT BY ORDER OF COUR	T. A marriage license b
authorizes and di	T. A marriage license having been refused to the above named parties, the part by written order issued.
the issuance o	f a marriage license to
Be It Remembered, there was filed in my offer.	E AND MARRIAGE CERTIFICATE use issued by the clerk of the HENDRICKS Circuit Court HENDRICKS Circuit Court Luife
of Published the 9th day of JULY	se issued by the clerk of the HENDRICKS
Be it further remembered, the following marris-	nd CARLA SUR CONTROL CARLA SUR CARLA
LEOMARD ENLOE	fice, to-wit. CARLA SHE SPINE
and thousand nine hundred and 87	nd CARLA SUE SELKE SELKE
JOHN D. GASTINEAU	at INDIANAPOLIS day of JULY
end, Soude CARLA SUE SELKE	at INDIANAPOLIS day of JULY of HENDRICKS County of MARION
County. Of marriage as authorized by a marriage license in	HENDRICKS County of MARION  HENDRICKS County, State of IN
CARLA SUE SELKE of  County.  Dutief this light day of JULY , 19.87	HENDRICKS County of IN  HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit Court of HENDRICKS
, 19.87	of the Circuit Court of HENDRICKS
Filled and recorded in accordance with a	Signed
with the laws of the State of Indiana the	Signed /s/ LEONARD ENLOE  Official Designation PASTOR
IAIS.	Official Designation PASTOR  22nd day of HILLY
Filled and recorded in accordance with the laws of the State of Indiana this	Signed August And HENDRICKS Circuit Court
	HENDRICKS Circuit Court
	TIENDRICKS Circuit Court

8. List the full names of any dependent visual re-

7. Are you required by any court order or

Birthplace of father (State or foreign country State of Indiana,

County of HENDRICKS

CONSENT OF PARENTS. PARENT OR GLAR We, the parents, of this applicant hereby give size the fact which render the renders of the other

State of Indiana.
County of HENDRICKS

Substribed and sworm to before my this

COMPLETE IF MARRIAGE LICENSI IN HENDRICKS

Be it further remembered the following some SOUND TEMPORALE SOUNDS OF MICHAELE one thousand nine handred and
State of Indiana, Groom
and, Bride
stre by me united in management of the land of th

Dated this

.... Circuit Court

O ONSO

cyntan Chy Sulla Chy In State the informatication is tree at a state the informatication in the sale of the sale o

IDRICKS (Inc.)

rriage. If only the

A. .... one ti State and,

County.

Dated this.

#### STATE OF INDIANA

IC 31-1-3-2 Rectise July 1, 1977	MARRIAGE LICENSE File
HENDR	County 7-3-87 Date of Application
MALE Medical Examination	
Medical Examination Report Dated 6-27-87	FEMALE Medical Examination Report Dated 6 2787
Name of Physician Mckael Reeley	1
ALL QUESTIONS MUST BE ANSWERED 10. 31-1-3-6 prescribed False statement	Income processes the issuance of a function to matry by any false statement, representation or preten
shall be fined in any sum not exceeding five hundred dollars is leasured. — M MALE APPLICANT	harves procures the issuance of a further to marry by any false statement, representation of preten
Name First, Middle	FEMALE APPLICANT
Date of Birth Jeffrey Stratt Birds	Name OF First Nights of Land
Place of Birth (State or foreign country)  Day  3  1963	Date of Birth J. Month Day Named Land
9111	Place of Birth (State or forcing country) 4 1965
1611 Campbell It a by the State 20	Builden III Indiana
man st way for the out look Il	2980 W. 20 South Smull Hudricks In
Previous Marrial Status: Never Married G OR  Last Marriage Ended By: Death G Divorce G Annulment G	Previous Marital Status Never Married D OR
Date of hirth verified by:   Birth Certificate   Judicial Decree	Last Marriage Ended By Death C Discorce C Annalment C
Annual Decise	Date of birth serified by D Sight Certificate D Judicial Decree
Other (Specify)	
L. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D	D Other (Specify)
If answer is "yes", has the adjudication been removed No D Yes D	I. Are you now or have you ever been adjudged to be of unaound mind? No D Yes D If abover is "yes" has the adjudication been removed? No D Yes D
Are you afflicted with a transmissible disease? No D. V. C.	2 Are you afflicted with a transmissible disease" No C 7ee C
Are you related to the female applicant closer than second cousin?     No.D Yes D     Are you now under the influence of intexicating liquor?     No.D Yes D	3. Are you relaced to the male applicant closer than second cousin? No.G. Yes O
A Are too from under the influence of a second to	4. Are you now under the influence of intexecuting figure? NeO-Yis O
List the full names of any dependent children.	Are you new under the influence of a narcotte drug?     No D-Tes D
The second secon	6. List the full names of any dependent children.
	The second secon
	Committee of the state of the s
7. Are you required by any court order or orders to support the above dependent children?	I. Are you required by any court order or orders to support the above
No□ Yes □  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent strictions, No D. Am D.
compliance with any court organ og orders issued for their support.	If answer is "yes" it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of taken Ohiles Lester Berge	rempliance with any court option or orders issued for place support.
Residence of father (if deceased so state)	1 removement servey Let Chandler
Birthplace of father (State or foreign country) Curada	Besidence of lather (if because in class)
B. M. D. O D.	Birthplace of father chance or foreign economy.   1935
9. Full maiden name of mother belief yet fowell	& Filminemedman Blakes well porgeter
Residence of mother (if deceased so state).	Bentement motor of terresul a sign. Ind
Birthplace of mother (State or foreign country) Moritan on	Martinglace of mathew dispose or traverge country; In all
State of Indiana, HENDRICKS   sai I depose and state the information given	State of Indiana.
County of PEPUNICKS in this application is true and correct.	County of HBNDRICKS as: I depose and state the information given in this application is true and sorrect.
signed y. Stott Dy	mu Belly & Chardler
New Assess 818 3B Pargrama Drne, Palotine IZ	5/8 Banarama Nr. 2-B
Subscribed and sworn to before me this 3rd day of AULU 1999	Palatine IL 60007
Many Maro Rupuell HENDRICKS	TO any hour Day of the same the
Clerait Court	THAT JAKE KULLEL CON MENDRICKS CHEMIC COUNT
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSERVE OF PARTIES PARTIES OF CHARACTER
No. the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant harsby give consent for this marriage. If only one parent
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other percent unnecessary
late of Indiana,	State of Indiana.
hinty of HENDRICKS }**:	County of HENDRICKS - 1911
Signed Father	Signal Public
Signed Mother	Digited Mother
therribed and sworn to before me this	Subscribed and sworn to before on this
Clerk	Cork
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named marries at-
HENDOLCAS	rt by written order issuedand filed
	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license	
Indiana dated the 8th day of Jesley	
JEFFREY SCOTT BERGE	KELLY LYNN CHANDLER
t it further remembered, the following marriage certificate was filed in my offi	A CONTRACTOR OF THE PARTY OF TH
	canvities a the lith day of JULY
thousand nine hundred and 87 at a second JEFFREY SCOTT BERGE	COOK .
d. Bride KELLY LYNN CHANDLER of	County, State of ILLINOIS  HENDRICKS County, State of INDIANA
	A STATE OF THE PARTY OF THE PAR

lith day 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 ...

JULY , 1987

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of JULY HENDRICKS

Signed ....

/s/ ROMALD E. McDUGLE

10.87 ...Clerk

Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

7-3-87
Date of Application

HENDRICIO

.. Circuit Court

Form Prescribed By Indiana State Board of Health under Authority  APPLICATION FOR I	CS County Date of Application
Health under Authority of LC. 31-1-3-2 Effective July 1, 1977	0. 1.1.0. 10.0
Ellective and a	FEMALE Medical Examination Report Dated 6-30-87
MALE 6-30-8-7	
MALE Medical Examination Report Dated 6-30-8-7	Name of Physician  Dever procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT  First  Middle  Last
Name of Physician	FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 pt. 4. (\$500,00)". shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	First Middle Blast
MALE APPLICANT	Name Jenniel Day Year
Name First Middle Krupss Charles Year	Date of Birth (49
Date of Birth Month Day	Place of Birth (State or foreign country)  City County State
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City Rome LA	4530 E. ROLLAND Married OR
TAD PIRELEUI	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Divorce Divorce Annulment Divorce Divorce Annulment Divorce
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death  Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by:   Birth Certificate Judicial Decree	Other (Specify) William Kense
Nower Liverst	Other (Specify)  No Yes D  1. Are you now or have you ever been adjudged to be of unsound mind?
to the beat unequed mind?	1. Are you now or have you ever been adjudication been removed?  No Yes O  Yes O
The standarding been removed?	Are you afflicted with a transmissible disease?
If answer is "yes", has the adjudication been removed.  No Yes   N	2 Are you related to the male applicant closer than second cousin.
3. Are you related to the female applicant closer than second cousin:	4. Are you now under the influence of intoxicating liquor?
4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes	5. Are you now under the influence of a state of the stat
6. List the full names of any dependent children.	6. List the full names of any dependent children.
A CONTRACTOR OF THE PARTY OF TH	
7. Are you required by any court order or orders to support the above No □ Yes □	7. Are you required by any court order or orders to support the above dependent children?  No  Yes
dependent children?  No U Yes U  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
ompliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Charles F. Bruess	8. Full name of father John G, 1815hop
Residence of father (if deceased so state) Indiana	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Miny Sofa	Birthplace of father (State or foreign country)
9. Full maiden name of mother John E. Gustafson	9. Full maiden name of mother. Nancy S. Haschke
Residence of mother (if deceased so state) Indiana	Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Ohio	Birthplace of mother (State or foreign country) Indiana
State of Indiana	State of Indiana, I denose and state the information given
County of HENDRICKS   sa: I depose and state the information given in this application is true and correct.	County of HENDRICKS as: in this application is true and correct.
Signed Steven C. Duess	Signed Chrufu & Bishop
New Address 720 PINEVIEW, ZIONSVILLE IN	New Address 700 Finerica Cioppalle 4- 40
Subscribed and sworn to before me this 370 day of July 19.87	Subscribed and sworn to before me this day of 444, 19.24
Gerk HENDRICKS Circuit Court	Many Jane Russel Glerk HENDRICKS Circuit Court
COMPANY OF PARTYES BARRYT OF CHAPPANY	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS	State of Indiana,
	County of HENDRICKS
Father	SignedFather
Signed Mother	SignedMother
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of
Clerk	and a
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF	Cleri
HENDRICKS County ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance	Court by written order issued
DEMILITAR	marriage license to the above named parties
The membered, there was filed in my office	SE AND MARRIAGE CERTIFICATE
day of	of the clerk of the
Be it further remembered, the following marriage contic	and authorizing the joining together as husband and wy
MARTIN A. PETER was filed in my	and JENNIFER LEE BISHOP
and Bride	hereby certify that on the lst day of AUGUST  of BOONE , County of HENDRICKS
were by me united in marriage	at BROWNSBURG
County. County.	HENDRICKS
	T that my Country State of IN
Dated this 1st day of AUGUST	r that purpose by the Clerk of the Circuit Court of HENDRICKS
, 19.	37 HENDRICKS
, 19. 5	HENDRICKS  3.7
, 19.	of BOONE County of HENDRICKS  HENDRICKS County, State of IN  or that purpose by the Clerk of the Circuit Court of HENDRICKS  Signed /s/ MARTIN A. PETER  Official Designation CATHOLIC PRIEST  Signed day of AUGUST 19 87.

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

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No	307
File_	
	N = 01

County Date of Application MALE Medical Examination Report Dated. FEMALE Medical Examination Report Dated_ m. Name of Physician_ Name of Physician ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement-Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT Date of Birth Place of Birth (State or eign country Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes No Yes D 1. Are you now or have you ever been adjudged to be of un If answer is "yes", has the adjudication been removed No□ Yes□ No O Yes O Are you afflicted with a transmissible disease? No Y Yes No Yes D 2. Are you afflicted with a transmissible disease Are you related to the female applicant closer than second cousin No A Yes No Yes 3. Are you related to the male applicant closer than secon you now under the influence of intoxicating liquor? No Y Yes Yes O Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug No Yes 🗆 Are you now under the influence of a parcetic drug' Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above dependent children? No Yes No O Yes O If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders is 8. Full name of father___ Residence of father (if deceased so state). Birthplace of father (State or foreign country) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana, I depose and state the information given in this application is true and correct. HENDRICKS County of .. County of .. Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessar; State of Indiana, HENDRICKS State of Indiana, **HENDRICKS** County of ... Father Signed ..... Mother Mother Signed. Subscribed and sworn to before me this......day of...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in......authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 14th day of JULY , authorizing the joining together as husband and wife MICHAEL B. COCKRAN and THERESE M. BARKER Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 87 at INDIANAPOLIS , County of MARION State of Indiana, Groom MICHAEL B. COCHRAN of MARION were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this JULY , 19 87. Signed...../S/MYRON BARNARD Official Designation.....JUDGE 

Signed Williams

HENDRICKS

.....Circuit Court

Form Proscribed By Indiana State Board of Beatth under Authority of EC 20-5-32

# STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County

No	308	
110	the second second second	-
File		-

7-7-87 Date of Application

of the state of th	FEMALE Medical Examination Report Dated None Regal
MALE and sooil	
Malk Madical Examination Report Dated Adul Algo	Name of Physician  ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle  Middle
Name of Physician.	ver procures the issuance of a ficense of A DDI ICANT
ALL QUESTIONS MUST BE ANSWERED IN 31-15-5 per unit statil the fixed pressure and excessing five hundred deliars (Sign. (8))	FEMALE APPLICANT
MALE APPLICANT	Name Jona Jean Mc Kelben
Trune Make tin W. Total	Date of Birth Month
Date of Birth Month 19 1916	Place of Birth (State or foreign country)  Place of Birth (State or foreign country)  City County State
Place of Birth (Super of Exercise country) Phis	Residence Address Street or R. Relider Mend. July
Resigned retirem & Squar is got & Pak. Pl. Intelle Hard. or	1330 Raymend OR
Previous Marrial Status Never Married D OR	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Divorce Div
Last Marriage Ended By Death L. Divorce C Assultment U	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth recified by:   Birth Cartificate   Judicial Decree	Numiis Xii - suture
V mount of thereis Lie - preture	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  1. Are you now or have you ever been adjudged to be of unsound mind?
Age yes some or have yes ever bases adjudged to be of unaccord mond?  No Ves   No Ves	If answer is "yes", has the adjudication been removed?
If answer is "you", has the adjustication been removed."	2 Are you afflicted with a transmissible disease?
E. Are one afficient with a transcription disease.  A. Are one related to the formule applicant closer than second counts.	3. Are you related to the male applicant closer than second cousin?  Are you now under the influence of intoxicating liquor?  No. Yes D.
A. Now you measure of interacting liques?  No. Yes C	Are you now under the influence of a narcotic drug?  No Yes  No Y
S. Are you now under the influence of a earcoin drug-	6 List the full names of any dependent children.
6. Lost the full names of any dependent children.	
S. Any tipe provided the pre- provide and provided to propose the phase	7 Are you required by any court order or orders to support the above No Ves O
<ol> <li>Acre you compared the unity count senter or orders to support the above department children?</li> </ol> No □ Yes □	dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If asserted in "see", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any courty order or orders issued for their appoint.
8. Full name of Seiter. Halling. Mottle	8 Full name of father Clawson Frece
minoration deceased	Residence of father (if deceased so state) declased
Berthelium of Section States on Savings operators. Opino	Birthplace of father (State or foreign country) Kentucky
& rilmin Rosa Kurkleman	9 Full maiden name of mother Ruth C. Campbell
minuser deceased	Residence of mother (if deceased so state) Plainfield, In.
Birthelian of native State or honoge country. Rhis	Birthplace of mother (State or foreign country) Indiana
State of Indiana. assurances   as: I depose and state the information given	State of Indiana,
County of the application is true and correct.	County of HENDRICKS   ss: In depose and state the and correct.
moved Martin W. Mole	Signed Jona Jean McKippen
was assured that your aft. ( Slainfield, Int.	New Address 1330 Raymond St, Glassy
Statemental and source to before one thin day of the 1967	Subscribed and sworn to before me this
Circuit Court	Mary Jane Rusself Clerk HENDRICKS Circuit Court
CHNSENT OF PARENTS, PARENT OR GUARDIAN	
We, the percents, of this applicant house give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which conder the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
State of Sediana.	
Grance of PEPADRICKS	State of Indiana, County of HENDRICKS ss:
Signed Father	
Signed Mother	Signed Father
Statement and owners to believe our thin	SignedMother
Chris	Subscribed and sworn to before me this
	Clerk
HENCHICKS County DY ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
Satherizes and disuse about	Court by written order issued and filed
D PROGRAMMA	lage license to the above named
of findings detail the	SE AND MARRIAGE CERTIFICATE  ense issued by the clark the clark.
any of Miles	Circuit Court
a service remembered, the following marriage certificate was \$1.4	authorizing the joining to the husband and will
THE RESIDENCE OF THE PARTY OF T	office, to-wit:
State of Sufference and Supplemental and	nereby certify that on the
and Books W. HOTE	C
were by no united in merrings as extherized by a marring of	HENDRICKS County, State of IN
During this 3-to-a	HENDRICKS County, State of IN  T that purpose by the Clerk of the Circuit Court of HENDRICKS  HENDRICKS County, State of IN  HENDRICKS
TA DE	the Clerk of the Circuit Court of HENDRICKS
Filled and appropriate to	Signed
Filled and recorded in accordence with the laws of the State of Indiana this	Official Designation PASTOR
this	30th day of JULY 10.97
	Minney 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

5. Are you now under the influence of a marcoul & Los the full names of any dependent the works

Are you required by any court order or order. dependent children If uswer is 'yes' if is required that this Appli compliance with any court order or order- us.

State of Indiana, County of HENDRICKS

New Address Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT DI

signs, state facts which render the con-

State of Indiana,

COMPLETE IF MARRIAGE
HENDRICKS

De di Kemembi RAYMOND &

one thousand nine hundred an

.. Circuit Court

escribed By State Board of nder Authority 1-1-3-2 July 1, 1977

IALE

#### STATE OF INDIANA

#### APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

No. 309 File_

7-7-87
Date of Application

MALE Medical Examination Report Dated 7-6-87	FEMALE Medical Examination Report Dated 7-6-87
Name of Physician Michael Neeley	Name of Physician Michael Neelly
QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoe	ever procures the issuance of a license to marry by any false statement, representation or pretense
be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	FEMALE APPLICANT
First Middle Last	Name First Middle Last
of Birth Month Day Year	Date of Birth Month Day Year
of Birth (State or foreign country)	Place of Birth (State or foreign country)
ence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
2 Verso Place Trenton Mercer New Kisel	4078 N. 100 E. Manville Hendricks IN
vious Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Marriage Ended By: Death □ Divorce □ Annulment □  of birth verified by: □ Birth Certificate □ Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Davet Sicense  Are you now or have you ever been adjudged to be of unsound mind?  No Yes	Other (Specify) Orivers Accessed  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes
Are you now or have you ever been adjudged to be of unsound mind?  No Yes U  If answer is "yes", has the adjudication been removed?  No Yes U	1. Are you now or have you ever been adjudged to be of unsound mind?  No ☐ Yes ☐  If answer is "yes", has the adjudication been removed?  No ☐ Yes ☐
Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?  No Yes
Are you now under the influence of intoxicating liquor?  No Yes   No Yes	4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No Yes
List the full names of any dependent children.	6. List the full names of any dependent children.
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?  No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Harold Joseph Jones	8. Full name of father Pobert Allen Burnell
Residence of father (if deceased so state) New Jersey	Residence of father (if deceased so state) Troiana
Birthplace of father (State or foreign country) New Jersey	Birthplace of father (State or foreign country)
Full maiden name of mother Lorroune Helen Kopera	9. Full maiden name of mother total Anne late
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana,  HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
County of Canala Canala	Shan Burnell
Signed Myser Village Trenton NJ	Signed Now Village Trenta
New Address	New Address 7 2 Ku 3 6 Mag 9 1997.  Subscribed and sworn to before me this 114 day of 11997.
Subscribed and sworn to before me this day of HENDRICKS	Subscribed and sworn to before the this.  Clerk HENDRICKS Circuit Court
Clerk Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS } ss:
County of	County of
SignedFather	SignedFather
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
TOTAL TOTAL DE COLLE	RT. A marriage license having been refused to the above named parties, the
HENDRICKS Ct	ourt by written order issued
n authorizes and directs the issuance of	of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage lice	
t I diana dated the // day of Kully	nse issued by the clerk of the many the joining together as husband and wife and DONNA KAY BURNELL
JACK JOHN JONES	Gas to wit:
Be it further remembered, the following marriage	hereby certify that on the 11th day of JULY , at DANVILLE , County of HENDRICKS ,
one thousand nine hundred and 87.	at DANVILLE , County of HENDRICKS ,  MERCER County, State of NEW JERSEY
State of Indiana, Groom	HEDNEICKS County, State of
and, BrideDONNAKAYBURNELLof	HEDNRICKS County, State of INDIANA HENDRICKS  that purpose by the Clerk of the Circuit Court of HENDRICKS
vere by me united in marriage as authorized by a marriage license issued for	come par por
County.  Dated this	Signed /s/ RAYMOND H. DUFF
	Official Designation MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this	11+b day of AUGUST
rued and recorded in accordance with the tage of the class of	Signed May Jackwell HENDRICKS Circuit Court
	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By Indiana State Board of Indiana State Board of APPLICATION FOR M	S County Date of Application
HENDRICKS  I.C. 31-1-3-2  Effective July 1, 1977	1 2/1 01-
The state of the s	FEMALE Medical Examination Report Dated 6-24-87
MALE / 11/Q/7	
MALE Medical Examination Report Dated 6-14-87	Name of Physician Kay Huu II
Name of Physician Ray Howell	procures the issuance of a license to marry by any false statement, representation or pretense
OLDSTIANS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoel	Name of Physician:  Procures the issuance of a license to marry by any false statement, representation or pretense ver procures the issuance of a license to marry by any false statement, representation or pretense ver procures the issuance of a license to marry by any false statement, representation or pretense ver procures the issuance of a license to marry by any false statement, representation or pretense ver procures the issuance of a license to marry by any false statement, representation or pretense ver procures the issuance of a license to marry by any false statement, representation or pretense ver procures the issuance of a license to marry by any false statement.
	Eirst Middle Lagt
MALE APPLICANT	Name Day Year
Tame First OUGAS Year	Date of Birth Month
ate of Birth Month Day	Place of Birth (State or foreign country)
lace of Birth (State or foreign country)	Dillorge Address Street or R. R. City County State
esidence Address Street or R. R. City County State	R 2 Box 363 ROUNCOJE POTTOM W
Street of the Rackland Hotam IN	Previous Marital Status: Never Married OR
revious Marital Status: Never Married OR	Ended By Death Divorce Annument
st Marriage Ended By: Death Divorce Annulment Annulment	Last Marriage Ended by:  Date of birth verified by:  Birth Certificate  Judicial Decree
ate of birth verified by: Birth Certificate Judicial Decree	other (Specify) DOWERS LICENSE
Other (Specify) Brivers License	Other (Specify)  No. Yes   1. Are you now or have you ever been adjudged to be of unsound mind.  No. Yes   No. Yes
Now res have your peer adjudged to be of unsound mind?	1. Are you now or have you ever been removed No Yes No Yes D
No I yes "No yes" has the adjudication been removed?	2. Are you afflicted with a transmissible disease*
Are you afflicted with a transmissible disease?  No. 2 Yes  No. 2	3. Are you related to the male applicant closer than second cousin No. Yes   No. Yes
Are you related to the female applicant closer than second cousin:	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic drug. No. Yes D
Are you now under the influence of a narcotic drug.	6. List the full names of any dependent children
List the full names of any dependent children.	
CALLERY OF THE PARTY OF THE PAR	
Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Walter S. Lauson	8. Full name of father Billy L. Dreher
Residence of father (if deceased so state) Indiana	Residence of father (if deceased so state) Tradiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
Full maiden name of mother Janet C. Williams	
	9. Full maiden name of mother Phyllis A. Charlie
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Indiana
Signed Scatt D. Jameson  New Address R. 2. 23. 9 × 12. 9 R. Orachdale  Subscribed and sworn to before me this. 74 day of July 19.97	Signed Subscribed and sworn to before me this Aday of Authority 1960
Many Jane Russell Clerk HENDRICKS Circuit Court	Mary Jane Russeld Gerk HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
igns, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS } ss:	State of Indiana,
county of	County of HENDRICKS
Signed	
Signed	Signed Fath
Subscribed and sworn to before me this	Signed
	Subscribed and sworn to before me thisday of19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMP	RT. A marriage license having been refused to the above named parties, to court by written order issued
County	RT. A marriage license having been refused to the above named parties, to our the parties of a marriage license to the above parties.  and files
authorizes and directs the issuance  RETURN OF MARRIAGE LICENS	ourt by written order issued
RETURN OF NAME OF STREET	of a marriage license to the above named
Be It Remembered, there was filed in my office a me	SE AND MARRIAGE CERTIFICATE  case issued by the clerk of the
RETURN OF MARRIAGE LICENS of Indiana dated the day of day of seit further exactly the day of	SE AND MARRIAGE CERTIFICATE  The sense issued by the clerk of the HENDRICKS  Circuit Common and Marriage and
I,	and authorizing the joining together as husband and w
one thousand nine hundred and	herah.
State of Indiana, Groom	and
and, Bride	of
were by me united in marriage as and	office, to-wit: hereby certify that on the
County. County.	
Dated thisday of	county purpose by the Clerk of the Circuit County, State of
, 19	7
Filed and recorded in accordance with the laws of the State of Indiana this	SignedOfficial Designation
with the laws of the State	Official Designation
, state of Indian	gracion

. Circuit Court

311

... Circuit Court

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

File_ HENDRICKS County 7-1-81

MALE Medical Examination Report Dated 6-23-87	Date of Application
Name of Physician Report Dated 6-23-87	FEMALE Medical Examination Report Dated 6-23-87
9.110	
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Name of Physician Robert Q. Thearm.  Thoever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	noever, procures the issuance of a license to marry by any false statement, representation or pretense
Name First e Middle	FEMALE APPLICANT
Date of Birth Month Janes Nayden	Name First Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Day Von
Hackwell allalone	Place of Birth (State or foreign country)
Bux 439 R. # Street or R. R. City County State	- Proider Milana
Previous Marital Status: Never Married OR	Street or R. R. City County State
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
de Minimus Di	Date of birth verified by: Birth Certificate Judicial Decree
1. Are you now or have you goes have the state of the sta	Other (Specify) Arrivers Lie Proting
1. Are you now or have you ever been adjudged to be of unsound mind?  Not yes   If answer is "yes", has the adjudication been removed?	- January
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  No Yes No Yes
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin?
b. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?  6. List the full names of any dependent children.
Trelissa - age 13	Oil Bulling appendent children.
Micholas - age 8	Justinus - age 16
Lance - Oge 4	
7. Are you required by any court order or orders to support the above	
No D v D	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Cus Sayales	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state) Wallsville In	8. Full name of father Jule Marley Harper
9	Residence of father (if deceased so state) Umo Indiana
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosa Menta Poland	9. Full maiden name of mother Leanny Eilon Ludly.
Residence of mother (if deceased so state) Coallsville, In.	Residence of mother (if deceased so state) Anno Indiana
Birthplace of mother (State or foreign country)	
State of Indiana,  County of HENDRICKS   ss: I depose and state the information given	Birthplace of mother (State or foreign country) andlana State of Indiana,
County of in this application is true and correct.	State of Indiana, HENDRICKS  State of Indiana, HENDRICKS  Sas:  I depose and state the information given in this application is true and correct.
Signe X emis James / Janon	Signed Januci) ann Brown
New Address RR1 Box 439 Contember	PPI BAVIJA CONT 11 C
Subscribed and sworn to before my this	New Address A F 100 X 4 5 7 Coccastelle S
Mary Jane Russell - HENDRICKS	Subscribed and sworn to before me this day of the property
Clerk Circuit Court	Mary Jane Ausself Clerk MENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS } ss:	State of Indiana, HENDRICKS  State of Indiana, HENDRICKS  Satisfies the state of Indiana, HENDRICKS
County of TILINDRICKS	County of South
Signed	Signed Father
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clark	
CIETA	Cierk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
HENDRICKS County Court	
in Clicks of a authorizes and directs the issuance of a	marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE A	
	issued by the clerk of the
of Indiana dated the7thday ofJULY	, 19.87, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my officers.	JANICE ANN BROWN e, to-wit:
I,	
one thousand nine hundred and 87 at	COATESVILLE County of HENDRICKS
State of Indiana, Groom	HENDRICKS County, State of IN
and, Bride	HENDRICKS County, State of IN ,
were by me united in marriage as authorized by a marriage license issued for that	t purpose by the Clerk of the Circuit Court of HENDRICKS
County.	
Dated this 12th day of JULY , 1987	Signed /s/ DAN J. SMETZER
	cial Designation PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this	14th day of JULY , 1987
Sig	gned Many Jane Readel HENDRICKS Clerk
	TIENDRICKS CONTRACTOR

	No. 3/2
STATE OF INDIANA PLICATION FOR MARRIAGE LICENS  LIENDRICKSCounty	SE File 1987 Daye of Application
HENDRICKS County  FEMALE  Medical Examination	17-2-87
Name of Physician  Prescribed "False statement—Whoever procures the issuance of a lice	onse to marry by any false statement, representation or pre-
prescribed "False statement—Whoever,processes (\$500,00)".	FEMALE APPLICANT  Middle  Last

m Prescribed By iana State Board of	APPLICATION FOR HENDRICKS	County Dafe of Applicati	ion
alth under Authority	HENDRICH	17-2-87	,
lective July 1. 1977		FEMALE Medical Examination Report Dated  Report Dated  Report A. Wenne	
	7-9-87	Medical Examination Rubert a. News	En
MALE Report Dated	1- 20.	Name of Physician  Ver.procures the issuance of a license to marry by any false statement, representation for the instance of a license to marry by any false statement, representation for the instance of a license to marry by any false statement, representation for the instance of a license to marry by any false statement, representation for the instance of a license to marry by any false statement, representation for the instance of a license to marry by any false statement, representation for the instance of a license to marry by any false statement, representation for the instance of a license to marry by any false statement.	on or pretense
Medical Examination Report Polyunt	a- dearen	ares the issuance of a license to marry by any taise	
Name of Physician Amure	"False statement - Whoev	er,procures the same er,procure er,	
LL OUESTIONS MUST BE ANSWERED, I.C. 31-1-	3-6 prescribed ollars (\$500.00)".	Middle 111 1	Last
LL QUESTIONS MUST BE ANSWERED, I.C. 31-1-1 all be fined in any sum not exceeding five hundred do MALE APPLICANT	Т	Name First Berkey Day Year	The state of the s
MALE AFFEIGHT	Last		60
ame First R.	Summular 13	Place of Birth (State or foreign country)	h
ate of Birth Month Day	Year 1963	Place of Birth (State of Page City County	State
ace of Birth (State or foreign country)	1. Co. M.	Residence Address Street or R. R.	399.
City	County State	0 0 22	
esidence Address  Street or R. R.  197 CARTISMS	the very	Previous Marital Status: Never Married OR	W-12.00
revious Marital Status: Never Married OR		Previous Marital Status: Never Married  Last Marriage Ended By: Death Divorce Annulment Judicial Decree	Cont. St. only
Divorce Annument		Last Marriage Ended By: Death □ Divotes  Date of birth verified by: □ Birth Certificate □ Judicial Decree	
ate of birth verified by: Birth Certificate Judicial Dec	cree	Mysus Ellend	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A -	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?	NAD Yes D
Other (Specify) Arusus liles	No Ves	Are you now or have you etc.  If answer is "yes", has the adjudication been removed?  If answer is "yes", has the adjudication been removed?	No O Yes O
Are you now or have you ever been adjudged to be of unsound	No Ves	with a transmissible disease	No Yes D
If answer is "yes", has the adjudication been removed?	No D Yes D	Are you related to the male applicant closer than second cousin?  3. Are you related to the male applicant closer than second cousin?	No Yes D
Are you afflicted with a transmissible disease?	No Yes	3. Are you related to the male approach 4. Are you now under the influence of intoxicating liquor?  4. Are you now under the influence of intoxicating liquor?	No Yes D
Are you related to the female applicant closer than second con		Are you now under the influence of a narcotic drug?      Are you now under the influence of a narcotic drug?	No Yes D
Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?	No Yes -	Are you now under the factor of the fac	
		6. List the full names of any	SAULT .
List the full names of any dependent children.			
Cartat da		7. Are you required by any court order or orders to support the above	No□ Yes□
. Are you required by any court order or orders to support the	e above No Yes		
dependent children?		If answer is "yes", it is required that this Application be accompanied by satisfactory p	too that you are in
If answer is "yes", it is required that this Application be according	imparited by satisfactory property	compliance with any court order or orders issued for their support	The second second
compliance with any court order or orders issued for their si	ment Summerle	8. Full name of father / Duffer & Care with	2
8. Full name of father A delan Aug	to will be	Residence of father (if deceased so state)	12.
Residence of father (if deceased so state)	esony on	Birthplace of father (State or foreign country)	The state of the s
Birthplace of father (State or foreign country)	Wallets G.	The land Helder L	Brusset
9. Full maiden name of mother Amicle	Leanark	9. Full maiden name of mother	0/
() (1)	Eswill In	Residence of mother (if deceased so state)	294
Residence of mother (if deceased so state)	Q.	Birthplace of mother (State or foreign country)	Co.
Birthplace of mother (State or foreign country)	West.	State of Indiana.	nformation given
HENDRICKS in	depose and state the information given this application is true and correct.	County of HENDRICKS	true and correct.
County of		Buchen Q Yels	11
Signed Lune R.	Summerlol	Signed	0. 46
New Address P.O. Box 19	7 COASSIJE IN 46121	New Address	87
Subscribed and sworp to before me this		Subscribed and sworn to before me thisday ofday	19
may Jan Russel o	HENDRICKS	Mary June Rusself Clerk HENDRICKS	Circuit Court
after you think of many of the the man was a second of the	Merk Circuit Court	A Proposition of the second of	
CONSENT OF PARENTS, PARENT OR GUARDIAN	y .	CONSENT OF PARENTS, PARENT OR GUARDIAN	
			s!- and narent
We, the parents, of this applicant hereby give consen	it for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage.	f only one parent
signs, state facts which render the consent of the ot	her parent unnecessary	signs, state facts which render the consent of the other parent unnecessar	y
30-10-10-10-10-10-10-10-10-10-10-10-10-10			*****************
			***************************************
State of Indiana. HENDRICKS } ss:		State of Indiana,	
County of		County of HENDRICKS	
Signed	Father	Signad	Father
Signed	Mothe:	Signed	***************************************
		Signed	Mother
Subscribed and sworn to before me this	day of	Subscribed and sworn to before me thisday of	19
	Cler	k	Clerk
COMPLETE IE MARRIAGE LIGENGE	1001111		***************************************
HENDRICKS	ISSUED BY ORDER OF CO	OURT. A marriage license having been refused to the above name	ned parties, the
County		Court by written order issued	and file
in	authorizes and directs the issuar	Court by written order issued	
			Name of Street, or other party of the street, or other party or ot
Se It Remembered, there u			
	MARRIAGE LICE	license issued by the delicense	
of Indiana dated the	was filed in my office a marriage	the tissued by the clerk of the HENDRICKS	Circuit Cour
of Indiana dated the	was filed in my office a marriage	the tissued by the clerk of the HENDRICKS	Circuit Cour
DUANE R. SUMME  Be it further remembered, the following n	was filed in my office a marriage  day of RLOT  marriage certificate was filed in a	and BECKY WITT  my office, to-wit:	isband and wif
DUANE R. SUMME  Be it further remembered, the following n	was filed in my office a marriage  day of RLOT  marriage certificate was filed in a	and BECKY WITT  my office, to-wit:	isband and wif
DUANE R. SUMME  Be it further remembered, the following n  I, WAYNE KIVETT  one thousand nine hundred and	was filed in my office a marriage day of RLOT narriage certificate was filed in 1	and BECKY WITT  my office, to-wit:  hereby certify that on the	isband and wif
DUANE R. SUMME  Be it further remembered, the following n  I, WAYNE KIVETT  one thousand nine hundred and  State of Indiana, Groom	was filed in my office a marriage day of RLOT marriage certificate was filed in 1	and BECKY WITT  my office, to-wit:  hereby certify that on the at COATESVILLE	usband and wil
DUANE R. SUMME!  Be it further remembered, the following n  I, WAYNE KIVETT  one thousand nine hundred and  State of Indiana, Groom  and, Bride BECKY WIT	was filed in my office a marriage day of RLOT  marriage certificate was filed in a  87	and BECKY WITT  my office, to-wit:  hereby certify that on the 31st day of JULY  at COATESVILLE  hereby conty of HENDRICKS	sband and wil
DUANE R. SUMME!  Be it further remembered, the following n  I, WAYNE KIVETT  one thousand nine hundred and  State of Indiana, Groom  and, Bride BECKY WIT	was filed in my office a marriage day of RLOT  marriage certificate was filed in a  87	and BECKY WITT  my office, to-wit:  hereby certify that on the 31st day of JULY  at COATESVILLE  hereby conty of HENDRICKS	sband and wife
DUANE R. SUMME  Be it further remembered, the following n  I, WAYNE KIVETT  one thousand nine hundred and  State of Indiana, Groom  and, Bride BECKY WIT  were by me united in marriage as authori  County.	was filed in my office a marriage  day of	and BECKY WITT  my office, to-wit:  hereby certify that on the 31st day of JULY  at COATESVILLE  of HENDRICKS  HENDRICKS  County, State of	sband and wife
DUANE R. SUMME!  Be it further remembered, the following n  I, WAYNE KIVETT  one thousand nine hundred and  State of Indiana, Groom  and, Bride BECKY WIT  were by me united in marriage as authori  County.	was filed in my office a marriage  day of	and BECKY WITT  my office, to-wit:  hereby certify that on the 31st day of JULY  at COATESVILLE  of HENDRICKS  HENDRICKS  County, State of	sband and wife
DUANE R. SUMME!  Be it further remembered, the following n  I, WAYNE KIVETT  one thousand nine hundred and  State of Indiana, Groom  and, Bride BECKY WIT  were by me united in marriage as authori  County.  Dated this 14th day of	was filed in my office a marriage day of	and BECKY WITT  my office, to-wit:  hereby certify that on the 31st day of JULY  at COATESVILLE , County of HENDRICKS  HENDRICKS County, State of  HENDRICKS County, State of  for that purpose by the Clerk of the Circuit Court of HENDRICKS	ENDRICKS  IN  DRICKS
DUANE R. SUMME!  Be it further remembered, the following n  I, WAYNE KIVETT  one thousand nine hundred and  State of Indiana, Groom  and, Bride BECKY WIT  were by me united in marriage as authori  County.  Dated this 14th day of	was filed in my office a marriage day of	and BECKY WITT  my office, to-wit:  hereby certify that on the 31st day of JULY  at COATESVILLE , County of HENDRICKS  HENDRICKS County, State of  HENDRICKS County, State of  for that purpose by the Clerk of the Circuit Court of HENDRICKS	ENDRICKS  IN  DRICKS
DUANE R. SUMME!  Be it further remembered, the following n  I, WAYNE KIVETT  one thousand nine hundred and  State of Indiana, Groom  and, Bride BECKY WIT  were by me united in marriage as authori  County.  Dated this 14th day of	was filed in my office a marriage day of	and BECKY WITT  my office, to-wit:  hereby certify that on the 31st day of JULY  at COATESVILLE  of HENDRICKS  HENDRICKS  County, State of	ENDRICKS  IN  DRICKS

HENDRICK

COMPLETE IF MARRI

de de Keme

I. RAYMO

.. Circuit Court

form Prescribed By ndiana State Board of lealth under Authority f I.C. 31-1-3-2 ffective July 1, 1977

# STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

File

HENDRIC	County
MALE Medical Examination Report Dated 6-38-87	PEMALE Date of Application
Name of Physician - Bakes	Medical Examination Report Dated 6-30-87
ALL QUESTIONS MUST BE ANSWERED, LC 31-1-3-6 prompts 1-22-1	Name of Physician Scher
shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	Dever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT  Name  Middle	FEMALE APPLICANT
Date of Birth Month Day Face Jast	Name Pirst Middle D Last
Place of Birth (State or foreign country)	Date of Birth Mopth Day Year
Residence Address Street or R. R. City	Place of Birth (State or foreign country)
7890 E 1000 N Braw soleurs A	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	-731 XMuart Braunsliner, Ja
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate U Judicial Decree
Other (Specify) Hr. Afternol	Other(Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?  No Yes  No Yes	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin? No □ Yes □ 4. Are you now under the influence of intoxicating liquor? No □ Yes □
<ul> <li>5. Are you now under the influence of a narcotic drug?</li> <li>No to Yes □</li> <li>6. List the full names of any dependent children.</li> </ul>	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father fallip . Taul	8. Full name of father Award 1. Surfuer
Residence of father (if deceased so state)	Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother // arey Willes	9. Full maiden name of mother & Metricia & Suntley
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).
State of Indiana.  HENDRICKS    ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS land state the information given
county of	County of in this application is true and correct.
Signed July H. Han	Signed Chustine S. Gunne
New Address SO COAKHURST BE,	New Address 30/6 Oakhurst Dr. Inople.
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of 198
Mrs. Jane Hendricks Circuit Court	HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS }ss:
County of HENDRICKS ss:	County of S8:
SignedFather	Signed Father
SignedMother	Signed
subscribed and sworn to before me this	Subscribed and sworn to before me thisday of, 19,
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
HENDRICKS County Cou	rt by written order issuedand filed
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 licens	e issued by the clerk of the
f Indiana dated the day of LEROY ANTHONY PAUL  day of an an an arrive items.  day of an arrive items.	d CHRISTINE SUSANNE BURTNER
e it further remembered, the following marriage certificate was filed in my off	ice, to-wit:
C. RAYMOND EARLE	Indianapolis County of Hendricks
CUDICTINE SUSANNE BURINER	
ere by me united in marriage as authorized by a marriage license issued for th	nat purpose by the Clerk of the Circuit Court of
ounty.	. /s/ C Raymond Farla
	MINISTER
	ficial Designation

and Rusself HENDRICKS

....Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this...27th.....

# Form Prescribed By Indiana State Board of Health under Authority

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

File_ 7-9-87
Date of Application

County of HENDRY

he h kentunberg.

.Circuit Court

of I.C. 31-1-3-2 Effective July 1, 1977	FEMALE Medical Examination Report Dated  [1]  [1]  [2]  [3]	24.0
MALE 7-7-87	ion // // (bull cause)	
Name of Physician David Haggard  Name of Physician David Haggard  ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who	Name of Physician	on or pretense
Name of Physician David Haggard "False statement—Who	ever procures the issuance of a ficense to the	- The state of the
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 preserved shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT	Last
MALE APPLICANT	Name Rochell Hack	Parroll
Name First Middle Cill M	Date of Birth Month	
Date of Birth Month Day 52	Place of Birth (State or foreign country)	
Place of Birth (State or foreign country)	Street or R. B. City County	State
Residence Address Street or R. R. This high Hambook	3773 COULT WEST THE	
lette thirding street Plantield Herail Chi	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Divorce Ann	-
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce, Annulment	Last Marriage Ended By: Death District  Date of birth verified by: Birth Certificate Judicial Decree	Dept. of the same
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified sy	
2 2 2 3 A	Other (Specify) Wers License	No Y Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?	No Ves D
No Tes	If answer is "yes, has the adjusted."  2. Are you afflicted with a transmissible disease?	No Yes D
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin?	No Yes D
3. Are you related to the female applicant closer than second cousin:	4. Are you now under the influence of intoxicating liquor?	No Yes D
4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes	5. Are you now under the influence of a narcotic drug?	Note Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.	
Jaime Michelle Gillum	Heather Mae Carroll	
M. Jimi Hendrix's Gillum	Rob Roy Carroll	
Jill Exica Gillum		The
The state of the s	7. Are you required by any court order or orders to support the above	No W v. D
dependent children?	dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof	f that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	compliance with any court order or orders issued for their support.	
compliance with any court order or orders issued for their support.  8. Full name of father ZOV AMCISON GILLYM	8. Full name of father Haskel William Prock	
Residence of father (if deceased so state) NCCOSCO	Residence of father (if deceased so state) Irdiano	
Birthplace of father (State or foreign country) Indiana.	Birthplace of father (State or foreign country) Missouri	
9. Full maiden name of mother Kny Lryn Harie Rogers	9. Full maiden name of mother Nancy Amelia Worst	
11 1-25/2	Todio oo	
Alvasaa	Residence of modific (if deceased so state)	
State of Indiana.  HENDRICKS  State of Indiana.  HENDRICKS  Sas: I depose and state the information given in this application is true and correct.	Birthplace of mother (State or foreign country) VOVISOS  State of Indiana, I depose and state the information of the country o	
Subscribed and sworn to before me this 944 day of 1944, 1987.  Many Jane Russell Clerk HENDRICKS Circuit Court	Subscribed and sworn to before me this 9th day of HULLY  THAT FALL FILLY  Clerk HENDRICKS	Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSIDER OF PARTIES	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN	
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If on	
	signs, state facts which render the consent of the other parent unnecessary	*******************
State of Indiana, HENDRICKS } ss:		*****************
County of HENDRICKS ss:	State of Indiana, County of	
Signed Father	)	
Signed Mother	Signed	Father
Subscribed and sworn to before me thisday of	Signed	Mother
	Subscribed and sworn to before me this	19
COMPLETE IF MARRIAGE MODELS		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY COU	RT. A marriage liere	
in County C	RT. A marriage license having been refused to the above named pourt by written order issued	parties, the
and directs the issuance	af -	and filed
Be It Remembered, there was filed in my off	SE AND MARRIAGE CERTIFICATE case issued by the clerk of the HENDRICKS  Circum, 19 authorisis of	
of Indiana dated the day of	nse issued by the clerk of the	Count
Be it further remembered the full	, 19 guthorisis di	reurt Court
I. Thomas the following marriage certificate was filed in my	and BARBARA PROCK CARROLL to gether as husbane	d and wife
one thousand nine hundred and 87	hereby certify the	***************************************
Ditte of Indiana (*Poom	- CIMOD TITT V	
one thousand nine hundred and 87.  State of Indiana, Groom JAMES LESLIE GILLUM  and, Bride BARBARA PROCK CARROLL of of the county.  were by me united in marriage as authorized by a marriage license issued for Dated this 14th day of JULY	of HENDRICKS , County of	MARION
were by me united in marriage as authorized by a marriage license issued for County.  Dated this 14th day of JULY , 1987	MARION County, State of	LN
Dated this 14th day of	that purpose by the Clark	
, 1987	our court of	and the same
Filed and recorded in accord	Signed /S/ THOMAS	
the accordance with the laws of the State of Indian	Signed /s/ THOMAS W. RAKOCZY Official Designation MINICEPE	**************
this	Official Designation MINISTER day of JULY	**************
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Way Con Change 19 83	7 Clerk
	William Charles and Comments	Clern

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

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

County Date of Application FEMALE Medical Examination Report Dated FEMALE APPLICANT

HENDRICKS MALE 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 MALE APPLICANT Date of Birth Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Previous Marital Status: Never Married OR Date of birth verified by: 

Birth Certificate 

Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: 

Birth Certificate 

Judicial Decree Are you now or have you ever been adjudged to be of unsound mi No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been remove No Yes No D Yes D If answer is "yes", has the adjudication been removed? Are you afflicted with a transmissible disease No D Yes D No Yes D ou related to the female applicant closer than second cousin! Are you afflicted with a transmissible disease Ne Yes No Tyes D now under the influence of intoxicating liquor? Are you related to the male applicant closer than second or No Yes O No Yes D ou now under the influence of intoxicating liquor now under the influence of a narcotic drug? No Yes D No Yes D the full names of any dependent children No Yes Are you required by any court order or orders to support the above dependent children? No T Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in No Yes O If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Residence of mother (if deceased so state). Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana. State of Indiana, HENDRICKS HENDRICKS County of ... CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary..... signs, state facts which render the consent of the other parent unnecessary... State of Indiana, HENDRICKS State of Indiana. HENDRICKS County of Father Father Mother Subscribed and sworn to before me this ..... day of . 19..... Subscribed and sworn to before me this..... ..day of..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS 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 HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the...... Be it further remembered, the following marriage certificate was filed in my office, to-wit: Signed /s/ DAVE KOVALOW-ST. JOHN Official Designation MINISTER day of JULY 

one thousand nine hundred and 87 at 4:30 p.m. County of HENDRICKS State of Indiana, Groom RAYMOND HUGHEY BEELER of HENDRICKS County, State of IN and, Bride ANGELA SUE 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.

Signed Many Jame

HENDRICKS

Circuit Court

Dated this 18th day of JULY , 1987 ....

Form Prescribed By Indiana State Board of STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Date of Application

HENDRICKS

Circuit Court

Health under Authority Effective July 1, 1977 Medical Examination Report Dated FEMALE MALE Name of Physician Medical Examination Report Dated ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false shall be fined in any sum not exceeding five handred dollars (\$500 mm)" FEMALE APPLICANT shall be fined in any sum not exceeding five hundred dollars (\$500,00)" Middle MALE APPLICANT Name Middle Date of Birth Place of Birth (State or foreign country Place of Birth (State or foreign Previous Marital Status: Never Married D OR Last Marriage Ended By Death Divorce R Annulment D Previous Marital Status: Never Married OR Date of birth verified by Birth Certificate Dudicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: 

Birth Certificate 

Judicial Decree 1. Are you now or have you ever been adjudged to be of unsor No Yes D Other (Specify) No Yes If answer is "yes", has the adjudication been removed No D Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 2. Are you afflicted with a transmissible disease No Yes D If answer is "yes", has the adjudication been removed No Yes 3. Are you related to the male applicant closer than second or No TY Yes D 2. Are you afflicted with a transmissible disease? No TO Yes Are you related to the female applicant closer than second cousin? No D Yes D No Yes Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug No A Yes D No Yes 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children 6. List the full names of any dependent children Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support Residence of father (if deceased so state) Birthplace of father (State or foreign country Residence of mother (if deceased so state)_ Residence of mother (if deceased so state). Birthplace of mother (State or foreign country ). Birthplace of mother (State or foreign country). I depose and state the information given in this application is true and correct. State of Indiana, State of Indiana. HENDRICKS HENDRICKS County of ... HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.. signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS State of Indiana, HENDRICKS Father Signed. Subscribed and sworn to before me this......day of...... Signed Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Be it further remembered, the following marriage certificate was filed in my office, to-wit: fely, 19.87, authorizing the joining together as husband and wife hereby certify that on the 18th day of JULY one thousand nine hundred and 87. 87. at BROWNSBURG 18th day of HENDRICKS. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Filed and recorded in accordance with the laws of the State of Indiana this......20th Signed /s/ ROBERT L. RIGGS Official Designation MINISTER Signed ....

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

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

File_

... Circuit Court

MALE	Date of Application
Medical Examination Report Dated 6-29-87	FEMALE Medical Examination Book State Stat
Name of Physician C. Oldham	Medical Examination Report Dated \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement, 143	Name of Physician D. Well's
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	ever procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle	FEMALE APPLICANT
Date of Birth Month Day	Name First Middle Last
Place of Birth (State or (dreign Quintry)	Date of Birth Month Day Year
Ind.	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address
The strapes.	1 613 W. Morris St. Plyd. County State
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by:   Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate Judicial Decree
A Other (Specify) Dr. Tw.	A Other (Specify) DN. Ew)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed? No□ Yes□
No a Yes	2. Are you afflicted with a transmissible disease? No ₩ Yes □
4. Are you now under the influence of intoxicating liquor?  No Yes  No	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug?  No Yes	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?     No Yes      No Yes      No Yes
	and dependent children.
	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
7. Are you required by any court order or orders to support the above	
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.  8. Full name of father the father than th	compliance with any court-order or orders issued for their support.
0 0 1	8. Full name of father July C. Fowler
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Glada Who par Howell	9. Full maiden name of mother Margaret M. Kessler
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	
State of Indiana	State of Indiana,  County of HENDRICKS  Birthplace of mother (State or foreign country)  State of Indiana, I depose and state the information given in this application is true and correct.
County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	County of
Signed X John M. Mille	Signed X Puth M. Towler
New Address 1026 Kingwood & Pefd In	New Address Same
Subscribed and sworn to before me this day of White 19.	Subscribed and sworn to before me this day of the 187.
Mas Co. Bush HENDRICKS	Mrs Co. D. M. HENDRICKS
Clerk HENDRICKS Circuit Court	Gerk Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
state rates which relider the consent of the other parent differences.	
State of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS ss:
County of County	County of
SignedFather	Signed
Signed	Signed Mother
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
HENDRICKS County County	rt by written order issued
nauthorizes and directs the issuance of	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS
	e issued by the clerk of the Circuit Court
f Indiana dated the day of gully	. Dumu MARCAPET FOWLER
JOHN MILION MILLER	ice to-wit:
ROGER L. MURPHY	reby certify that on thelstday ofAUGUST
O.Z.	Cliffic Contraction of the Contr
nd, Bride RUTH MARGARET FOWLER of	HENDRICKS County, State of IN HENDRICKS
nd, Bride	at purpose by the Clerk of the Circuit Court of
ountu.	
ated this 14th day of JULY , 19.87	. Signed /s/ ROGER L. MURPHY
	ficial Designation PASTOR
iled and recorded in accordance with the laws of the State of Indiana this31	ed day AUGUST , 1987
with the second of the second	Signed HENDRICKS Circle Court

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

File_ 7-10-87 Date of Application

HENDRICKS

.Circuit Court

Effective July 1, 1977	FEMALE Medical Examination Report Dated  1497
MALE 7-4-87	in Hohen Acces ( all by Gills
Medical Examination Report Dated	Name of Physician.  hoever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
Name of Physician 9 Name o	hoever procures the issue.  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-13-0 p. (c. 5500,00)".  shall be fined in any sum not exceeding five hundred dollars (8500,00)".  MALE APPLICANT	First,
Name First Middle H110 hP5	Name Christine Day Year
Date of Birth Month Day Year	Date of Birth Month    2
Place of Birth (State or foreign country)	City County, State
County State	Residence Address Street of R. R. Brownsburg Henricks M/
Residence Address Street of R. B. Prounshuld Hembriks /N	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Divorce Annument
Last Marriage Ended By: Death Divorce Annulment Divorce Indicial Decree	Date of birth verified by: Birth Certificate Sudicial Detection
Date of birth verified by: Birth Certificate Judicial Decree	Other (Specify) DIVERS LICENSC
Other (Specify) Drivers Greensed mind?	1. Are you now or have you ever been adjudged to be of unsound mind:
1. Are you now or have you ever been adjudged to be of unsound mind?  No ☐ Yes ☐  If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?  No ▼ Yes□  No ▼ Yes□  No ▼ Yes□
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the mare approach 4. Are you now under the influence of intoxicating liquor?  No X Yes D
4. Are you now under the influence of industrating inquot.	5. Are you now under the influence of a narcotic drug? No Yes O
5. Are you now under the influence of a narcotic drug?  6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?  No U Yes U  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father John Ross Aughes	8. Full name of father for and Davis Municy
Residence of father (if deceased so state) Deceased	Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Virginia	Birthplace of father (State or foreign country)
9. Full maiden name of mother Rose Marie White	9. Full maiden name of mother Minnie Hack Fields
Residence of mother (if deceased so state) Deceased	Residence of mother (if deceased so state) Urginia
Birthplace of mother (State or foreign country) Urginia	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS    Sas: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  State of Indiana, HENDRICKS  State of Indiana, HENDRICKS  State of Indiana, HENDRICKS  State of Indiana, In this application is true and correct.
Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS. PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.	Subscribed and sworn to before me this day of HENDRICKS  Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS } as:	State of Indiana,
Signed Father	County of HENDRICKS ss:
Signed	Signed Father
Subscribed and sworn to before me this	Signed Mother
Clerk	Subscribed and sworn to before me thisday of19
COMPLETE IF MARRIAGE LICENSE ISSUED BY OFFICE	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
HENDRICKS County ORDER OF COUR	RT. A marriage license having been refused to the plant and parties the
and directs the issuance	and filed
RETURN OF MARPIACE	of a marriage license to the above named parties
of Indiana dated the	SE AND MARRIAGE CERTIFICATE  nse issued by the clerk of the HENDRICKS  Circuit Court  and the state of the Circuit Court  and the clerk of
of Indiana dated the day of day of	use issued by the clerk of the HENDRICKS Circuit Court
TOO BE LEVE	
State of Indiana Green 10000	and CHRISTINE WATSON  coffice, to-wit:  chereby certify that on the 31st day of JULY  cof HENDRICKS  County of MARION  County State of IN
and, Bride JOHN EZRA HUGHES	hereby certify that on the 31st day of JULY at INDIANAPOLIS , County of MARION
were by me united in marriage as outless	that purpose by the Clerk of the Circuit Court of HENDRICKS  HENDRICKS  County, State of IN  HENDRICKS  County, State of IN  HENDRICKS  HENDRICKS
County.  Dated this	that murrous that murrous to the country State of
31stday of JULY	that purpose by the Clerk of the Circuit Court of HENDRICKS  HENDRICKS  County, State of IN  HENDRICKS  HENDRICKS  HENDRICKS
, 19.87	Simul
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ JOHN HESSELDENZ Official Designation JUDGE 5th day of AUGUST
	Signed AUGUST , 19.87
	Clerk

.Circuit Court

HENDRICKS

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

#### STATE OF INDIANA APPLICATION FOR M

319

Effective July 1, 1977  HENDRIC	MARRIAGE LICENSE File
MALE	County — /-/0-87 Date of Application
Medical Examination Report Dated /-6-87	FEMALE Medical Examination Report Dated 7-6-87
Name of Physician Tyrlen	1
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Wh shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	oever procures the issuance of a license to marry by any false statement, representation or pretense
Name Finat	
Date of Birth Month Verne Print Last	Name Figst Middle / Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
- LA	Place of Birth (State or foreign country)
Residence Address Street or R. R. Clty County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	Prince Plan & Simuelle S.
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment O
	Date of birth verified by: Birth Certificate Judicial Decree
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify) Dr. Lucius
If answer is "yes", has the adjudication been removed?  No Ves  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No P Yes D
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Yes   Yes   No Yes
3. Are you related to the female applicant closer than second cousin?  No D Yes D  4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug?  No D Yes D  No D Yes D	4. Are you now under the influence of intoxicating liquor?  Now Yes
6. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?     No Yes      No Yes      No Yes
7. Are you required by any court order or orders to support the above	The second secon
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court open of orders issued for their support	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Arena Arena	compliance with any court order or orders issued for their support.  8. Full name of father
Residence of father (if deceased so state) Danville A.	Residence of father (if deceased so state) Allensed
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Miss.
9. Full maiden name of mother Aurabelle Wolf	9. Full maiden name of mother Pauline Cloud
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Plaintield An-
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana,  County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	State of Indiana,  County of.  HENDRICKS  as: I depose and state the information given in this application is true and correct.
Sint Robert Verne Pouts	8. 1a. C.
New Address 4445 & Main Danville IN	New Address 4445 - Main Danville
Subscribed and sworn to before me this day of Helly 1957	Subscribed and sworn to before me this D day of Steller 1957
Mary And Jusself Clerk HENDRICKS Circuit Court	Wares pre fusell clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, LIENTONICKS	State of Indiana, HENDRICKS } ss:
County of HENDRICKS ss:	County of Services
SignedFather	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of , 19 ,
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	C. A marriage license having been refused to the above named parties, the
HENDRICKS County County authorizes and directs the issuance of	and filed a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND WARRIAGE CERTIFICATE
The Alt 20 amountared there was filed in my office a marriage licens	se issued by the clerk of the
f Indiana dated the 1500 day of whey	, 19. d. /., authorizing the joining together as husband and wife
to it further remembered the following marriage certificate was filed in my of	fice, to-wit:
training and the same and the s	ereby certify that on the 18th day of JULY
	t INDIANAPOBIS , County of
tate of Indiana, GroomROBERT VERNE PRUITTof	nengations
vere by me united in marriage as authorized by a marriage license issued for the	nat purpose by the Clerk of the Circuit Court of HENDRICKS
ounty.	
ated this 18th day of JULY , 19.87	Signed /s/ TERRY W. LEWIS Official Designation MINISTER
	23rd Jan of JULY 1987
ued and recorded in accordance with the laws of the State of Indiana this	Signed Many Jane Thank HENDRICKS Clerk

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	326
No	3/9
File	- 1

Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR I	MARRIAGE Die 7-10-87  KSCounty Date of Application
of I.C. 31-1-3-2 Effective July 1, 1977	2000
Elifethe and it	FEMALE Medical Examination Report Dated  FALLE  Medical Examination Report Dated
2 = 2	Medical Examination Report Pater Edwards
MALE 7-7-87	Name of Physician WM.
Medical Examination Report Dated	Name of Tary
Name of Physician Wm. Courage	sever procures the issuance of a license to marry of
MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement - Who	Name of Physician  Dever procures the issuance of a license to marry by any false statement, representation or pretent of the issuance of a license to marry by any false statement, representation or pretent of the issuance of a license to marry by any false statement, representation or pretent of the issuance of a license to marry by any false statement, representation or pretent of the issuance of a license to marry by any false statement, representation or pretent of the issuance of a license to marry by any false statement, representation or pretent of the issuance of a license to marry by any false statement.
	Middle () a Last
MALE APPLICANT	Name Parker X. Unselment
Name First Manue	Date of Birth Month 2/ 1958
Vale Year	
Date of Birth Month 1956	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street of R. R. City County State
martensville Morgan County (State	Residence Addition St. aft H. maple New
Residence Address Street of R. d. Apt. A July . Hend on .	Previous Marital Status: Never Married OR
July or and on	Previous Marital Status: Never Divorce Annulment Last Marriage Ended By: Death Divorce Annulment
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Dudicial Decree  Date of birth verified by: Birth Certificate Judicial Decree
Last Marriage Ended By. Death Divorce Annulment	Date of birth verified by:
Date of birth verified by: Birth Certificate Judicial Decree	Varies Luc Victure
M. Nrineis Lie - Secture	Other (Specify) Correction of the control of the co
Other (Specify) A Yes O	1 Are you now or have you
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes	If answer is "yes", has the adjustees
If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No. Yes
4 Annual related to the female applicant closer than second cousin:	4. Are you now under the influence of intoxicating liquor?
Not Yes 'No Yes'	4. Are you now under the influence of a narcotic drug?  No Yes  No Yes
5. Are you now under the influence of a narcotic drug?	
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. As you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above No Yes O	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
	compliance with any court order or orders issued for their support.
compliance with any count order or orders issued for their support.	fordall I Was refinent
8. Full name of father fully C.	8. Full name of father August Constitution of the constitution of
Residence of father (if deceased so state) Mertinsville, In	Residence of father (if deceased so state)
Kan Kan San Land	Della Maria Company Illinois
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother allel May Caure	9. Full maiden name of mother Tetty J. Line
Residence of mother (if deceased so state) Martinerille, In	Parai Sthair
Residence of mother (II deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS I depose and state the information given	State of Indiana,
County of HENDRICKS  88: I depose and state the information given in this application is true and correct.	County of HENDRICKS   sa: I depose and state the information given in this application is true and correct
Date O Las	Joshan 222 Davent
Signed A Carte A	Signed Complete Concernment
New Address Same de aleoce	New Address Samue as about,
Subscribed and sworn to before menthis 10 day of July 1967	
500 0	Subscribed and sworn to before me this day of July 199
Many Jan Kusself Clerk HENDRICKS Circuit Court	Mary Jane Kussell Clerk HENDRICKS Circuit Cou
	Cierk Circuit Co
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENS OF PARTIES
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
signs, state facts which render the consent of the other parent unnecessary	
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana.	
County of HENDRICKS 88:	State of Indiana,
	County of HENDRICKS } ss:
Signed	
Father	SignedFath
Signed	
Subscribed and sworn to before me thisday of	SignedMoth
	Subscribed and sworn to before me thisday of19
COMPLETE IF MARRIAGE LICENSE TOWNS	Cle
HENDRICKS ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the court by written order issued
County	ourt by west
authorizes and directs the ico	ourt by written order issued and file
Be It Remembered, there was filed in a MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE  nse issued by the clerk of the HENDRICKS  Circuit Cou
of Indiana dated the 14	nse issued by the
DALE J. FOY day of July	oy the clerk of the HENDRICKS Circuit Cou
Be it further remembered, the following	nse issued by the clerk of the HENDRICKS  and AMBER K. ANSELMENT  Circuit Countries, 19.67., authorizing the joining together as husband and with office, to-wit:
WILLIAM P. Co. Marriage certificate was filed in more	and AMBER K. ANSELMENT to joining together as husband and wi
THE CLAYTON THE CHANGE OF THE COMMENT OF THE COMMEN	and AMBER K. ANSELMENT  office, to-wit:  hereby certify that on the 18th day of JULY  of MARION County of HENDRICKS
wite tribunating him handred and	hou - 1
State of Indiana, Groom	at PLAINFIELD day of JULY
and, Bride AMBER K. ANSELMENT	of Many HENDRICKS
were by me united in marriage	of MARION , County of HENDRICKS  HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit Court of HENDRICKS
County. County.	HENDRICKS County, State of IN
Dated this 18th	that purpose by the City County, State of IN
day of JULY	that purpose by the Clerk of the Circuit Court of HENDRICKS  County, State of IN  HENDRICKS  County, State of IN  HENDRICKS
, 19.87	
Filed and recorded in accordance	Signed/S/WILLIAM S
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ WILLIAM R. CLAYTON Official Designation PASTOR 21st
Indiana this	21st FASTOR

JULY

....Clerk

.Circuit Court

HENDRICKS

21st

Signed.

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

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

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Circuit Court

HENDRICKS County 7-10-87		
MALE Medical Examination Report Dated 7-8-87	Date of Application FEMALE	
Name of Physician James Jamest	Medical Examination Report Dated 7-8-87	
	Now and to be hereald	
hall be fined in any sum not exceeding five hundred dollars (\$500.000"	oever procures the issuance of a license to marry by any false statement, representation or pretense	
MALE APPLICANT		
Name First Middle Last Event Last	Name First Middle   Last	
Date of Birth Month Day Year Year	Date of Riveh And Flizabeth Strahl	
Place of Birth (State or foreign country)	4 III 777	
esidence Address Street or R. R. City County State	Place of Birth (State or foreign country)	
523 Wall Street Pike Maribeld Hendricks TR	Residence Address Street or R. R. City County State	
revious Marital Status: Never Married OR	Previous Marital Status: Never Married OR	
ast Marriage Ended By: Death Divorce Annulment Late of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment	
	Date of birth verified by: Birth Certificate  Judicial Decree	
Other (Specify) JUNES License	Other(Specify)	
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?	
If answer is "yes", has the adjudication been removed?  No Yes   Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?	
Not les l	2. Are you afflicted with a transmissible disease?	
Are you now under the influence of intoxicating liquor?  No. Yes   Yes	3. Are you related to the male applicant closer than second cousin?	
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of intoxicating liquor?  No Yes   5. Are you now under the influence of a narcotic drug?  No Yes   Ves	
List the full names of any dependent children.	6. List the full names of any dependent children.	
Are you required by any court order or orders to support the above	7 Are you required by any court order or orders to connect the above	
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No Yes	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	
Full name of father LATTY D. WILSON	compliance with any court order or orders issued for their support.  8. Full name of father 1050 R. S. Cahl	
Residence of father (if deceased so state) Thiana	Tadam	
Birthplace of father (State or foreign country) Todiam	Residence of father (if deceased so state)	
Full maiden name of mother Anita J. Mason	Birthplace of father (State or foreign country) NCW /// K	
Tod and	9. Full maiden name of mother 101110 a F. Journ S	
Residence of mother (if deceased so state) 100/009	Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country) Indana	Birthplace of mother (State or foreign country)	
ate of Indiana, HENDRICKS  ss: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	
Law Milan	000 0001	
Now Address 3230 WALL ST. PIKE	Signed With Signed Dip	
New Address.	New Address.	
oscribed and sworn to before me this. Ohd day of July 1987	Subscribed and sworn to before me this day of MULA	
Many Jane Russell Clerk HENDRICKS Circuit Court	Mary Janu Kulsul Gerk HENDRICKS Circuit Court	
NSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN	
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary	
s, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary	
te of Indiana, HENDRICKS } sa:	State of Indiana, HENDRICKS County of	
HENDRICKS 58:	County of	
SignedFather	Signed Father	
SignedMother	Signed Gatricia E. Strall Mother	
cribed and sworn to before me thisday of	Subscribed and sworn to before me this 10th day of Allf 1987	
Clerk	Mary Jane Kustell Clerk	
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage license having been refused to the above named parties, the	
HENDRICKS County Azosul Cou	art by written order issued and filed and filed	
authorizes and directs the issuance of		
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS	
Be It Remembered, there was filed in my office a marriage licens	se issued by the clerk of the	
Indiana dated the 2 day of fly	, 1987, authorizing the joining together as husband and wife and Market ANN ELIZABETH STAHL fice, to-wit:  ereby certify that on the 18th day of JULY	
LARRY EUGENE WILSON	id	
RONALD McCAMMON	ereby certify that on the 18th day of JULY	
0-	let Accembly of God County of Hendricks	
te of Indiana, Groom LARRY EUGENE WILSON o	HENDRICKS  County, State of INDIANA  HENDRICKS  County, State of INDIANA	
by me united in marriage as authorized by a marriage license issued for the	hat purpose by the Clerk of the Circuit Court of	
nty. ed this 18th day of JULY , 19 87	7. Signed /s/ Ronald McCammon	
d this IOIII day of	Signed 757 Konard McCammon Official Designation Ordained Minister	
The state of the s	Official Designation July 27th July 287	
d and recorded in accordance with the laws of the State of Indiana this	Thru Can Kussell Clark	
The same of the sa	Signed I Wary and Husself HENDRICKS Circuit Court	

of I.C. 31-1-3-2

# STATE OF INDIANA

..Clerk

Circuit Court

HENDRICKS

APPLICATION FOR MARRIAGE LICENSE Form Prescribed By 7-14-87 Indiana State Board of HENDRICKS Date of Application County Health under Authority Effective July 1, 1977 Medical Examination Report Dated Medical Examination Report Dated 7-6-87 John Name of Physician_ ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense shall be fixed in the f shall be fined in any sum not exceeding five hundred dollars (\$500,00) MALE APPLICANT Lang Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country 3961 Bennett Previous Marital Status: Never Married OR 202 N Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: 

Birth Certificate 

Judicial Decree Univers License 1. Are you now or have you ever been adjudged to be of unsound mind NA Yes D Other (Specify)_ No Yes -1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D If answer is "yes", has the adjudication been removed No Yes If answer is "yes", has the adjudication been removed No Yes D 2. Are you afflicted with a transmissible disease No Yes 3. Are you related to the male applicant closer than second of Yes D No Yes Are you related to the female applicant closer than second cousin' No Yes D 4. Are you now under the influence of intoxicating liquor No Yes O Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? NA Yes D re you now under the influence of a narcotic drug? 6. List the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No D Yes D If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father Donald K. Mobile V Full name of father Richard C. Land Residence of father (if deceased so state) Think Residence of father (if deceased so state) Thig O Birthplace of father (State or foreign country) ThioM 9. Full maiden name of mother Kathy L. Hin Shaw 9. Full maiden name of mother Helga Residence of mother (if deceased so state) Imiana Residence of mother (if deceased so state) Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS I depose and state the information given in this application is true and correct. State of Indiana, HENDRICKS 1987 HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, County of ... HENDRICKS County of .... Signed. Subscribed and sworn to before me this ..... Signed. Mother ..... 19...... Subscribed and sworn to before me this ..Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued..... .....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the .... Be it further remembered, the following marriage certificate was filed in my office, to-wit: , 19 authorizing the joining together as husband and wife hereby certify that on the 19th day of JULY were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of , County of HENDRICKS County, State of _____IN Signed /s/ DONALD E. RAYMOND Official Designation MINISTER ....day of JULY Signed.

Circuit Court

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

#### STATE APPLICATION FOR

STATE OF INDIANA	No.	323
FOR MARRIAGE LICENSE	No	The Park State of the State of
HENDRICKS	File	1000

MALE	County
Medical Examination Report Dated 7-4-87	Pate of Application FEMALE
Name of Physician 5. Hasan	Medical Examination Report Dated
	Name of Physician S. Heeger
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Wheshall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	oever procures the issuance of a license to marry by any false statement, representation or pretens
Name First	
Jerry Last To	Name First Middle Lost
Date of Birth Monch Day Year V	Date of Birth Mann J. Grupa
Place of Birth (State or foreign country)	Day Year
Residence Address Street or R. R. Gity County State	Place of Birth (State or foreign country)
ACO 27 Enguering Druk Fot Brago No Par	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	all babble on , I the bed Had
Last Marriage Ended By: Death Divorce Annulment Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: R Birth Certificate Dudicial Decree
Other (Specify) Nivers Lengths	Judicial Decree
1 Annual Control of the Control of t	Other (Specify)
If answer is "yes", has the adjudication been removed?  No Yes  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No□ Yes□	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin? No □ Yes □	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No □ Yes □	Are you related to the male applicant closer than second cousin?      No Yes C      Are you now under the influence of intoxicating liquor?  No Yes C
5. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of intoxicating liquor?  No Yes   5. Are you now under the influence of a narcotic drug?  No Yes   Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	The state of the s
7. Are you required by any court order or orders to support the above	
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.  8. Full name of father the support of their support.	compliance with any court order or orders issued for their support.
8. Full name of father 1900 y J. Droyles S.	8. Full name of father the state of the stat
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana,
9. Full maiden name of mother Sandyal . York	9. Full maiden name of mother Best Stude & Sugress
Residence of mother (if deceased so state)	Dory 11/1 8
	Residence of mother (if deceased so state)
State of Indiana	Birthplace of mother (State or foreign country)
County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  State of Indiana,  HENDRICKS  State of Indiana,  HENDRICKS  State of Indiana,  I depose and state the information given in this application is true and correct.
Quil Bioglo	VA M
Signed 1	Signed XCAGAM Shuca
New Address	New Address
Subscribed and sworp to before me this day of flight, 19	Subscribed and sworn to before me this day of day of 190
1 ary Ann Russellark HENDRICKS Circuit Court	Many Jane Russell Gerk HENDRICKS Circuit Court
	- 01
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS } ss:	State of Indiana, HENDRICKS ss:
County of	
SignedFather	SignedFather
Signed	Signed
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clark	Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
HENDRICKS County Court	t by written order issued
authorizes and directs the issuance of	a marriage license to the above named parties.
The state of the s	AND MAPPIAGE CERTIFICATE
	agained has the cierk of the contractions and the contractions of the contraction of the cont
	19.1.1., authorizing the joining together as hasband and wife
and	DIAM. Shook
DERRI DA DROIDED DIA	ce to-wit:
tate of Indiana, GroomJERRY-LBROYLES-JRof	HENDRICKS County, State of HENDRICKS
ere by me united in marriage as authorized by a marriage license issued for the	t manage by the Clerk of the Circuit Court of
	it purpose by the cities,
uncy.	to par post og attender i transport i tran
ated this lst day of AUGUST 19.87	Signed /s/ JOHN PARSONS
ated thislstday ofAUGUST, 1987	Signed /s/ JOHN PARSONS  Frial Designation ELDER PASTOR
ated this lst day of AUGUST 19 87	Signed /s/ JOHN PARSONS  Frial Designation ELDER PASTOR

Form Prescribed By Indiana State Board of

Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

FEMALE

No	321	す
File		
	17/AII	0.77

HENDRICKS

.Circuit Court

11410,1 Date of Application

HENDRICKS

Medical Examination Report Dated ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (8500,00)". Medical Examination Report Dated_ Name of Physician_ Hammons MALE APPLICANT Edna Brownshurg Hen mar Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married D OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: 

Birth Certificate 

Judicial Decree 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D No Yes If answer is "yes", has the adjudication been removed? 1. Are you now or have you ever been adjudged to be of unsound mind? No T Yes D No Yes No Yes D If answer is "yes", has the adjudication been removed 2. Are you afflicted with a transmissible disease? No Yes 3. Are you related to the male applicant closer than second cousin? Are you afflicted with a transmissible disease No Yes No Yes No Yes D 4. Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of intoxicating liquor? No Yes D 5. Are you now under the influence of a narcotic drug? No Yes 6. List the full names of any dependent children. List the full names of any dependent children 7. Are you required by any court order or orders to support the above No T Yes D No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father HINEY 8. Full name of father Residence of mother (if deceased so state)_ Wisconsin Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country). State of Indiana. State of Indiana, Subscribed and sworn to before me this..... day of July Jane Russell Jane Russell mary HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other **HENDRICKS** State of Indiana, HENDRICKS County of .... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ......Court by written order issued.......and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the .... day of July, 1987, authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: EDNA M. HAMMONS hereby certify that on the 18th State of Indiana, Groom LAWRENCE J. MCGINN at VINCENNES INDIANA , County of KNOXON EDNA M. HAMMONS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Filed and recorded in accordance with the laws of the State of Indiana this.... Signed /s/ LAWRENCE R. FUGIT Official Designation.....MINISTER... 22nd day of JULY

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____

# STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

FEMALE

325 File_

7-14-87
Date of Application

...Circuit Court

Name of Physician C. L. Kerlin	Medical Examination Report Dated 7-6-87
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	Name of Physician C. Kerlin
MALE APPLICANT	ever procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle	FEMALE APPLICANT
Date of Birth Month Day	Name First _ Middle    Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Residence Address Street or R. R. City County	Place of Birth (State or foreign country)
228 S. Green St. Brownsburg State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	Taky Oakhill Dr. Plfd.
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate  Judicial Decree	Date of birth verified by: Birth Certificate  Judicial Decree
Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify)
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes ☐  If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease?  No Yes   3. Are you related to the female applicant closer than second cousin?  No Yes	2. Are you afflicted with a transmissible disease? No Yes 🗆
4. Are you now under the influence of intoxicating liquor?  No Yes	3. Are you related to the male applicant closer than second cousin? No Yes
5. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of intoxicating liquor?  No ✓ Yes □  5. Are you now under the influence of a narcotic drug?  No ◯ Yes □
6. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?      No Yes       List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frederick Roberts	8. Full name of father Henry St. Prate.
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Joanne Horizonala	9. Full maiden name of mother Kathleen Corner
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	
State of Indiana,	State of Indiana.  HENDRICKS  Birthplace of mother (State or foreign country)  State of Indiana.  HENDRICKS  Birthplace of mother (State or foreign country)  I depose and state the information given in this application is true and correct.
County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.
Signed Robert L. Roberts	Signed Why V trater
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Mary Jane Rusell Gerk HENDRICKS Circuit Court	Many Jave Russell Clerk HENDRICK'S Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
tate of Indiana,	State of Indiana, HENDRICKS } ss:
ounty of HENDRICKS ss:	County of
SignedFather	SignedFather
Signed	Signed
ubscribed and sworn to before me thisday of, 19,	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	C. A marriage license having been refused to the above named parties, the
HENDRICKS Country Cou	irt by written order issued
authorizes and directs the issuance of	a marriage license to the above named parties.
OF MADDIAGE LICENSE	AND MARRIAGE CERTIFICATE
f Indiana dated the day of day	19. \( \), authorizing the joining together as husband and wife  AMY J. PRATER
ROBERT LESLIE ROBERTS	Contract to anit
e it further remembered, the following marriage certificate was filed in	ereby certify that on the18thday ofJULY,
JAMES A. MCKINNEY 87 a	t DANVILLE , County of HENDRICKS
tate of Indiana, GroomROBERT LESLIE ROBERTS	fHENDRICKSCounty, State ofIN
tate of Indiana, Groom ROBERT LESLIE ROBERTS of No. 1, PRATER of the state of Indiana, Groom ROBERT LESLIE ROBERTS of the state of Indiana, Groom ROBERT LESLIE ROBERTS of the state of Indiana, Groom ROBERT LESLIE ROBERTS of the state of Indiana, Groom ROBERT LESLIE ROBERTS of the state of Indiana, Groom ROBERT LESLIE ROBERTS of the state of Indiana, Groom ROBERT LESLIE ROBERTS of the state of Indiana, Groom ROBERT LESLIE ROBERTS of the state of Indiana, Groom ROBERT LESLIE ROBERTS of the state of Indiana, Groom ROBERT LESLIE ROBERTS of the state of Indiana, Groom ROBERT LESLIE ROBERTS of the state of Indiana, Groom ROBERT LESLIE ROBERTS of the state of the sta	HENDRICKS County, State of HENDRICKS
ere by me united in marriage as authorized by a marriage license issued for the	iat purpose by the Clerk of the Circuit Court of
ounty. ated this18thday ofJULY, 19.87	
	PASTOR
iled and recorded in accordance with the laws of the State of Indiana this	21st day of JULY , 19 87
iled and recorded in accordance with the laws of the State of Indiana this	Signed Many Jane Massell HENDRICKS Clerk
	HEINDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File.

7-15-87 Date of Application

....Circuit Court

of I.C. 31-1-3-2 Effective July 1, 1977 Medical Examination Report Dated Name of Physician_ MALE ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense that the first hand the first declared (\$500.000"). Medical Examination Report Dated. shall be fined in any sum not exceeding five hundred dollars (\$500,00)" MALE APPLICANT Name Date of Birth Place of Birth (State or foreign country Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D No Yes If answer is "yes", has the adjudication been removed? No Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes D 2. Are you afflicted with a transmissible disease If answer is "yes", has the adjudication been removed No Yes 3. Are you related to the male applicant closer than second cousin No Yes Are you afflicted with a transmissible disease No Yes No Yes D 4. Are you now under the influence of intoxicating liquor Are you related to the female applicant closer than second cousing No Yes No Yes 5. Are you now under the influence of a narcotic drug? Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. Are you required by any court order or orders to support the above No T Yes D Are you required by any court order or orders to support the above If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) State of Indiana. HENDRICKS State of Indiana, HENDRICKS Subscribed and sworn to before me this HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. HENDRICKS State of Indiana, County of .... HENDRICKS County of .... Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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
HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the STEVEN D. CLINE

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1987, authorizing the joining together as husband and wife hereby certify that on the 25th day of JULY one thousand nine hundred and at INDIANAPOLIS aay of MARION , County of MARION State of Indiana, Groom. STEVEN D. CLINE of HOWARD and, Bride SANDRA L. COTTINGHAM County.

County.

County.

County.

County State of HENDRICKS

HENDRICKS of HENDRICKS County, State of INDIANA Signed /s/ Richard D. Moore Signed Mary

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_

#### STATE OF INDIANA

4-25-8-

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

FEMALE

File_ 

Circuit Court

Medical Examination Report Dated 4 - 25 - 6 ]	Medical Examination Report Dated 6-25-87
Name of Physician C. Elaine Jane	Nome of Physics R & C
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement Williams and All Questions a	noever procures the issuance of a license to marry by any false statement, representation or pretense
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	oever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
Name Jeffrey Last First Last	Name First Will
Date of Birth Month Day Year	Cheryl Lee Huffman
Place of Birth (State or føreign country)	Date of Birth Month Day Year
Indiana)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
39 led as Kun B' bug	Street or R. R. City County State
Previous Marital Status: Never Married OR	
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate  Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Dudicial Decree
	Bate of birth verified by: ABirth Certificate Dudicial Decree
Other(Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes O
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No Yes	
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?  No Yes   6. List the full names of any dependent children.
Steven C. Lolan	
	Steven C. Foles
7. Are you required by any court order or orders to support the above	
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for theb support.	compliance with any court order or orders issued for their support.
8. Full name of father Cycle W. John	8. Full name of father Davil Q. Hullman
and and alid	Coro. o
Residence of father (if deceased so state)	Residence of father (if deceased so state) Necessary
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Borbors Q. Stadely	9. Full maiden name of mother Dorothy & Freeway
0 000000	5. Full market name of mother 100 days
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana,	State of Indiana, HENDRICKS  88: I depose and state the information given in this application is true and correct.
County of HENDRICKS   sa: in this application is true and correct.	County of
allow of tologo	Choreis Hullman
Signed X Seffetty 1: 1 TOOK	Signed Signed
New Address	New Address
Subscribed and sworn to before me this day of 1987	Subscribed and sworn to before me this day of day of 1907.
HENDPICKS O	Mary Jane Russell Glerk HENDRICKS Circuit Court
Clerk Circuit Court	Cierk Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana.
tate of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS County of
county of	County of
SignedFather	SignedFather
Signed	Signed
Signed	Subscribed and sworn to before me thisday of
ubscribed and sworn to before me thisday of, 19	
Clerk	Clerk
	The regions license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been related to the and filed
HENDRICKSCo	urt by written order issued
authorizes and directs the issuance of	f a marriage license to the above hamed parties.
THE WARDIAGE LICENS	
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE HENDRICKS
m 74 m	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licen	se issued by the clerk of the
Be It Remembered, there was filed in my office a marriage licen	se issued by the clerk of the
FERREN L FORES A Remembered, there was filed in my office a marriage licental day of a grant and a grant and a grant a grant and a grant a gra	E AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  19, 19, authorizing the joining together as husband and wife  CHERYL L. HUFFMAN
FFREY L. FOBES  The it further remembered, the following marriage certificate was filed in my office a marriage licental day of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage was filed in my of the following marriage was filed in my o	E AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  se issued by the clerk of the
Be It Remembered, there was filed in my office a marriage licent form of the state	E AND MARRIAGE CERTIFICATE  the se issued by the clerk of the clerk
FFREY L. FOBES  The it further remembered, the following marriage certificate was filed in my of the companient of the c	E AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  ase issued by the clerk of the  , 19  , authorizing the joining together as husband and wife  CHERYL L. HUFFMAN  ffice, to-wit:  hereby certify that on the 18th day of JULY  at BROWNSBURG  County of HENDRICKS  TOWNSBURG  County State of IN
FFREY L. FOBES  Se it further remembered, the following marriage certificate was filed in my of a marriage licental day of a marriage licental day of a marriage certificate was filed in my of a marriage licental day of a marriag	E AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  ase issued by the clerk of the goining together as husband and wife  CHERYL L. HUFFMAN  fice, to-wit:  hereby certify that on the 18th day of JULY  BROWNSBURG  County of HENDRICKS  At HENDRICKS
FFREY L. FOBES  McSWAIN GREER JR.  Me thousand nine hundred and  May of the marriage licendary of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage licendary of the following marriage licendary of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was f	E AND MARRIAGE CERTIFICATE  the se issued by the clerk of the clerk of the se issued by the clerk of t
Be It Remembered, there was filed in my office a marriage licent for Indiana dated the day of see it further remembered, the following marriage certificate was filed in my of McSWAIN GREER JR.  The thousand nine hundred and see it further are membered and see it further remembered.  The thousand nine hundred and see it further remembered.  The thousand nine hundred and see it further remembered.  The thousand nine hundred and see it further remembered.	E AND MARRIAGE CERTIFICATE  the se issued by the clerk of the clerk of the se issued by the clerk of t
Be It Remembered, there was filed in my office a marriage license of Indiana dated the day of a great filed in my of the following marriage certificate was filed in my of the modern of the modern of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage license issued for the following marriage is a suthorized by a marriage license issued for the following marriage is a suthorized by a marriage license issued for the following marriage is a suthorized by a marriage license issued for the following marriage is a suthorized by a marriage license issued for the following marriage is a suthorized by a marriage license issued for the following marriage is a suthorized by a marriage license issued for the following marriage is a suthorized by a marriage license issued for the following marriage is a suthorized by a marriage license issued for the following marriage is a suthorized by a marriage license issued for the following marriage is a suthorized by a marriage license issued for the following marriage is a suthorized by a marriage license is a suthorized by a suthorized by a marriage license is a suthorized by a marriage license is a suthorized by a marriage license is a suthorized by	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the
FFREY L. FOBES  The thick of Indiana dated the day of a d	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the
FFREY L. FOBES  ne thousand nine hundred and  tate of Indiana, Groom  CHERYL L. HUFFMAN  There by me united in marriage as authorized by a marriage license issued for founty.  Dated this  18th day of JULY  19 8	E AND MARRIAGE CERTIFICATE  HENDRICKS  See issued by the clerk of the
For it Remembered, there was filed in my office a marriage licent for Indiana dated the day of see it further remembered, the following marriage certificate was filed in my of MCSWAIN GREER JR.  The thousand nine hundred and see thousand nine hundred and state of Indiana, Groom JEFFREY L. FOBES.  The of Indiana of CHERYL L. HUFFMAN of sere by me united in marriage as authorized by a marriage license issued for county.  The other partiages are authorized by a marriage license issued for county.	E AND MARRIAGE CERTIFICATE  HENDRICKS  See issued by the clerk of the
FFREY L. FOBES  The thick of Indiana dated the day of a d	E AND MARRIAGE CERTIFICATE  HENDRICKS  See issued by the clerk of the

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County Date of Application

MALE Medical Examination Report Dated. Name of Physician_

FEMALE Medical Examination Report Dated_ Name of Physician cures the issuance of a license to marry by any false statement, representation or pretense

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement- shall be fined in any sum not exceeding five hundred dollars (8500,00)".	FEMALE APPLICANT
shall be fined in any sum not exceeding five hundred that	Name First Middle Phill Last
Name First Middle Curt S	Date of Birth Month Day Year
Date of Birth Month Day Year	
Place of Birth (State or foreign Quantry)	Place of Birth (State or foreign country)
, County State	Residence Address Street or R. R. City County State
Residence Address Street of R.R. City	100
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
Last Marriage Ended By: Death D Divorce Annulment D	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: D Birth Certificate D Judicial Decree	Ca Lia
Other (Specify) Dr. Lw.	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes D
L. Are you now or have you ever been adjudged to be of unsound mind?	12
If answer is "yes", has the adjudication been removed?  No ☐ Yes  Yes	W X
2. Are you afflicted with a transmissible disease?  No. Yes  No. Yes  No. Yes	and any in 2
4. Are you now under the influence of intoxicating liquor?	
5. Are you now under the influence of a narcotic drug? No Yes	
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are i	
compliance with any court order or orders found for their supports 4.	compliance with any court order or orders issued for their support.
& Full name of father Jakobay Juffey Wille	8. Full name of father Suffer and thelips
Residence of father (if deceased to state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
8. Full maiden name of mother. Alleg Sharan Wulaw	9. Full maiden name of mother Sarah Louise, Stie no Mar
Residence of mother (if deceased so state).	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
County of HENDRICKS as: I depose and state the information giver in this application is true and correct	State of Indiana
V/2	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed X James D. Curty #	Signed & Swam & Phillips
New Address 128 Cedar Run Dr. Brownsbus	9 TO 461/2 New Address Serve
Subscribed and sworn to before me this day of John 19	Subscribed and sworn to before me this day of July 19
Clerk HENDRICKS Circuit Court	Mary Jane Rusell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	Clerk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	parent differences and
State of Indiana.	
County of HENDRICKS	State of Indiana,
Signed	County of HENDRICKS } ss:
Father	
Subscribed and sworn to before me this.	Signed Father
day of	Signed Mother
Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF	Clerk
County County	URT. A marriage license having been refused to the above named parties, the
authorizes and directs the issues	Court by written order issued and filed
RETURN OF MARRIAGE LIGHT	Court by written order issued
of Indiana dated the 20	MARKIAGE CERTIFICATE
JAMES DUFFY CURTIS II	and SUSAN E. PHILLIPS  HENDRICKS  Circuit Court  and SUSAN E. PHILLIPS
Be it further remembered, the following marriage certificate was cl	and SUSAN 5, authorizing the joining together as hyshand and wife
Be it further remembered, the following marriage certificate was filed in my one thousand nine hundred and 87	office, to-wit:
State of Indiana, Groom JAMES DUFFY CURTIS	hereby certify that on the 25th
and, Bride SUSAN ELAINE PHILLIPS	hereby certify that on the 25th  at Indianapolis day of JULY
were by me united in marriage as authorists	HENDRICKS , County of Marion
were by me united in marriage as authorized by a marriage license issued for Dated this 25th day of JULY, 19	hereby certify that on the 25th  at Indianapolis day of JULY  of HENDRICKS , County of Marion  HENDRICKS County, State of INDIANA  r that purpose by the Clerk of the Circuit Court of HENDRICKS
day of JULY	87 County, State of HENDRICKS
13	7
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ Dennis R. Fulton Official Designation Christian Minister
the state of the Co	VIIICIAI Deci

HENDRICKS

SCINO84

COMPLETE IF MARRIAGE

T STEVEN REEVE

19. 87...

....Clerk

... Circuit Court

Circuit Court

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

## STATE OF INDIANA

329 APPLICATION FOR MARRIAGE LICENSE HENDRICKS 7-16-87 County

MALE Madical Franciscotics B. 17 1. 5-	Date of Application
Medical Examination Report Dated 7-10-87	FEMALE Medical Examination Report Dated 7-10-87
Name of Physician Philip Batista	Dill Dist
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement, V	Name of Physician Philip Botista
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	Name of Physician Philip Boti Sta.  Whoever procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle	FEMALE APPLICANT
halfrence Mark Din line	Name First Middle Q Last
Day Year T	Date of Birth Month History
Place of Birth (State or foreign country)	Place of Birth (St. )
Residence Address Street or R. R. City County	Place of Birth (State or foreign country)
428 Treaver Brownship tempricks In	Residence Address Street or R. R. City County () State /
Previous Marital Status: Never Married OR	- 10093 K. J.K. 136 BOWNSTUM HEMORICKS IN
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
Other (Specify) Drivers License	Date of birth verified by: Birth Certificate U Judicial Decree
	Other (Specify) Drivers Livense
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?  No Yes   Yes	2. Are you afflicted with a transmissible disease? No Yes □
<ul> <li>3. Are you related to the female applicant closer than second cousin?</li> <li>4. Are you now under the influence of intoxicating liquor?</li> </ul>	3. Are you related to the male applicant closer than second cousin?
	4. Are you now under the influence of intoxicating liquor?
<ul> <li>5. Are you now under the influence of a narcotic drug?</li> <li>6. List the full names of any dependent children.</li> </ul>	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
	THE RESIDENCE OF THE PARTY OF T
7. Are you required by any court order or orders to support the above	
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father bowrence S. Pugliese	8. Full name of father William Reese. Ashley
Residence of father (if deceased so state) Indiana	Residence of father (if deceased so state) Imiona
Birthplace of father (State or foreign country) New VOIK	Birthplace of father (State or foreign country) Kentuku
9. Full maiden name of mother Many Jane Helion	Al- Ollas Odla
	9. Full maiden name of mother Class Eller Will.
Residence of mother (if deceased so state) Indiana	Residence of mother (if deceased so state) Thiam
Birthplace of mother (State or foreign country) New Jessey	Birthplace of mother (State or foreign country) Irdian
State of Indiana,  HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  as: I depose and state the information given in this application is true and correct.
Signed JULIAN Signed PROUNTS PARENT OR GUARDIAN	Subscribed and sworn to before me this 16th day of July 1987.  THAN JAN RUSSES Glerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent
	State of Indiana
State of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS County of
ounty of	
SignedFather	
Signed	Signed Mother
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
HENDRICKS County	Court by written order issued
nauthorizes and directs the issuance	of a marriage license to the above named parties.
THE PROPERTY OF THE PROPERTY O	SE AND MARRIAGE CERTIFICATE
	and acqued by the ciera of cieran
the Di Remembered, there was fred in my office a man my	19.2
Indiana dated the day of day of	and KATHY ANNE ASHLEY
LAWRENCE MARK PUGLIESE The it further remembered, the following marriage certificate was filed in my	4764
STEVEN REEVES	1 by contify that on the day of
SILVLIV INLLVES	hereoy certify that on the
0.7	at Diowiisosis.
ne thousand nine hundred and 87	at BIOWINSON County, State of INDIANA
ne thousand nine hundred and 87 tate of Indiana, Groom LAWRENCE MARK PUGLIESE	of HENDRICKS County, State of INDIANA  HENDRICKS County, State of INDIANA  OF THE NORTH COUNTY STATE OF THE NORTH COUNTY S
ne thousand nine hundred and 87 tate of Indiana, Groom LAWRENCE MARK PUGLIESE	of HENDRICKS County, State of INDIANA  HENDRICKS County, State of INDIANA  OF THE NORTH COUNTY STATE OF THE NORTH COUNTY S
tate of Indiana, GroomLAWRENCE MARK PUGLIESE  and, BrideKATHY ANNE ASHLEY	HENDRICKS  Of HENDRICKS  County, State of INDIANA  HENDRICKS  County, State of INDIANA  HENDRICKS  That purpose by the Clerk of the Circuit Court of HENDRICKS
ne thousand nine hundred and 87. tate of Indiana, Groom LAWRENCE MARK PUGLIESE nd, Bride KATHY ANNE ASHLEY of ere by me united in marriage as authorized by a marriage license issued for	HENDRICKS  County, State of INDIANA  HENDRICKS  County, State of INDIANA  That purpose by the Clerk of the Circuit Court of HENDRICKS
tate of Indiana, Groom LAWRENCE MARK PUGLIESE  and, Bride KATHY ANNE ASHLEY  bere by me united in marriage as authorized by a marriage license issued for county.  ated this 25th day of JULY, 19.8	HENDRICKS  County, State of INDIANA  HENDRICKS  County, State of INDIANA  HENDRICKS  That purpose by the Clerk of the Circuit Court of HENDRICKS  Signed /s/ Steven Reeves  Minister, Brownsburg Christian Church
tate of Indiana, Groom LAWRENCE MARK PUGLIESE  and, Bride KATHY ANNE ASHLEY  bere by me united in marriage as authorized by a marriage license issued for county.  ated this 25th day of JULY, 19.8	HENDRICKS  County, State of INDIANA  HENDRICKS  County, State of INDIANA  That purpose by the Clerk of the Circuit Court of HENDRICKS

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

330 No ._ 7/16/87
Date of Application

Are you required by any court

HENDRIC

CONSENT OF PARENTS

... Circuit Court

Form Prescribed By Indiana State Board of APPLICATION FOR M.	S County Date of Application
Health under Authority HENDRICK	
Effective July 1, 1977	FEMALE Medical Examination Report Dated  71487  Medical Examination Report Dated
MALE Perort Dated 7/14/87	nadadens
Medical Examination Report Dated 1777 Poe	Name of Physician  over procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle  Lost
Name of Physician Video 10 23 1 346 prescribed "False statement—Whoe	over procures the issuance of a second procure the issuance of a s
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-8 pt. (8500.00)". shall be fined in any sum not exceeding five hundred dollars (8500.00)".	FEMALE AFF LICANT
MALE APPLICANT	Name Dar First Sue Denny Pay Year
Name First Year	Date of Birth 30
Date of Birth Month 26	Place of Birth (State or foreign country)  Place of Birth (State or foreign country)  City County State
Place of Birth (State or foreign country) New York County State	Residence Address Street or R. R. City County State PP 3 BOX 374 # 7 Clay ton Hen IN
Residence Address Street or R. R. Clayton Hen +N	Never Married OR
Previous Marital Status: Never Married OR	Death U Divorce U Annument
Last Marriage Ended By: Death Divorce Annument	Date of birth verified by:  Birth Certificate  Judicial Decree
Date of birth verified by: Birth Certificate U Judicial Decree	Other (Specify)
Down (Specify) Drivers License	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound mind:	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?  No Y Yes   2. Are you afflicted with a transmissible disease?	2 Are you afflicted with a transmission
No. Yes	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  No Yes
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of a narcotic drug?  No Y Yes
5. Are you now under the influence of a narcotic drug:	6. List the full names of any dependent children.
6. List the full names of any dependent children.	
T. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above No ☐ Yes ☐
dependent children."  No Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father James C. Hurley	8. Full name of father Robert Koul Denny
Residence of father (if deceased so state) New York	Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) UNK NOW N	Birthplace of father (State or foreign country) Findiana
9. Full maiden name of mother Annetta Phillippe	9. Full maiden name of mother Dorothy Jean Sackson
Residence of mother (if deceased so state) NCW YOCK	Residence of mother (if deceased so state) Indiana
Birthplace of mother i State or foreign country) NEW YOCK	Birthplace of mother (State or foreign country) Indiana
State of Indians.  HENDRICKS    as: I depose and state the information given in this application is true and correct.	State of Indiana,  Sas: I depose and state the information given in this application is true and correct.
County of	County of
Signed William Shew Milliam	Signed Stille Stille
New Address of San	New Address CC 5 BX 5/14 # / Classical
Mary gan Russell Clark HENDRICKS	Subscribed and sworn to before me this day of July 196
Clerk Circuit Court	mary Jane Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary.
	the consent of the other parent unnecessary
State of Indiana. HENDRICKS } **:	State of Indiana,
County of	County of HENDRICKS ss:
Father	SignedFather
Mother	
Subscribed and aworn to before me this day of	Subscribed and sworn to before a things of the same and sworn to before a things of the same and sworn to be same a same
Clerk	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COM	RT. A marriage license having been refused to the above named parties, the
Clarke aller	KI. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance	of a mani-
inere was filed in my office a	SE AND MARRIAGE CEPTIFICATE
day of July	Circuit Cour
L. CERALD To CERALD TO THE following marriage certificate was filed in my	and DARLENE SUE DENNY
one thousand nine hundred and	hereby contists
State of Indiana C.	that on the
TO BE THE TRANSPORT OF THE PARTY OF THE PART	County of MARION
County	HENDRICKS County, State of IN
Dated this 16th day of JULY	at SPEEDWAY  of HENDRICKS  HENDRICKS  County, State of IN  r that purpose by the Clerk of the Circuit Court of HENDRICKS
., 19	The court of
Filed and recorded in accordance with the least	Signed /S/ CEPALE
the laws of the State of Indiana this	Official Designation PASTOR 21st day of
	Signed JULY 1987
	Cleri

Form Prescribed By Indiana State Board of 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	the brind valid and

HENDRICKS

....Circuit Court

TENDRIC TO THE TENDRIC	County	
MALE	Date of Application	
Medical Examination Report Dated	FEMALE Medical Function in the Parameter State of the Parameter Stat	
Name of Physician & Suckel	Medical Examination Report Dated	
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "Pa-1	Name of Physician W. & Jules	
shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	Name of Physician	
Name Final	FEMALE APPLICANT	
William I Relate	Name First Middle Last	
Date of Birth Month Day Year	Date of Rivel Marie	
Place of Birth (State or foreign country)	Day	
Residence Address - Street or R. R. City County State	Place of Birth (State or foreign country)	
432 With Rd. Hild county state	Residence Address Street or R. R. City County State	
Previous Marital Status: Never Married OR	- Jana	
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D	
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree	
Other (Specify)		
1. Are you now or have you ever been adjudged to be of unsound mind?	Ther (Specify) Dr. tw	
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?	
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Yes   Yes	
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?	
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor? No Ves	
<ul> <li>5. Are you now under the influence of a narcotic drug?</li> <li>No Y Yes □</li> <li>6. List the full names of any dependent children.</li> </ul>	5. Are you now under the influence of a narcotic drug? No Yes	
The state of the s	6. List the full names of any dependent children.	
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above	
dependent children?  No Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?	
compliance with any court order or order issued for their	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	
8. Full name of father Aurilage & Bollman	8. Full name of father Court order or orders issued for their support.	
Residence of father (if deceased so state)	Residence of father (if deceased so state)	
Birthplace of father (State or foreign country)		
Mariet M. I	Birthplace of father (State or foreign country)	
9. Full maiden name of mother which the good they	9. Full maiden name of mother That The Allon	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Downsawy	
State of Indiana, County of HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  State of Indiana,  HENDRICKS  State of Indiana,  HENDRICKS  State of Indiana,  I depose and state the information given in this application is true and correct.	
K 1/1/ .00 M	County of	
Signed Willia & Bolling	Signed Appenaire Deluis	
New Address R. 18 BOX 367 B INDPLS. IN 46234	New Address Pal Box 162 Clayton 46118	
Subscribed and sworn to before me this day of 1987	Subscribed and sworn to before me this day of the day o	
May Cane Phasell Clerk HENDRICKS Circuit Court	HENDRICKS Circuit Court	
	-600	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana	
State of Indiana, County of HENDRICKS ss:	State of Indiana, HENDRICKS County of	
	Signed	
SignedFather		
Signed	Signed Mother	
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of	
Clerk	Clerk	
COMPLETE TO THE PROPERTY OF COURT	T. A marriage license having been refused to the above named parties, the	
HENDRICKS	urt by written order issued	
in authorizes and directs the issuance of	f a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENSE	as issued by the clerk of the	
	19 - , authorizing the joining together as hasound and wife	
	10	
Be it further remembered, the following marriage certificate was filed in my of	fice, to-wit:	
	percha cortain that on the	
one thousand nine hundred and 87.		
State of Indiana, Groom WILLIAM J. BOLLMAN Of HENDRICKS County, State of IN		
and, Bride	hat purpose by the Clerk of the Circuit Court of HENDRICKS	
were by me united in marriage as authorized by a marriage license issued for t	nat purpose by the cities of	
Dated this 8th day of AUGUST , 19 87 . Signed /S/ EVAN DEE GOODMAN.		
The second secon	Grid Designation JUDGE	
Filed and recorded in accordance with the laws of the State of Indiana this	18+bday of	
File 1		

Form Prescribed By

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File Date of Application

Indiana State Board of Health under Authority of LC 31-1-3-2 Effective July 1, 1977 FEMALE Medical Examination Report Dated MALE Name of Physician_ Medical Examination Report Dated ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be found in any sum not exceeding five hundred dollars (8500,00)". MALE APPLICANT Month Date of Birth Place of Birth (State or foreign country Residence Address Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce - Annulment -Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D No B Yes I. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No Tyes D No Yes If answer is "yes", has the adjudication been removed 2. Are you afflicted with a transmissible disease? No Yes No Yes ou afflicted with a transmissible disease No Tes D Are you related to the male applicant closer than second cousin? No D Yes D 4. Are you now under the influence of intoxicating liquor? No Ves D No PYes D No Wes 5. Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No Yes No Tyes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their suppor 9. Full maiden name of mother. Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country) State of Indiana. State of Indiana, nd state the information given **HENDRICKS** HENDRICKS County of. Sabscribed and sworn to before me this. Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. state facts which render the consent of the other parent unnecessary... State of Indiana. HENDRICKS State of Indiana, HENDRICKS County of .... Father Signed Mother Signed. ...... 19 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 3 May Walled 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..... I. COX

JULY

19.87..., authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: KENNETH I. COX my office to wit. FERN BINGHAM one thousand nine hundred and hereby certify that on the _______18th day of _____JULY_____ State of Indiana, Groom KENNETH IV COX at BLOOMINGTON , County of MONROE Bride L. FERN BINGHAM of HENDRICKS County, State of INHENDRICKS
HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Filed and recorded in accordance with the laws of the State of Indiana this ..... Signed /s/ LARRY M. HAMM Official Designation PASTOR day of AUGUST Signed Many Jane Rhasell

HENDRI

CONSENT OF PARENTS signs, state facts which re-

HENDI

Be It R of Indiana dated the

were by me united in m Dated this 25th

HENDRICKS

.... Circuit Court

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

MALE	Date of Application
Medical Examination Report Dated 7-9-82	FEMALE
Name of Physician Sill	Medical Examination Report Dated 7-9-87
	Name of Physician Allegar
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False stotosses, 197	Traine of Thysician 10 sugar
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Name of Physician Allogate  Dever procures the issuance of a license to marry by any false statement, representation or pretense
DICANI	
Name Charles A Middle Last	Name FEMALE APPLICANT
Date of Birth (Month, Day Sturgell	Middle - Last
7/02 6 191-	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Wales 25 1011
Residence Address Street or R. R. City	Place of Birth (State or foreign country)
454 Hickett Place County State	Residence Address - Street or R. R. City County State
rangula In.	7 Types Court & Amuello In.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment	
Date of birth verified by: Birth Certificate  Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate  Judicial Decree
Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify)
No P 1es D	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you offlicted with a transmissible discovery	If answer is "yes", has the adjudication been removed?
No U Yes U	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No Yes	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No Ves O	
6. List the full names of any dependent children.	
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
No 2 tes 2	dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
3. Full name of father Charles & Sturgell	8. Full name of father Ames & Sullivan
Residence of father (if deceased so state) Bruunssleura In.	1 0 11
residence of lather (II deceased so state)	Residence of father (if deceased so state) A Flementel
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Coclern Creech	Co. P. Rica di
9. Full maiden name of mother Sough See 1	9. Full maiden name of mother Carol Pringewater
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Salar Control of the	1 2
Birthplace of mother (State or foreign country).	Birthplace of mother (State or foreign country)
State of Indiana,  HENDRICKS    Sa:   I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Ba: I depose and state the information given in this application is true and correct.
County of	County of
Charles Street Strawell	Signed Melissa M. Sullwan
Week M D D H DI D. I.	MEN A P. IL AD O O O O
New Address 407 11. Likell Llainfield	New Address 727 11 Vickett Tlainfield
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of felly 1987.
Mary Day Hungell and HENDRICKS	Mason Dave Kennella, HENDRICKS
Circuit Court	Mily gril Clerk HEISERICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent differences.
	State of Indiana.
tate of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS County of
ounty of	
SignedFather	SignedFather
Mother	SignedMother
Signed	
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of
	Clerk
COMPLETE IN MARRIAGE LIGHTED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
HENDRICKS	urt by written order issued
County	f a marriage license to the above named parties.
authorizes and directs the issuance of	a marriage license to the above names parvisor
	- LATE AND TACE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license of Indiana dated the day of hely	1987, authorizing the joining together as husband and wife
Indiana dated the day of day	nd MELISSA MARIE SULLIVAN ffice. to-wit:
CHARLES STEVEN STURGILL	na
e it further remembered, the following marriage certificate was filed in my	25th day of JULY
JOSEPH McNALLY	Brownshurg County of Hendricks
ne thousand nine hundred and 87	tt
tate of Indiana, Groom	of HENDRICKS County, State of INDIANA
tate of Indiana, Groom	HENDRICKS County, State of INDIANA
tate of Indiana, Groom	Lat marries by the Clerk of the Circuit Court of HENDRICKS
ere by me united in marriage as authorized by a marriage license issued for t	hat purpose by the clerk of the circuit court of
ounty.	Bernd chin
ated this 25th day of JULY 19.	Signed /s/ Rev. Joseph McNally
	Signed. / S/ Nev. 50050pm
DESCRIPTION OF THE PROPERTY OF	29th Jan of JULY 19 87
iled and recorded in accordance with the laws of the State of Indiana this	Mary Owne Report
and recorded in accordance with the laws of the State of	Signed I Jary Jane Susself HENDRICKS Circuit Court
	Circuit Court

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

Date of Application

HENDRICKS.

CONSENT OF PARENTS PARENT

....Circuit Court

**HENDRICKS** 

Form Prescribed By Indiana State Board of APPLICATION FOR M	7-17-87
Health under Authority of 1 C 31-1-3-2	County Date of Application
Effective July 1, 1977	FEMALE instign Report Dated 7-8-87
MALE 7-8-87	Medical Examination Report
	Name of Physician Robert D. Chello, M.D.
Name of Physician Cobuc O. Cuerco . Whose	ever procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement"	Name of Physician  ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-30. shall be fined in any sum not exceeding five hundred dollars (8500.00). MALE APPLICANT	Name ( ) First Middle Last
Name First Middle Chandler	Date of Birth Month Day Year
Date of Birth Month Day 3 Year 1964	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	County County
State P. B. City County State	Residence Address Box 95, Pttsbow, State
Residence Address Street of haple, Puttaboro M. 46101	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Toro Ended By: Death Divorce Annulment
Last Marriage Ended By. Death Divorce Annulment Ludicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Other (Specify)
Other (Specify) Arues O (Clase) No P Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound minu.	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?  No Yes   Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
No. Yes	3. Are you related to the male applicant closer than second cousin?  No Yes   No Yes
4. Are you now under the influence of intoxicating liquor?  No Yes	4. Are you now under the influence of a narcotic drug?  Now Yes
5. Are you now under the influence of a narcotic drug:	Are you now under the instance of any dependent children.      List the full names of any dependent children.
List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above No Yes	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
tompliance with any count order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father ( Auto Carolina	8. Full name of father
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother 1000000000000000000000000000000000000	9. Full maiden name of mother The Angel Hacker
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Shauana	Birthplace of mother (State or foreign country)
County of HENDRICKS  State of Indiana. HENDRICKS  I depose and state the information given in this application is true and correct.	State of Indiana,  HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
× Orthon a (1. M)	County of The Volume of the And Correct.
Signed Juffey Com MAPLE ST PUTTERNOON	Signed 7/10/2016 9 Study
0/124 () / 21	New Address
Subscribed and swore to before me this day of HEXIDDICAGE	Subscribed and sworn to before me this day of 19
Circuit Court	Dary Jane Cussell Glerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONTRACT OF THE PROPERTY OF TH
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana.	
County of HENDRICKS	State of Indiana,
Signed	County of HENDRICKS ss:
Father	SignedFather
Subscribed and sworn to before me this day of	SignedMother
day of	Subscribed and sworn to before me this day of 19
Clerk	
HENDRICKS LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the purt by written order issued
County	our hy waith
and directs the issuance of	and nieu
Be It Remembered there	E AND MARRIAGE CERTIFICATE use issued by the clock of the
there was filed in my office a manifest	E AND MARRIAGE CERTIFICATION
Be it further remembered, the following marriage certificate was filed in my o	E AND MARRIAGE CERTIFICATE  ase issued by the clerk of the HENDRICKS  Circuit Court  and MICHELLE ANN SOWERS  Circuit Court  and MICHELLE ANN SOWERS
I pour following marriage certificate was filed in a	and MICHELLE ANN COMPRES to joining together as husband and wife
one thousand nine hundred and	and MICHELLE ANN SOWERS  hereby
State of Indiana, Groom JEFFREY ALLAN CHANG	ind. MICHELLE ANN SOWERS  office, to-wit:  hereby certify that on the 8th day of AUGUST  of HENDRICKS , County of HENDRICKS  HENDRICKS County, State of IN
and, Bride MICHELLE AND CHANDLER	of HENDRICKS County of HENDRICKS
were by me united in marriage as authorized by	HENDRICKS County State of IN
Dated this 8+h	hendricks , County of Hendricks Hendricks County, State of In that purpose by the Clerk of the Circuit Court of Hendricks
day of AUGUST	HENDRICKS HENDRICKS
, 19.87	Simul.
rued and recorded in accordance with the laws of the State	Signed /s/ DAVE KOVALOW- ST. JOHN Official Designation
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER AUGUST 27
	Since AUGUST AUGUST 87

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No._ 335

....Circuit Court

County MALE Date of Application Medical Examination Report Dated FEMALE Medical Examination Report Dated. Name of Physician. ALL QUESTIONS MUST BE ANSWERED LC 31-1-3-6 prescribed "False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT Previous Marital Status: Never Married O OR Last Marriage Ended By: Death Divorced Annulment D Previous Marital Status: Never Married Date of birth verified by | | Birth Certificate | Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate , Judicial Decree Are you now or have you ever been adjudged to be of unsound mind? No to Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No Yes O If answer is "yes", has the adjudication been removed? ou afflicted with a transmissible disease No O Yes O No D Yes D 2. Are you afflicted with a transmissible disease? No W Yes D related to the female applicant closer than second co Yes -Are you related to the male applicant closer than second cousin? No Yes now under the influence of intoxicating liquor? No Yes No H Yes Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No D Yes D No O Yes O If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Birthplace of mother (State or foreign country State of Indiana, HENDRICKS State of Indiana. Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana. HENDRICKS County of ... County of ..Father Signed. Mother Subscribed and sworn to before me this ______day of _______19_____ Subscribed and sworn to before me this . 19...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued and filed HENDRICKS .....County..... ....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my officera marriage license issued by the clerk of the..... , 1982, authorizing the joining together as husband and wife of Indiana dated the 22 day of and CATHY J. JOHNSON KEITH E. HATFIELD Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 31st day of JULY I, .....ROBERT E. ALLEE at CLAYTON , County of HENDRICKS one thousand nine hundred and 87 State of Indiana, Groom KEITH E. HATFIELD of HENDRICKS County, State of IN and, Bride CATHY J. JOHNSON of HENDRICKS County, State of IN County. Signed /s/ ROBERT E. ALLEE 31st day of JULY , 19 87 Dated this .. Official Designation MINISTER 4th .....day of ..... Filed and recorded in accordance with the laws of the State of Indiana this.....

GISING CONTRACTOR

HENDRICKS _County 336

7-17-87
Date of Application

Effective July 1, 1977	FEMALE Medical Examination Report Dated  7-1-87
MALE 7-1-87	ICPUI (NOI)ESOI)
Medical Examination Report Dated Thomas	Name of Physician Occupants of a license to marry by any false statement, representation or pretense seer, procures the issuance of a license to marry by any false statement, representation or pretense seer, procures the issuance of a license to marry by any false statement, representation or pretense seer, procures the issuance of a license to marry by any false statement, representation or pretense seer, procures the issuance of a license to marry by any false statement, representation or pretense seer, procures the issuance of a license to marry by any false statement, representation or pretense seer, procures the issuance of a license to marry by any false statement, representation or pretense seer, procures the issuance of a license to marry by any false statement, representation or pretense seer, procures the issuance of a license to marry by any false statement, representation or pretense seer, procures the issuance of a license seer.
Name of Physician OSON 110111991	ver.procures the issuance of a fice.
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT  Middle Last
MALE APPLICANT	Name Sheller ADOC BOWN
Name Piras Middle Lemirance.	Date of Birth Month 16 C4
Date of Birth Mosth Day Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Street or R. R. Dis a County County State
City County State	848 radicion raise
2416 Plackbridge Road horsville Rock Wiscoson	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	- Divorce - Annument
Lost Magriage Ended By: Death D Divorce Annulment	Last Marriage Ended By. Death  Date of birth verified by:   Birth Certificate Judicial Decree
Date of birth verified by:   Birth Certificate Judicial Decree	Other (Specify) Drivers Grense
Other (Specify) Drivers License No Yes	Are you now or have you ever been adjudged to be of disserting the second of the secon
No Yes Unaw or have you ever been adjudged to be of unsound mind?	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?  No. Yes  No. Y
Are you afflicted with a transmissible disease?  No. Yes   Yes	3 Are you related to the male applicant
L. Are you related to the female applicant closer than second cousin?  No. Yes   L. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes
6. Are you now under the influence of a narcotic drug?  No Yes	Are you now under the influence of a state     List the full names of any dependent children.
6. List the full names of any dependent children.	6. List the full names of any
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?
dependent children. No U Yes U  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Melvin Vincent Lemirande	8. Full name of father Martin Sater Grown
Remidence of father (if deceased so state) Wisconsin	Residence of father (if deceased so state) Ohio
Birthplace of father (State or foreign country) Wisconsin	Birthplace of father (State or foreign country)
Full maiden name of mother Judi H. Ann Glime	9. Full maiden name of mother Judith Kay Berking
Winner's	Todiam
and the state of t	The side in the first deceased so state 2
Birthplace of mother (State or foreign country) Wisconsin	Birthplace of mother (State or foreign country) Tradiana State of Indiana, ITA INDICATE Indiana, Italiana Indiana, Italiana Indiana, Italiana Indiana, Italiana Indiana, Italiana Indiana Indi
State of Indiana.  HENDRICKS  I depose and state the information given in this application is true and correct.	County of HENDRICKS  sa: I depose and state the information gives in this application is true and correct.
New Address AMA BIAUBRICE RD Subscribed and sworn to before me this grade and sworn to be a substitute and grade	New Address 2416 Plack budge Rd Subscribed and sworn to before me this day of HENDRICKS Circuit Court
	Transity Territoria
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana. HENDRICKS } **:	State of Tall
County of HENDRICKS } **:	State of Indiana, County of HENDRICKS ss:
Signed	
Mother	Signed Father
Subscribed and sworn to before me this day of	Signed Mother
	Subscribed and sworn to before me thisday of
Clerk	Clerk
HENDRICKS LICENSE ISSUED BY ORDER OF COLL	RT. A marriage license having been refused to the above named parties, the
County	Court by written order issued
authorizes and directs the issuance	e of a marriage 1
D. Donas and Co.	marriage license to the above named nartice
Active was filed in my office a marriage lie	CORREGIONAL MARRIAGE CERTIFICATE
day of AXAIA	Circuit Cour
Be it further remembered, the following marriage certificate was filed in my	and SHELLEY ANNE TO THE HENDRICKS Circuit Cour
THE TAPE R. CT. AVTION	U office to with
and the same same same of the	Hereby certifo 11
SHELLEY ANNE BROWN	ROCK County of HENDRICK
County.	HENDRICKS County, State of WISCONSIN
Dated this 25th day of JULY , 19.8	or that purpose by the Clerk of the Circuit County, State of HENDRICKS
, 19.6	87
the laws of the State of Indiana the	Signed /s/ WILLIAM R. CLAYTON  Official Designation PASTOR  30th day of JULY , 1987.
this.	30th day of JULY
	Signed Many Joseph 1987.
	HENDRICKS Circuit Cou
	TENDRICKS COMMITTEE COMMIT

MALE

Medical Examination Report Dated_

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

FEMALE

337 HENDRICKS 7-/7-87 Date of Application _County

Name of Physician / rupple	Name of Physician / repple
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement, Who	ever procures the issuance of a license to marry by any false statement, representation or pretense
hall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	recer, procures the issuance of a license to marry by any false statement, representation or pretense
Name First 19 Middle 1 Last	Name First William
Date of Birth Month Day Years	Leanneder Rain Hust
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Street on B. B.	Place of Birth (State or foreign country)
Lesidence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	1121 Harmong ton. Snaple Hend In -
ast Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate  Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
	Ditti Certificate - Judicial Decree
Other (Specify)  Are you now or have you ever been adjudged to be of unsound mind?  No Ves	Other(Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No □ Yes □  If answer is "yes", has the adjudication been removed?  No □ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
Are you afflicted with a transmissible disease?  No Ves	If answer is "yes", has the adjudication been removed?  No Yes  2. Are you afflicted with a transmissible disease?  No Yes
Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
6. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	6. List the full names of any dependent children.
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
And I have	8. Full name of father Onder
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Duly Jumpson	9. Full maiden name of mother Maraje Wreget
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.	State of Indiana, HENDRICKS  ss: I depose and state the information given in this application is true and correct
County of HENDRICKS   sa: in this application is true and correct.	County of
Mark Mannack	Signed Punyer Laye Hurt
New Address 5-935 Lakeview Drapt #C	New Address 593 15 Jakewin Dr. apt
13	Subscribed and sworn to before me this day of Jelly 1877
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and swar August Clerk HENDRICKS Circuit Cour
ff ary faul Trusself Clerk HENDRICKS Circuit Court	and the state of t
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
igns, state facts which render the consent of the other parent unnecessary	signs, search and signs are signs and signs and signs and signs are signs and signs and signs are signs and signs and signs are signs as the signs are signs and signs are signs as the signs are signs as the sign and signs are signs as the sign and signs are signs as the sign and sign are sign as the sign are sign are sign are sign as the sign are sign as the sign are sign as the sig
Protect of Testings	State of Indiana, HENDRICKS
State of Indiana,  HENDRICKS  ss:	County of
Father	SignedFather
Signed	Signed
Signed	Subscribed and sworn to before me this
Subscribed and sworn to before me this	Cler
Clerk	
COMPLETE AN ADDITION LIGHTING ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the above named parties, the
HENDRICKS County	Court by written order issued
and directs the issuance	of a marriage
Authorizes and district LICENS	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Cour
RETURN OF MARKIAGE DICE	SE AND MARRIAGE CERTIFICATE HENDRICKS  Circuit Countries issued by the clerk of the
day of	LEWILEED DAVE HIRT
MARK EVAN MacCORMACK	and JENNIFER KAIL HOM
Be it further remembered, the following marriage certificate was filed in my	barehy certify that on the day of day of
MARK EVAN McCORMACK Be it further remembered, the following marriage certificate was filed in my N, RON HALLOCK One thousand nine hundred and State of Indiana, Groom MARK EVAN McCORMACK AND Roids MARK EVAN McCORMACK MARK EVAN McCORMACK MARK EVAN McCORMACK	Plainfield , County of Hendricks
one thousand nine hundred and 87	HENDRICKS County, State of
State of Indiana, Groom	MARION County, State of INDIANA
state of Indiana, Groom	that purpose by the Clerk of the Circuit Court of HENDRICKS
were by me united in marriage as authorized by a murriage	
County.	7 /s/ Ron Hallock Signed Minister
County.  Dated this 25th day of JULY , 19.8	Official Designation
Filed and recorded in accordance with the laws of the State of Indiana this	28th day of JULY , 19 87
The State of Indiana this	28th day of Jane Rusself Cler

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS ___County

No	338
File_	TO THE WALL AND
	7-20-87
	Date of Application

-14-87 Medical Examination Report Dated. D & Ha agaid

FEMALE Medical Examination Report Dated. Name of Physician_ nse to marry by any false statement, representation or

The second of th	Vhoever procures dis
Name of Physician.  **LL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—" hall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	- Name First
lame First Middle Ludick	Date of Birth Month Day Year
Arry Day Year	Place of Birth (State or foreign country)
26	A N DA TOTAL
Place of Birth (State or foreign country)	Residence Address
desidence Address Street or R. B. City County State	
12 A3 LAOVINO NO. 1 AM.	Previous Marital Status: Never Married OB
Previous Marital Status: Never Married OR	Ended By: Death Divorce - American
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate  Judicial Decree	
	Other (Specify)  Other (Specify)  No Yes D
Other (Specify)  No Yes  Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you have location been removed?
No 1 res	If answer is yes, the disease?
No 12 Yes	2. Are you afflicted with a transmission of the second course.
No No Yes	N-V V
No Ca. Yes	4. Are you now under the three your formation drops?
5. Are you now under the influence of a narcotic drug?	
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?  No Yes U
dependent children?  No = 1es  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are	
	compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support.  Full name of father.	8. Full name of father lighter & . Hogue
Lan usus of facust	00 /
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
8. Full maiden name of mother satisfactor & . Church	9. Full maiden name of mother Lange Qu. Wills
0 0	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana. HENDRICKS  Bas: I depose and state the information gives in this application is true and correct in this application.	HENDRICKS S8:
County of the and correct	County of
Signed Hamy Regula	Signed & Janne Hogue
New Address	Signed
	New Address
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of the
Clerk HENDRICKS Circuit Cou	rt Mary Jane Russell Clerk HENDRICKS Circuit Court
	- Julia
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one pare	
signa, state facts which render the consent of the other parent unnecessary	the parents, of this applicant hereby give consent for this marriage. If only one parent
anti-ceosal y	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	
HENDRICKS	State of Indiana,
County of HENDRICKS } **:	
County of HENDRICKS } ss:  Signed Fath	State of Indiana, County of HENDRICKS  ss:
County of HENDRICKS } sa:  Signed Fath Signed	State of Indiana, County of HENDRICKS  Signed Father
Signed Fath	State of Indiana, County of HENDRICKS  Signed Father
County of HENDRICKS } sa:  Signed Fath Signed	State of Indiana, County of HENDRICKS  Signed Father  Signed Mother
Signed Fath Signed Moth Subscribed and sworn to before me this day of 19	State of Indiana, County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19
Signed Fath Signed Moth Subscribed and sworn to before me this day of 19	State of Indiana, County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19
Signed Fath Signed Moth Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE OF C	State of Indiana, County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19
Signed Fath Signed Moth Subscribed and aworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS COUNTY	State of Indiana, County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19
Signed Fath Signed Moth Subscribed and sworn to before me this day of 19.  Cle COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF C HENDRICKS County authorizes and directs the issua	State of Indiana, County of HENDRICKS  Signed Mother Subscribed and sworn to before me this day of 19 Cler  OURT. A marriage license having been refused to the above named parties, the Court by written order issued and file
Signed Fath  Signed Moth  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS County  authorizes and directs the issua	State of Indiana, County of HENDRICKS  Signed Mother Subscribed and sworn to before me this day of Cler  OURT. A marriage license having been refused to the above named parties, the court by written order issued and file of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license to the above named and file or of a marriage license t
Signed  Signed  Signed  Subscribed and sworn to before me this  Cle  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS  County  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE	State of Indiana, County of HENDRICKS  Signed Mother Subscribed and sworn to before me this day of Cler  OURT. A marriage license having been refused to the above named parties, the Court by written order issued and file of a marriage license to the above named parties.  ENSE AND MARRIAGE CERTIFICATES
Signed Fath  Signed Moth  Subscribed and sworn to before me this day of 19  Cle  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF C  HENDRICKS County  authorizes and directs the issua  RETURN OF MARRIAGE LICENSE ISSUED  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF C  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF C  Authorizes and directs the issua	State of Indiana, County of HENDRICKS  Signed Mother Subscribed and sworn to before me this day of Cler  OURT. A marriage license having been refused to the above named parties, the court by written order issued and file of a marriage license to the above named parties.  ENSE AND MARRIAGE CERTIFICATE  license issued by the clerk of the HENDRICKS  Circuit Court
Signed Fath  Signed Moth  Subscribed and sworn to before me this day of 19  Cle  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF C  HENDRICKS County  authorizes and directs the issua  RETURN OF MARRIAGE LICENSE ISSUED  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF C  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF C  Authorizes and directs the issua	State of Indiana, County of HENDRICKS  Signed Mother Subscribed and sworn to before me this day of Cler  OURT. A marriage license having been refused to the above named parties, the court by written order issued and file of a marriage license to the above named parties.  ENSE AND MARRIAGE CERTIFICATE  license issued by the clerk of the HENDRICKS  Circuit Court
Signed  Signed  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS  County  RETURN OF MARRIAGE LICENSE ISSUED  RETURN OF MARRIAGE	State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19
Signed  Signed  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS  County  RETURN OF MARRIAGE LICENSE ISSUED  RETURN OF MARRIAGE	State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19
Signed  Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS  County  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE  Authorizes and directs the issua	State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of Mother  OURT. A marriage license having been refused to the above named parties, the Court by written order issued and file nice of a marriage license to the above named parties.  ENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court, 19 Marriage license issued by the clerk of the HENDRICKS Circuit Court and TAMMI M. HOGUE
Signed  Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS  COUNTY  Authorizes and directs the issuenth of Indiana dated the LARRY D. LYDICK  Be it further remembered, the following marriage certificate was filed in THOMAS PAINO III	State of Indiana, County of
Signed  Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS  COUNTY  Authorizes and directs the issuenth of Indiana dated the LARRY D. LYDICK  Be it further remembered, the following marriage certificate was filed in THOMAS PAINO III  State of Indiana, Groom  LARRY D. LYDICK  TAMMI HARRY D. LYDICK  TAMMI HARRY D. LYDICK	State of Indiana, County of
Signed  Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS  COUNTY  Authorizes and directs the issuenth of Indiana dated the LARRY D. LYDICK  Be it further remembered, the following marriage certificate was filed in THOMAS PAINO III  State of Indiana, Groom  LARRY D. LYDICK  TAMMI HARRY D. LYDICK  TAMMI HARRY D. LYDICK	State of Indiana, County of
Signed  Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS  COUNTY  Authorizes and directs the issuenth of Indiana dated the LARRY D. LYDICK  Be it further remembered, the following marriage certificate was filed in THOMAS PAINO III  State of Indiana, Groom  LARRY D. LYDICK  TAMMI HARRY D. LYDICK  TAMMI HARRY D. LYDICK	State of Indiana, County of
Signed  Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS  COUNTY  Authorizes and directs the issuenth of Indiana dated the LARRY D. LYDICK  Be it further remembered, the following marriage certificate was filed in THOMAS PAINO III  State of Indiana, Groom  LARRY D. LYDICK  TAMMI HARRY D. LYDICK  TAMMI HARRY D. LYDICK	State of Indiana, County of
Signed  Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS  COUNTY  IN Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE ISSUED  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE ISSUED  RETURN OF MARRIAGE LICENSE ISSUED  Aday of MARRIAGE LIC	State of Indiana. County of
Signed  Signed  Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  METURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  Aday of Marriage a marriage and directs the issue of Indiana dated the Marriage Certificate was filed in THOMAS PAINO III  T	State of Indiana, County of
Signed  Signed  Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS  County  RETURN OF MARRIAGE LICENSE ISSUED  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issue  RETURN OF MARRIAGE LICENSE ISSUED  RET	State of Indiana, County of
Signed  Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CHENDRICKS  COUNTY  IN Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE ISSUED  RETURN OF MARRIAGE LICENSE ISSUED  Authorizes and directs the issua  RETURN OF MARRIAGE LICENSE ISSUED  RETURN OF MARRIAGE LICENSE ISSUED  Aday of MARRIAGE LIC	State of Indiana, County of HENDRICKS  Signed Mother Subscribed and sworn to before me this day of 19  OURT. A marriage license having been refused to the above named parties, the court by written order issued and filed and filed files are of a marriage license to the above named parties.  ENSE AND MARRIAGE CERTIFICATE license issued by the clerk of the HENDRICKS Circuit Courty, 19  Marriage license issued by the clerk of the HENDRICKS Circuit Courty, 19  Marriage license issued by the clerk of the HENDRICKS Circuit Courty of HAMILTON  Marriage license issued by the clerk of the HENDRICKS County of HAMILTON  Marriage license issued by the clerk of the HENDRICKS County of HAMILTON  Marriage license having been refused to the above named parties, the county of HAMILTON  Marriage license having been refused to the above named parties, the county of HAMILTON  Marriage license having been refused to the above named parties, the county of HAMILTON  Marriage license having been refused to the above named parties, the county of HAMILTON  Marriage license having been refused to the above named parties, the county of HAMILTON  Marriage license having been refused to the above named parties, the county of HAMILTON  Marriage license having been refused to the above named parties, the county of HAMILTON  Marriage license having been refused to the above named parties, the county of HAMILTON  Marriage license having been refused to the above named parties, the county of HAMILTON  Marriage license having been refused to the above named parties, the clerk of the license having been refused to the above named parties, the clerk of the license having been refused to the above named parties, the clerk of the license have

HENDRICKS

.... Circuit Court

HENDRICKS

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County

No	339
File	No Street war out of a

MALE DISTRICT PROPERTY PROPERTY DISTRICT PROPERTY DISTRICT PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERT	Date of Application
Medical Examination Report Dated 7-13-87	FEMALE Medical Examination Report Dated 7-13-87
Name of Physician David B. Haggard	Missel A Hose of
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT.	Name of Physician David D. Haggard
MALE APPLICANT	ser, procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle	FEMALE APPLICANT
Date of Birth Month Day	Name Don No. Middle Last
Place of Birth (State or foreign country)  Day Year  67	Date of Birth Month Day Year
Kentucky	Place of Birth (State or foreign country)
Residence Address Street of R. R. City County State	Residence Address State Pilinois
Previous Marital Status: Never Married OR	204 S. Indigna Danville Hen. IN
Last Marriage Ended By: Death Divorce Annulment Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Other (Specify) Drivers License	Date of birth verified by: Birth Certificate  Judicial Decree
	Other (Specify) voters 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	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?  No Yes   No Ye
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?  No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children?  No Yes	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No Ves   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Roger Dale Sones	8. Full name of father Donni, evones
Residence of father (if deceased so state) Indiana	Residence of father (if deceased so state) Kentucky
Birthplace of father (State or foreign country) Kenfucky	Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Angela Sane Rawlins	9. Full maiden name of mother Linda Sue Rice
Residence of mother (if deceased so state) Indiana	Tholiana
Dlain	Residence of mother (if deceased so state)  Birthplace of mother (State or foreign country)  Kentucky
State of Indiana.  State of Indiana.  HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Birthplace of mother (State or foreign country).  I depose and state the information given in this application is true and correct.
Signed LGGLA BALL JONES  New Address 37/9-A EDEMPER CAS LAFT.  Subscribed and sworn to before me this 20 day of July 1987.	Signed Anna Sue Jones  New Address 3719-AEdward way Lafe In 4790  Subscribed and sworn to before me this 20 day of July 1987.
Subscribed and sworn to before me this day of Jane Russell Clerk HENDRICKS Circuit Court	mary Jane Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana,
State of Indiana, County of HENDRICKS ss:	State of Indiana.  HENDRICKS  County of
Father	SignedFather
Signed	SignedMother
SignedMother	Subscribed and sworn to before me thisday of, 19,
Subscribed and sworn to before me this	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County Cou	irt by written order issued
in authorizes and directs the issuance of	i a marriage necessor
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licens	se issued by the clerk of the
DOCED DOTAN JONES	m A with
Be it further remembered, the following marriage certificate was filed in my of the following marriage certificate was filed in my of the file of the	ereby certify that on the25thday ofJULY
State of Indiana Communication ROGER BRIAN COLLEGE	County State of IN
State of Indiana, Groom ROGER BRIAN JONES of of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the Indiana, Groom ROGER BRIAN JONES of the state of Indiana, Groom ROGER BRIAN JONES of the	HENDRICKS HENDRICKS
were by me united in marriage as authorized by a marriage titelist to the state of	
1987	Official Designation MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation
	A+b day of AUGUST. AUGUST.

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File_ 7-20-87
Date of Application

	Medical Examination Report Dated  Medical Examination Report Dated
MALE Medical Examination Report Dated 7-13-87	MINO Haggar
Medical Examination Report Partial	Name of Physician O ()  Dever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle Last
Name of Physician DW10 113 440 Prescribed "False statement—Who	pever procures the issuance of a second procure of the issuance of the issuance of a second procure of the issuance of a second procure of the issuance of the iss
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-13-6 preserved shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	Name Paulah Ellen Thomas
Name First Middle	Date of Birth Day Year
Date of Birth Month Day Year	State or foreign country)
Place of Birth (State or foreign country)	Street or R. R. City County State
Linion County State	Residence Address Indiana Danville Hendricks IN
Residence Address Street or R. R. Robinson Illinois	Never Married OR
Previous Marital Status: Never Married OR	Death Divorce Annument
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended by. Destroy  Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Other (Specify) Drivers License
Other (Specify) Drivers livense	Other (Specify) No Yes C
A Other (Specify) 1 Yes 1	1 Are you now of have you
Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjustes the
No. 1 res -	Are you afflicted with a transmissible disease?  No Yes C  No Yes C  No Yes C  No Yes C
No Yes	Are you related to the male application     Are you now under the influence of intoxicating liquor?  No Yes C
No. 1 es	4. Are you now under the influence of a narcotic drug?  No Yes
No Yes No Yes	6. List the full names of any dependent children.
5. List the full names of any dependent children.	U. List the variety
Michelle Par	
Hickael Part	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children.	dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support.  8. Full name of father Obey Acton	8. Full name of father Robert M. Parr
	Residence of father (if deceased so state) Tradiana
Residence of father (if deceased so state) Deceased	***************************************
Birthplace of father (State or foreign country) KCN-UKKY	Birthplace of father (State or foreign country) Thinois
Full maiden name of mother Flovence E. Hilliams	9. Full maiden name of mother Mary E. Franklin
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Kentecky	Birthplace of mother (State or foreign country) Trdiana
State of Indiana.  HENDRICKS    See: I depose and state the information given in this application is true and correct.	State of Indiana.
County of Signed Truhal Cornect.	County of HENDRICKS sa: in this application is true and correct.  Signed Barrlah & Roman
Subscribed and sworn to before me this 300 day of July 1987  That Jane Rull Clerk HENDRICKS Circuit Court	Subscribed and sworn to before me this. 20 day of HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF DARFATE DARFATE OF CONSENT OF DARFATE DARFATE OF CONSENT OF DARFATE DARFATE OF CONSENT O
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana. HENDRICKS	State of Indiana,
County of	County of HENDRICKS ss:
Signed Father	
Signed Mother	Signed Father
Subscribed and sworn to before me this	SignedMoth
	Subscribed and sworn to before me thisday of
Clerk	
HENDRICES LICENSE ISSUED BY ORDER OF COLUMN	RT A war
County	RT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE	RT. A marriage license having been refused to the above named parties, the Court by written order issued
RETURN OF MAPPIAGE	above named parties.
of Indiana dated the action of the state of	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the HENDRICKS  Circuit Cou
MICHAEL LONDON DADO	HENDRICKS Circuit Cou
the it further remembered the fall	- ullhorizing the initial and will
P. MICHAEL THORNBURG was filed in my	office, to-wit:
one thousand nine hundred and 87	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the HENDRICKS  Circuit Cou  , 19 % 7, authorizing the joining together as husband and will and BEULAH ELLEN THOMAS  office, to-wit:  hereby certify that on the 25th day of JULY  CRAVEORS CRAVEORS
State of Indiana, Groom MICHAEL LONROY PARR	at DANVILLE day of JULY
were by me united in marriage as authorized by a marriage is	office, to-wit: hereby certify that on the 25th day of JULY  at DANVILLE of CRAWFORD , County of HENDRICKS HENDRICKS County, State of INDIANA r that purpose by the Clerk of the Circuit Court of HENDRICKS  87
Dated this 25th	r that purpose by the Classical County, State of INDIANA
Dated this 25th day of JULY	87 HENDRICKS
, 19	Signed
Filed and recorded in accordance with the laws of the St.	Signed /s/P. Michael Thornburg  Official Designation Minister  28th  Signed May of JULY  Signed May Of JULY  Cle  HENDRICKS Circuit Cou
the State of Indiana this	28th
	Signed / JULY 19 87
	Clo
	HENDRICKS - 4 Cot
	Circuit Con

MALE

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County File_ 7-20-8 7
Date of Application

	FEMALE Date of Application
Name of Physician Philip Roberts	Medical Examination Report Dated 7-9-87
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (8500,00)".  MALE APPLICANT	Dever
MALE APPLICANT	procures the issuance of a license to marry by any false statement, representation or preter
Name First Middle	FEMALE APPLICANT
lavere her committy	Name First Middle
Date of Birth Month Day Year	Description United Marie
Place of Birth (State or foreign country)	Day Year
Residence Address Street or R. R. City	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address WOShington
KONIKY	19 Vince (nucl. 1. City) County State
Previous Marital Status: Never Married OR	The state of the s
ast Marriage Ended By Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Other (Specify) DOLLERS LiveDSE	Date of birth verified by: Birth Certificate  Judicial Decree
	Other(Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes O	
If answer is "yes" has the adjudication been removed? No Yes O	1. Are you now or have you ever been adjudged to be of unsound mind?
Are you afflicted with a transmissible disease? No Yes	If answer is "yes", has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes D	2. Are you afflicted with a transmissible disease?
Are you now under the influence of intoxicating liquor? No 7,Yes -	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of a narcotic drug? No Yes -	4. Are you now under the influence of intoxicating liquor?  No V. Yes
List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
Are you required by any court order or orders to support the above	
dependent children." No Ves U	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No□ Yes
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
Full name of father La Vere L. Schmidt	compliance with any court order or orders issued for their support.
	8. Full name of father Richard Valls
Residence of father (if deceased so state) DIVON COUNTY, California	Residence of father (if deceased so state) Indiana.
Birthplace of father (State or foreign country) Llinois	Birthplace of father (State or foreign country) Indiana
Full maiden name of mother Christine D. Schuntt	Got alia Descial
1 1 110 .	9. Full maiden name of mother CVCVIVI) HOULDS
Residence of mother (if decreased so state) Canyon Country, California	Residence of mother (if deceased so state) Thouand
Birthplace of mother (State or foreign country) Things	Birthplace of mother (State or foreign country)
tate of Indiana.	
ounty of HENDRICKS as in this application is true and correct.	County of HENDRICKS  88: I depose and state the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in the i
11/20/12	Danism Thates
Signed Comments	Signed CAR CONTRACTOR
New Address 19 King 3 Ct Jolland 1121 N	New Address / Jung Cf. Ronville
ubscribed and sworn to before me thing 24th day of Auly 1987.	Subscribed and sworn to before me this, 20 day of July 198
Many of And	HAND AND BUILDAUM HENDRICKS
Circuit Court	Clerk Circuit Cou
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	Consult of Theorem
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
Te, the parents, of this applicant hereby give consent for this marriage. If only one parent gns, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
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	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
gns, state facts which render the consent of the other parent unnecessary.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
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ate of Indiana.  HENDRICKS  ***  ***  ***  ***  ***  ***  ***	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS } ss:
ate of Indiana.  HENDRICKS  Signed  Father	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed.  Signed.  Fathe
ate of Indiana.  HENDRICKS  ***  ***  ***  ***  ***  ***  ***	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed.  Signed.  Fathe  Signed.
ate of Indiana.  HENDRICKS  Signed  Signed  Mother	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed.  Signed.  Fathe
state of Indiana.  HENDRICKS  Signed  Signed  Signed  Mother  bacribed and sworn to before me this  day of  19	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed.  Signed.  Fathe  Signed.
state facts which render the consent of the other parent unnecessary  ate of Indiana.  HENDRICKS   Signed  Signed  Mother  bscribed and sworn to before me this  Clerk	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  HENDRICKS  Signed
state facts which render the consent of the other parent unnecessary  ate of Indiana.  HENDRICKS  Signed  Signed  Mother  bacribed and sworn to before me this  Clerk	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
state of Indiana.  HENDRICKS  Signed  Signed  Signed  Mother  bacribed and sworn to before me this  MOTHER IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT  HENDRICKS  Court	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  HENDRICKS  Signed
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state of Indiana.  HENDRICKS  Signed  Signed  Signed  Mother  bscribed and sworn to before me this  OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  authorizes and directs the issuance of	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  HENDRICKS  Signed
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ate of Indiana.  HENDRICKS  Signed  Signed  Signed  Mother  bacribed and sworn to before me this  OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  County  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
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ate of Indiana.  HENDRICKS  Signed  Signed  Signed  Mother  Discribed and sworn to before me this  MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  County  RETURN OF MARRIAGE LICENSE  Indiana dated the  June 10	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  HENDRICKS  Signed
stee of Indiana.  HENDRICKS  Signed  Signed  Signed  Mother  Discribed and sworn to before me this  MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  County  The state of Indiana dated the  LA VERE SCHMIDT  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  Mother  Clerk  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Aday of  Signed  S	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  HENDRICKS  Signed
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stee of Indiana.  HENDRICKS  Signed  Signed  Signed  Mother  Discribed and sworn to before me this  MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  County  The state of Indiana dated the  LA VERE SCHMIDT  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  Mother  Clerk  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  Indiana dated the  Aday of  Signed  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Aday of  Signed  S	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  Signed
ate of Indiana.  HENDRICKS  Signed  Signed  Bescribed and sworn to before me this  OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS  County  County  Authorizes and directs the issuance of  RETURN OF MARRIAGE LICENSE  Be It Remembered, there was filed in my office a marriage license  Indiana dated the  LA VERE SCHMIDT  Sit further remembered, the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage was an antificate the following marriage was an antificate was filed in my office and the following marriage was ant	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS County of.  Signed
ate of Indiana.  HENDRICKS  Signed  Signed  Mother  Clerk  DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS  County  Cot  authorizes and directs the issuance of  RETURN OF MARRIAGE LICENSE  Indiana dated the  Mother  Aday of  RETURN OF MARRIAGE LICENSE  Indiana dated the  Gregory  Montague  At further remembered, the following marriage certificate was filed in my office a marriage license  At it further remembered, the following marriage certificate was filed in my office a marriage i	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. County of Signed Father Signed Mother Subscribed and sworn to before me this day of 19.  Cler  T. A marriage license having been refused to the above named parties, the part by written order issued and subvenamed parties.  C. AND MARRIAGE CERTIFICATE HENDRICKS Circuit Courty, 1907, authorizing the joining together as husband and wife to sisued by the clerk of the list day of AUGUST.  LORRIE M. YATES  Aligned Mother Signed Mother Subscribed and subscribed and swife to the above named parties.  C. AND MARRIAGE CERTIFICATE HENDRICKS Circuit Courty of HENDRICKS to wit:  A 100 p.m. County, State of KENTUCKY HARDIN County, State of IN HENDRICKS County of HENDRICKS County of HENDRICKS County, State of IN HENDRICKS County, State of IN HENDRICKS County of HENDRICKS County of HENDRICKS County State of IN HENDRICKS COUNTY C
ate of Indiana. HENDRICKS  Signed Father Signed Mother baseribed and sworn to before me this day of 19 Clerk  DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS County Consumption of authorizes and directs the issuance of authorizes and directs the issuance of the further remembered, there was filed in my office a marriage license is to further remembered, the following marriage certificate was filed in my office thousand nine hundred and 87 GREGORY D. MONTAGUE MON	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  Signed
ate of Indiana.  HENDRICKS  Signed  Signed  Mother  Clerk  DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS  County  Cot  authorizes and directs the issuance of  RETURN OF MARRIAGE LICENSE  Indiana dated the  Mother  Aday of  RETURN OF MARRIAGE LICENSE  Indiana dated the  Gregory  Montague  At further remembered, the following marriage certificate was filed in my office a marriage license  At it further remembered, the following marriage certificate was filed in my office a marriage i	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  Signed

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

7-20-87 Date of Application

Effective July 1. 1977	FEMALE Medical Examination Report Dated 6-29-87
MALE Benefit Dated 6-29-87	a Physician C, laurany, M. N.
Medical Examination Report Dated	Name of Physician  noever-procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
Name of Physician What was a second of the s	oever procures the issuance of a first
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-30 present shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	
MALE APPLICANT	Name Office Langua Horris
Name First . Middle Mayes	Date of Birth Month 3/ 1963
Date of Birth Month Day Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City County State	333 aron and gles, vend, In.
1901 Wall St., Memples, Stalling,	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Finded Ry: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by:  Birth Certificate  Judicial Decree
Date of birth verified by: Dirth Certificate	Other (Specify)
Other (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind? No
1. Are you now or have you ever been adjudged to be of unsound mind:	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?  Not Yes   2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
Now Yes W	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  Not Yes   Not Ye
4. Are you now under the influence of intoxicating liquor?  No Yes	4. Are you now under the influence of a narcotic drug?  No Yes
5. Are you now under the influence of a narcotic drug:	6. List the full names of any dependent children.
6. List the full names of any dependent children.	
	and a support the shows
7. Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above dependent children? No Yes D
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.  8 Full name of father Dilly Warne Morris
8. Full name of father Halling Le / Mayls	8. Full name of father Belly Clayne Plane
Residence of father (if deceased so state) La Jayelle, Xa	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Mattel Hadean Thulsey	9. Full maiden name of mother Attes to the
Residence of mother (if deceased so state) La Fayette La.	Residence of mother (if deceased so state) Than field, D.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana,  County of HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana,
County of this application is true and correct.	County of HENDRICKS   sa: in this application is true and correct.
Signed Hareffle Might	Signed Schoma Laconne Mori
New Address SAME	New Address 1901 Wall St molish
Subscribed and sworn to before me this	Subscribed and sworn to before me this 20 day of July 1987
Clerk HENDRICKS Circuit Court	HE IDDICKS
	Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,  County of HENDRICKS } ss:	
County of	State of Indiana, County of HENDRICKS } ss:
Signed Father	
Signed	SignedFather
Subscribed and sworn to before me thisday of	Signed Mother
	Subscribed and sworn to before me this
COMPLETE	
HENDRICKS LICENSE ISSUED BY ORDER OF COUR	RT A way
	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
additionizes and directs the issuance	and filed
RETURN OF MARRIAGE	the above named parties
of Indiana dated the	AND MARRIAGE CERTIFICATE
DAVID LEE MAYES	HENDRICKS Circuit Court
be it further remembered, the following	authorizing the initial and wife
and the supplied of the suppli	The state of the s
State of Indiana Groom DAVID	25th
and, Bride TERMONE	of Supremental Country of HENDRICKS
were by me united in marriage as authorical	County State of IN
County.  Dated this	of SHELBY County of HENDRICKS  HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit Court of HENDRICKS
25th day of JULY	purpose by the Clerk of the Circuit Court of HENDRICKS
, 198.7	
Filed and recorded in accordance with the laws of the	Signed /s/ RICHARD C. KEELEY  Official Designation MINISTER  6th day of AUGUST 19.87  Clerk
the State of Indiana this	Official Designation MINISTER 6th day of AUCHER
	Signed AUGUST 1987
	Clerk
	Signed AUGUST , 19 87

MALE

Medical Examination Report Dated___

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LIC

6-25-87

HENDRICKS

31/2

INA	No
RIAGE LICENSE	File
	7-20-87
County	Date of Application
FEMALE	-acc of Application
Medical Examination Report Dated	6-25-87
Name of Physician Mary S	
	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.
and the same of a ficense to marry by a	iny false statement, representation or pretense
FEMALE AI	PPLICANT
First	Middle Last
of Birth Month	Day Year
of Birth (State or foreign country)	8 62
7100 11 /0 50	Populle Herdrill's state
us Marital Status: Never Married OR	The state of the s
Marriage Ended By: Death Divorce An	nulment 🗆
of birth verified by: Birth Certificate Ju	
Other (Specify)	A Property in
e you now or have you ever been adjudged to be o	
answer is "yes", has the adjudication been remove	
re you related to the male applicant along the re-	No Yes O
e you related to the male applicant closer than se e you now under the influence of intoxicating liqu	
e you now under the influence of a narcotic drug	
st the full names of any dependent children.	No. Tes C
THE RESERVE OF THE PARTY OF	The Burney Branch and Control
The state of the s	
e you required by any court order or orders to suppendent children?	pport the above No Ves V
answer is "yes", it is required that this Application	be accompanied by satisfactory proof that you are in
npliance with any court order or orders issued for	
Il name of father William F. Ha	rtung
sidence of father (if deceased so state) Indi	ana
thplace of father (State or foreign country).	diana
4.	Smillerman
Il maiden name of mother HOW Jan	2 Smillerman
sidence of mother (if deceased so state) 1	anana
thplace of mother (State or foreign country)	rdiana
of Indiana, HENDRICKS } ss:	I depose and state the information given
y of	in this application is true and correct.
Signed Sara C	Jane Hartiena
New Address 71 Syca	more St Brownsburg;
20	day of July 19 34
DANIA DONA DIA AM	HENDRICKS
any your remails	Clerk Circuit Court
ENT OF DADENTS DADENT OF CHAD	DIAN
ENT OF PARENTS, PARENT OR GUARI	
e parents, of this applicant hereby give co	onsent for this marriage. If only one parent
state facts which render the consent of th	e other parent unnecessary
f Indiana, HENDRICKS ss:	
of	
Signed	Father
Signed	Mother

Circuit Court

Name of Physician Moury Soper	Medical Examination Report Dated 6-25-87
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (8500,00)".  MALE APPLICANT	Name of Physician Mary Soper
MALE APPLICANT	Rever, procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle, Last	Name First
Date of Birth Month Day Year	Date of Birth Month Jane Harting
Place of Birth (State or foreign country)	Month Day Year
Residence Address Street or R. R. City County State	Place of Birth (State or foreign country)
- Sycal role Street Brainstary Herbricks IN	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by:    Birth Certificate   Judicial Decree
Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify)
104 1es 2	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is 'yes', has the adjudication been removed?  No□ Yes□  2. Are you afflicted with a transmissible disease?  No□ Yes□	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?  No Yes   3. Are you related to the male applicant closer than second cousin?  No Yes
4. Are you now under the influence of intoxicating liquor?  No Yes   5. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Walter C. Filer	compliance with any court order or orders issued for their support.  8. Full name of father William F. Hartom
Residence of father (if deceased so state) Indiana	
Birthplace of father (State or foreign country)	T-diana
9. Full maiden name of mother Ruby Lec. Hayden	
Residence of mother (if deceased so state) Thinns	9. Full maiden name of mother. Mary Jane Smillerman
Birthplace of mother (State or foreign country) Kenhelly	Residence of mother (if deceased so state) Indiana
State of Indiana	Birthplace of mother (State or foreign country) Toliana State of Indiana.
County of HENDRICKS  Bas: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    A sa: I depose and state the information given in this application is true and correct.
New Address. 71 Sycamore St. Brownsburg, 1N Subscribed and sworn to before me this. 20 day of July 187.  Many Jamus Burg 187.  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which relater the consent of the other parent uniccessary.
State of Indiana,	State of Indiana, HENDRICKS } ss:
County of HENDRICKS ss:	County of
SignedFather	Signed Father
Signed	Signed
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r A marriage license having been refused to the above named parties, the
HENDRICKS County Cou	art by written order issued
inauthorizes and directs the issuance of	a marriage license to the above named parties.
DETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
Language Lan	a accused by the clerk of the
	14 / . Illimortating the folicing together to husband with wife
WLATER SCOTT FIFER an	Fice to-wit:
be it further remembered, the following marriage certificates	and a contifue that on the 8th day of AUGUST
one thousand nine hundred and 87	t DANVILLE , County of HENDRICKS ,
one thousand nine hundred and 87 State of Indiana, Groom	fHENDRICKSCounty, State of IN
State of Indiana, GroomWALTER SCOTT FIFER	HENDRICKS
were by me united in marriage as authorized by a marriage license issued for the	rat purpose by the clerk of the circuit court of
Dated this 24th day of JULY , 19.87	Signed
	ORDAINED CLERGY
O  Filed and recorded in accordance with the laws of the State of Indiana this	10th day of AUGUST , 19 87
to the fluid and this	Signed Mary Jane Rhaell HENDRICKS Clerk

Form Prescribed By Indiana State Board of

Date of Birth

dependent children

State of Indiana.

State of Indiana.

Signed.

of Indiana dated the.

and, Bride.....

County of ...

Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977

STATE OF INDIANA

of Indiana dates the

.Circuit Court

HENDRICKS

APPLICATION FOR MARRIAGE LICENSE 20-87 HENDRICKS Date of Application County Medical Examination Report Dated. ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (8500,000". Name of Physician_ Medical Examination Report Dated. MALE APPLICANT Date of Birth Place of Birth (State or foreign dountry) Street of R. R. Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate U Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No D 4es D Nd Yes No Tes D 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No Yes No Yes D If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease? No Yes 3. Are you related to the male applicant closer than second cousin? No Yes D you afflicted with a transmissible disease No Ves 4. Are you now under the influence of intoxicating liquor No Yes D ou related to the female applicant closer than second cou No Yes No Yes D you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. List the full names of any dependent children. 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes D No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support compliance with any court order or orders issued for their support Full name of father_ Residence of father (if deceased so state) Residence of father (if deceased so state) Birthplace of father (State or foreign country) Residence of mother (if deceased so state). Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country). and state the information given application is true and correct. HENDRICKS HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary HENDRICKS State of Indiana, HENDRICKS County of .... Signed. Signed. Subscribed and sworn to before me this. Subscribed and sworn to before me this......day of....... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 Allen W. Ward Be it further remembered, the following marriage certificate was filed in my office, to-wit: Tamatha S. Moore one thousand nine hundred and ... hereby certify that on the 24th day of JULY at INDIANAPOLIS , County of MARION State of Indiana, Groom. ALLEN W. WARD TAMATHA S. MOORE HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... County, State of INDIANA day of JULY , 19 87. Filed and recorded in accordance with the laws of the State of Indiana this..... 27th Signed /s/ Isom Caudill Official Designation Minister

July July

Signed

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

7-21-87
Date of Application

MALE	Date of Application
Medical Examination Report Dated 7/30/87	FEMALE
Name of Physician_ Charles Lee Genishungs	Medical Examination Report Dated
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed at 1	Name of Physician & Korlin
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	oever procures the issuance of a license to marry by any false statement, representations
Mine Jean Lender	Name FEMALE APPLICANT
Date of Birth	Date of Birth Monda
Place of Birth (State or foreign country)	Mor
Residence Add Street or R. R	Place of Birth (State or foreign country)
5731-C Carenbridge Et, Kickmand, Henries Va.	Residence Address Street or City County Med State
Previous Marital Status: Never Married OR	1004 Salem Fd. City County Alen State
Last Marriage Ended By: Death Divo Annulment Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
A Driver La Right	Date of birth verified by:   Birth Certificate   Judicial Decree
Other (Specify) Ariver's Liz Putture	Other (Specify) Dr. Lip.
1. Are you now or have you ever been adjudged to be of unsound mind?	1 4
If answer is "yes", has the adjudication been removed?  No Yes  2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  No Yes  No Yes
No Yes U	2. Are you afflicted with a transmissible disease? No Yes D
Now Tes 2	3. Are you related to the male applicant closer than second cousin?
Note Ies	4. Are you now under the influence of intoxicating liquor? No ▼ Yes □
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No Yes
	6. List the full names of any dependent children.
	The state of the s
7. Are you required by any court order or orders to support the above	7. Are you required by any court and
dependent children?  No Yes   If answer is "yes" it is required that this Application be seened in the second of t	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
3. Full name of father Calil See Amyth	compliance with any court order errorders invest for their any
A STATE OF THE STA	8. Full name of father Mind Jonard Shafer
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Darbara Jane Brewer	9. Full maiden name of mother Mandatta Atom Findles
Residence of mother (if deceased so state)	0.4./
	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
County of HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.
David P Guest	Country of A 10 10 1
Signed Daniel Smy	Signed Hemania I - Anafer
New Address Same as above	New Address 5731-C Clarinbridge C. Richmond, VA
ubscribed and sworn to before me this 30 day of July , 187	Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and sworn to before me this and day of Subscribed and day of Subs
Makes Orac Russill HENDRICKS	Man Mus Rund - HENDRICKS
Clerk Circuit Court	Clerk Circuit Court
ONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
gns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary.
ate of Indiana.	State of Indiana,
bunty of	State of Indiana, HENDRICKS County of
	Signed
Signed Father	
Signed	
bscribed and sworn to before me this	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above hamed parties, the
HENDRICKS Cour	rt by written order issued
authorizes and directs the issuance of	a marriage license to the above named parties.
	AND MADDIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license	e issued by the clerk of the
Indiana dated the DANIEL L. SMYTH and	, 190, authorizing the joining together as husbana and wife
it further remembered, the following marriage certificate was filed in my of	ereby certify that on the 1st day of AUGUST
JOHN PARSONS he thousand nine hundred and 87 at	NORTHVIEW CHRISTIAN CHURCHCounty of HENDRICKS
e thousand nine hundred and 87	HENDRICKS County, State of IN
ite of Indiana, GroomDANIEL L. SMYTH	HENDRICKS County, State of IN
the of Indiana, Groom	at purpose by the Clerk of the Circuit Court of HENDRICKS
re by me united in marriage as authorized by a marriage license issued for the	at purpose of
ted this let 1 AUGUST 19.87	. Simed /s/ JOHN O. PARSONS
ist day of	Signed Signed ELDER PASTOR
	3rd day of AUGUST , 19
led and recorded in accordance with the laws of the State of Indiana this	Man Care Russell Clerk
Samuel S	Signed HENDRICKS Circuit Court

Form Prescribed By	STATE OF INDIANA  APPLICATION FOR MARRIAGE LICENSE
Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977	HENDRICKO
Miles Harrison and American	FEMALE

346 7-21-87 Date of Application

ctive July 1. 1977	FEMALE Medical Examination Report Dat	ed 7-2-87	
MALE Medical Examination Report Dated 7-6-87	Physician Olban	GUNNDIGH	chi
Name of Physician SUSAN BUTKLOOL  Name of Physician SUSAN BUTKLOOL  L QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever the fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE .	APPLICANT Middle	

MALE 7-6-87	Medical Examination Sixon Birkholder
Medical Examination Report Dated 7-68	Name of Physician Old Square by any false statement, representation or presentation of present
Name of Physician SUSAN BUCK KOLCA	Name of Physician  ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False states for shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	Name South And Forbertast
Name First Middle Lermillion	Date of Birth Month 25 62
Day Year	(State or foreign country)
7	City County Said
Place of Birth (State or foreign country)  This City County State,	Residence Address Point hip with Traps Nappy W
Residence Address Street or R. R. Dloingeld HANDY S	Navar Married OR
190 10 10	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Divorce
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified of
	Other (Specify) Divers license
Other (Specify) Divers Grand to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind. No. Yes
1. Are you now or have you ever been adjudged to be of dissolite.	If answer is "yes", has the adjudication been
If answer is "yes", has the adjudication been removed?  No. Yes   2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?  No. Yes D. Ye
No. 1 Yes	3. Are you related to the male applicant closer than second cousin?  No. Yes   4. Are you now under the influence of intoxicating liquor?  No. Yes   No. Ye
No 4 res	4. Are you now under the influence of a narcotic drug?  No Yes
5. Are you now under the influence of a narcotic drug?  No Yes	6. List the full names of any dependent children.
6. List the full names of any dependent children.	6. List the fall manager
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
dependent children?	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support.  8. Full name of father Edward L. Vermillion	8. Full name of father Worel E. Forbert
Todiana	Residence of father (if deceased so state) TC XQ 3
Assessment of the month of the	Residence of facilier in deceased so state 2
Birthplace of father (State or foreign country) Florida Indiana	Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Eleanor Houard	9. Full maiden name of mother Barbara A. Ayers
Residence of mother (if deceased so state) Indiana	Residence of mother (if deceased so state) Te XA5
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Vermont
State of Indiana.  HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS as: I depose and state the information given in this application is true and correct.
County of	County of HENDRICKS   as: in this application is true and correct.
Signed Daniel & Vermiller	signed Dough ( Debut
New Address 6740 Eagle Pointe South Indels In	New Address 6790 Eagle Durte Dry
Subscribed and sworn to before me this 21 day of MULY 1987.	Subscribed and sworn to before me this 21 day of 1989
Mary fane Russell Clerk HENDRICKS Circuit Court	00 1
Circuit Court	THANY JAN RUSSIA CIERK HENDRICKS CIRCUIT COURT
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
and the parent differencessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS }ss:	State of Indiana,
county of	County of HENDRICKS } ss:
SignedFather	
Signed Mother	Signed Father
Subscribed and sworn to before me this day of 19	Signed Mother
	Subscribed and sworn to before me thisday of
HENDRICKS LICENSE ISSUED BY ORDER OF COLUMN	RT. A marriage license having been refused to the above named parties, the
County	ourt by waiting license having been refused to the above named parties, the
authorizes and directs the issuance	ourt by written order issued and filed of a marriage license to the above named parties, the
DEMILITA	ago needse to the above named
of Indiana dated the 27th day of JULY	SE AND MARRIAGE CERTIFICATE thise issued by the clerk of the HENDRICKS Circuit Court
Be it further remembered, the following marriage	and SARAH ANN FORBERT  hereby certify that on the 27th
I, MARY JANE RUSSELL certificate was filed in my	office, to-wit:
one thousand nine hundred and 87	hereby certify that and the same and the sam
Chata of Indiana	D- 2/LII
and, Bride SARAH A. FORBERT	of HENDRICKS County of Hendricks
were by me united in marriage as authorized by a marriage as	office, to-wit:  hereby certify that on the 27th day of July at Danville County of Hendricks  ARION County, State of INDIANA  that purpose by the Clerk of the Circuit Court of HENDRICKS  HENDRICKS  County, State of INDIANA  HENDRICKS
Dated this 27th	that purpose by the Classic County, State of INDIANA
Dated this 27th day of JULY , 19 8	7 HENDRICKS
, 19.0	Si M. O
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Mary And Rusself Official Designation CLERK, HENDRICKS CIRCUIT COURT
the State of Indiana this	27th CLERK, HENDRICKS CIRCUIT COURT
	day / IIII

HENDRICKS .Circuit Court

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

347 7-21-87
Date of Application

Circuit Court

MALE Medical Examination Report Date 1 7-10-00	Date of Application
Medical Examination Report Dated 7-17-87	FEMALE Medical Examination Report Dated 7-17-87
Name of Physician Gregory Wiver	1
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	ever promises the image of the
MALE APPLICANT	the issuance of a license to marry by any false statement, representation or pretense
Name First Middle Lost	FEMALE APPLICANT
Date of Birth Month Charles Bollman	Name First, Middle McAllister  Pate of Birth AND McAllister
Place of Birth (State or foreign country)	Date of Birth Month Day Year
New York	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City, County State
Previous Marital Status: Never Married OR	675 Barrelt Danville Herdricks IN
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Judicial Decree
1 Are you now or have you ever been edivided to be of	Other (Specify Drivers License.
If answer is "yes", has the adjudication been removed?  No Yes  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  No Yes
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
dependent children?  No Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father William C. Bollman	compliance with any court order or orders issued for their support.  8. Full name of father Donoton L. Heber
Residence of father (if deceased so state) Indiana	Residence of father (if deceased so state) Troig DO
Birthplace of father (State or foreign country) New York	The
9. Full maiden name of mother Palmira J. Nata	Distributed that of the control of t
	9. Full maiden name of mother. Virginia M. Gentry
Residence of mother (if deceased so state) INIANA	Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) New York	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.	State of Indiana, HENDRICKS  Bas: I depose and state the information given in this application is true and correct.
Signed Chivi Bollman	
Signed Company St.	Signed Kuth M-allis to
New Address 675 Barrett St.	21 1.14
Subscribed and sworn to before me this 21 day of July 19.87	Subscribed and sworn to before me this day of July , 19.87
THAT HENDRICKS	TO / LIENTONICUC
Thory John Russell Glerk HENDRICKS Circuit Court	Many Janu Russell Glerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
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CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  \$\Begin{array}{c} \text{ss:} \end{array}\$	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  State of Indiana, County of HENDRICKS  Fether	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed. Father  Signed. Mother	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed.  Father	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS  County  Coin authorizes and directs the issuance or	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS County of Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed fa marriage license to the above named parties.
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Coin authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE.	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS County of
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County  Co in authorizes and directs the issuance of RETURN OF MARRIAGE LICENSI  Be It Remembered, there was filed in my office a marriage licen of Indiana dated the day of  Again the state of the same and	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS  Se issued by the clerk of the Circle for the Joining together as husband and wife and RUTH ANN MC ALLISTER
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County  Co in authorizes and directs the issuance of RETURN OF MARRIAGE LICENSI  Be It Remembered, there was filed in my office a marriage licen of Indiana dated the day of  Again the state of the same and	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS  Se issued by the clerk of the Circle for the Joining together as husband and wife and RUTH ANN MC ALLISTER
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CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Coin.  authorizes and directs the issuance of Indiana dated the day of Indiana dated the day of CHRISTOPHER CHARLES BOLLMAN ABE it further remembered, the following marriage certificate was filed in my of I, MARY JANE RUSSELL  one thousand nine hundred and 87  State of Indiana, Groom CHRISTOPHER CHARLES BOLLMAN  CHRISTOPHER CHARLES BOLLMAN  RETURN OF MARRIAGE LICENSI AND ABE IT further remembered, the following marriage certificate was filed in my of I, MARY JANE RUSSELL  One thousand nine hundred and 87  State of Indiana, Groom CHRISTOPHER CHARLES BOLLMAN	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of Father  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed fa marriage license to the above named parties.  C. AND MARRIAGE CERTIFICATE HENDRICKS  See issued by the clerk of the first paining together as husband and wife made and mate in the count of
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Coin.  authorizes and directs the issuance of Indiana dated the day of Indiana dated the day of CHRISTOPHER CHARLES BOLLMAN ABE it further remembered, the following marriage certificate was filed in my of I, MARY JANE RUSSELL  one thousand nine hundred and 87  State of Indiana, Groom CHRISTOPHER CHARLES BOLLMAN  CHRISTOPHER CHARLES BOLLMAN  RETURN OF MARRIAGE LICENSI AND ABE IT further remembered, the following marriage certificate was filed in my of I, MARY JANE RUSSELL  One thousand nine hundred and 87  State of Indiana, Groom CHRISTOPHER CHARLES BOLLMAN	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of Father  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed fa marriage license to the above named parties.  C. AND MARRIAGE CERTIFICATE HENDRICKS  See issued by the clerk of the first paining together as husband and wife made and mate in the count of
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Coin authorizes and directs the issuance of Indiana dated the day of CHRISTOPHER CHARLES BOLLMAN Be it further remembered, the following marriage certificate was filed in my of I, MARY JANE RUSSELL  one thousand nine hundred and 87  State of Indiana, Groom CHRISTOPHER CHARLES BOLLMAN and, Bride RUTH ANN MC ALLISTER of were by me united in marriage as authorized by a marriage license issued for tween the size of the	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed if a marriage license to the above named parties.  BAND MARRIAGE CERTIFICATE HENDRICKS  See issued by the clerk of the 19  Authorizing the joining together as husband and wife ond. RUTH ANN MC ALLISTER  Since, to-wit:  19  28th day of JULY  thereby certify that on the 28th day of JULY  Thereby certify that on the 28th day of JULY  Thereby certify that on the 28th day of JULY  Thereby certify that on the 30 JULY  The MENDRICKS County, State of INDIANA  The MENDRICKS County State of INDIANA  The MENDRICKS County State of INDIANA  The MENDRICKS County State of INDIANA
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Coin authorizes and directs the issuance of Indiana dated the Atlanta day of CHRISTOPHER CHARLES BOLLMAN as Be it further remembered, the following marriage certificate was filed in my of I, MARY JANE RUSSELL  one thousand nine hundred and 87  State of Indiana, Groom CHRISTOPHER CHARLES BOLLMAN and, Bride RUTH ANN MC ALLISTER of were by me united in marriage as authorized by a marriage license issued for County.	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed if a marriage license to the above named parties.  B. AND MARRIAGE CERTIFICATE HENDRICKS  See issued by the clerk of the see issued by the clerk of the file, authorizing the joining together as husband and wife nod. RUTH ANN MC ALLISTER  Since, to-wit:  28th day of JULY  thereby certify that on the Danville County of HENDRICKS  County, State of INDIANA  ThenDRICKS County of HENDRICKS
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Coin authorizes and directs the issuance of Indiana dated the Atlanta day of CHRISTOPHER CHARLES BOLLMAN as Be it further remembered, the following marriage certificate was filed in my of I, MARY JANE RUSSELL  one thousand nine hundred and 87  State of Indiana, Groom CHRISTOPHER CHARLES BOLLMAN and, Bride RUTH ANN MC ALLISTER of were by me united in marriage as authorized by a marriage license issued for County.	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
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STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

No	348
File_	
	7-2187
	Date of Application

Form Prescribed By Indiana State Board of Health under Authority  APPLICATION FOR INI HENDRICKS	County Date of Application
of I.C. 31-1-3-2 Effective July 1. 1977	F 13 45
7 12 017	Medical Examination Report
MALE Medical Examination Report Dated  (1)	Name of Physician Source false statement representation
Name of Physician Joyce Gill	Name of Physician  ver.procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement and statemen	FEMALE APPLICANT
shall be fined in any sum not exceeding the MALE APPLICANT  [ast]	Name First Down Dudkukki
Name First Middle Burn's	Date of Birth Day Year
Date of Birth Month /5	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R. Plainfield HMINKS W	Same
1934 HUDGE STREET	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by:  Birth Certificate  Judicial Decree
Date of birth verified by: Birth Certificate  Judicial Decree	
Other (Specify)	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   No Yes  No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?  No. Yes   3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?  No Yes  N
4. Are you now under the influence of intoxicating liquor?  No Yes	4. Are you now under the influence of intoxicating liquor?  No. Yes   No. Yes   Yes  Yes
5. Are you now under the influence of a narcotic drug:	6. List the full names of any dependent children.
6. List the full names of any dependent children.	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?
dependent children? No. 1 1es  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father James A. Burn	8. Full name of father Samuel. F. Dudkowsku
Residence of father (if deceased so state) Plounfield	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother EVCLYD K. Davis	9. Full maiden name of mother Sandra Kay Drummond
Residence of mother (if deceased so state) TMDIS.	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Indiana.	Birthplace of mother (State or foreign country)
County of HENDRICKS  as: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct
Signed James & Swin	Simul Day D. Dudkou sti
New Address SAME As Apole	New Address #8 Same as above
Subscribed and sworn to before me this 2/ day of July 1987.	Subscribed and sworn to before me this 21 day of Auly . 187
THAY JONE RUSSELL Glerk HENDRICKS Circuit Court	Mary Jane Russell Clerk HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, LICA IDDICAGE	
County of HENDRICKS } **:	State of Indiana, County of HENDRICKS } ss:
Signed	
Signed	Signed
Subscribed and sworn to before me thisday of	Signed Moth
Clerk	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF	Cle
Clarke Ollice County Circuit	RT. A marriage license having been refused to the above named parties, the Court by written order issued
authorizes and directs the issuance	of a mani-
of Indiana dated the 21ct	ense issued by the
Be it further remembered JAMES EUGENE BURRIN	ense issued by the clerk of the HENDRICKS Circuit Countries, 19.87, authorizing the joining together as husband and will office to write DEBRA DAWN DUDVONGENT.
1. IPUIN . TRUIN .	and DEBRA DAWN DUDYON TO THE PROPERTY OF THE P
one thousand nine hundred and 87	hereby certify the
State of Indiana, Groom JAMPS PHONE	at Grand on the 25th day of THE
County. County.	at CLAYTON 25th day of JULY  of HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit County of HENDRICKS  HENDRICKS HENDRICKS HENDRICKS
Dated this 25th day of JULUY , 19.8	HENDRICKS County, State of IN  r that purpose by the Clerk of the Circuit Court of HENDRICKS  THENDRICKS County, State of IN HENDRICKS
, 19.8	7
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ IRVIN L. MAYMON Official Designation HIGH PRIEST
of the State of Indiana this	5th
	agy of Allows

CONSENT OF PARENTS PARE

HENDRICKS

COMPLETE IF MARR

... Circuit Court

HENDRICKS

Circuit Court

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

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

FOR MARRIAGE LICENSE

HENDRICKS

County

Date of Application

MALE	Date of Application
Medical Examination Report Dated	FEMALE Medical Examination Person D. 1. 9-87
Name of Physician 2 Drampson	Medical Examination Report Dated
ALL DUFSTIONS MUST BE ANSWERING	Name of Physician J. D. Shanpson
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	hoever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	per 10 fer say has mentage and per constant feet give sie at the med at legal
Name First Middle	FEMALE APPLICANT
Date of Birth Month Day Salsman	Name Pegau Middle Last
10 rear	Date of Birth Day Year
Bronnestle attended	Place of Birth (State or foreign country)
Residence Address Street or R. R. City	- Dunell , Sharana)
RR2 Box 287 Clayton County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married A OR	
Last Marriage Ended By: Death Divorce Annulment Annulment	Previous Marital Status: Never Married OR
Date of birth verified by:   Birth Certificate   Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
- E D.	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) DI, Tw.	to Other (Specify) Dr. Liv.
1. Are you now or have you ever been adjudged to be of unsound mind?	The second second
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes". has the adjudication been removed?  No Yes   Yes   No Yes
2. Are you afflicted with a transmissible disease?	
3. Are you related to the female applicant closer than second cousin?	
4. Are you now under the influence of intoxicating liquor? No Yes	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of intoxicating liquor?  No Yes□  No Yes□  No Yes□
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?  No Yes 6. List the full names of any dependent children.
	and the same of any dependent children.
	The state of the s
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
No U Yes U	dependent children?  No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.  Full name of father Thomas A. Salahan	compliance with any court order or orders issued for their support
	8. Full name of father Harold blean Museum
Residence of father (if deceased so state) The Month of the Control of the Contro	Residence of father (if deceased so state) watersule, and,
Birthplace of father (State or foreign country)	
Marin V Harle	Birthplace of father (State or foreign country) Augusta
Full maiden name of mother Margia 1. Faller	9. Full maiden name of mother 1/12 about the truthe
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Surville, July
Birthplace of mother (State or foreign country)	
State of Indiana	Birthplace of mother (State or foreign country)
County of HENDRICKS   sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.
Vi Sland Of Comme	
Signed X Sonald & Salsmon	Signed Xteay & Thream
New Address K2 Box 287 Ckyton In	New Address RD Box 287 (Caylor In 40
subscribed and sworn to before me this 23 day of July 1987	Subscribed and sworn to before me this 23 day of 19.
Man. Como BLADO HENDRICKS	Man a b HEVIDDICKS
Clerk Circuit Court	Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	COVERNITOR
	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
gns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
tate of Indiana,	State of Indiana, County of HENDRICKS  88:
ounty of HENDRICKS ss:	County of HENDRICKS
SignedFather	Signed
Signed	Signed Mother
abscribed and sworn to before me thisday of, 19,	Subscribed and sworn to before me this
Clerk	
CIETA	Clerk
	T. A marriage license having been refused to the above named parties, the
	urt by written order issuedand filed
authorizes and directs the issuance o	f a marriage license to the above named parties.
	AND MARRIAGE CERTIFICATE
Re 3t Homembered there was fled in my office a marriage licen	se issued by the clerk of the HENDRICKS Circuit Court
	, 1987, authorizing the joining together as husband and wife
Indiana dated the A.I. day of day of	nd PEGGY L. DUNCAN
e it further remembered, the following marriage certificate was filed in my o	fice, to-wit:
	hereby certify that on the 29th day of AUGUST,
e thousand nine hundred and 87	nt HAZELWOOD , County of HENDRICKS
ate of Indiana Comments and	of
ate of Indiana, Groom	HENDRICKS County, State of IN ,
d, Bride PEGGY L. DUNCAN of	that arrange by the Clark of the Circuit County, State of HENDRICKS
ere by me united in marriage as authorized by a marriage license issued for t	nat purpose by the Gierk of the Gircuit Court of
ounty.  ated this 29th day of AUGUST 19.87	Signed /s/ DANNIE L. ADAMS
AZ.SM	/S/ DANNIE L. ADAMS
	Signea
ANTERNIA COMPANY DE POR	Official Designation MINISTER

STATE OF INDIANA

HENDRICKS

APPLICATION FOR MARRIAGE LICENSE Form Prescribed By Date of Application Indiana State Board of HENDRICKS County Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 Medical Examination Report Dated_ Glenn Baker Medical Examination Report Dated 7-20-87 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 that the formal procures are also because the procure of a license to marry by any false statement, representation or pretense that the formal procures are also because the procure of a license to marry by any false statement, representation or pretense that the procure of a license to marry by any false statement, representation or pretense that the procure of a license to marry by any false statement. Worker MALE APPLICANT Name Date of Birth 10 Street or R. R. Brownsburg Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: A Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No D Yes D If answer is "yes", has the adjudication been removed? 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes 🗆 2. Are you afflicted with a transmissible disease? If answer is "yes", has the adjudication been remo No Yes 3. Are you related to the male applicant closer than second cousin? No Yes No Yes N₀ 4. Are you now under the influence of intoxicating liquor? related to the female applicant closer than second cousin No Yes 5. Are you now under the influence of a narcotic drug? 4. Are you now under the influence of intexicating liquor? No Yes 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 6. List the full names of any dependent children 7. Are you required by any court order or orders to support the above No Tyes Are you required by any court order or orders to support the above If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you arein If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. compliance with any court order or orders issued for their support. 8. Full name of father James Walker 8. Full name of father Marcus Van Horn Residence of father (if deceased so state) Clay ton 1N Residence of father (if deceased so state) DCCE Q SC Birthplace of father (State or foreign country) Troliana Incliana Birthplace of father (State or foreign country) 9. Full maiden name of mother Jane Hanneman 9. Full maiden name of mother Judikk Residence of mother (if deceased so state) Brown 5 burg 1/1 Residence of mother (if deceased so state) Poinfeld, IN Michigan Birthplace of mother (State or foreign country) TOIAIN Birthplace of mother (State or foreign country)_ State of Indiana, HENDRICKS State of Indiana. HENDRICKS I depose and state the information given in this application is true and correct. County of County of ..... Signed Mike Van Horn New Address 44 D. GREEN STREET GPT 45 B-AURG Subscribed and sworn to before me this 2210 day of Ally Subscribed and sworn to before me this. CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent igns, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS Signed .... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 27 day of July

MICHAEL MYLES VAN HORN

Be it further remembered, the following marriage certificate was filed in my office, to-wit: HENDRICKS , 1987..., authorizing the joining together as husband and wife SABRINA FAY WALKER JOHN CALDWELL hereby certify that on the _____day of ___AUGUST______ one thousand nine hundred and State of Indiana, Groom MICHAEL MYLES VAN HORN of HENDRICKS County, State of IN VAN HODN County of HENDRICKS SABRINA FAY WALKER OF HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Dated this lst day of AUGUST ....., 19.87....

Signed /s/ JOHN CALDWELL

.... Circuit Court

5th day of AUGUST , 19.87......

Signed HENDRICKS

Official Designation MINISTER

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

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS _County MALE Date of Application FEMALE
Medical Examination Report Dated. Medical Examination Report Dated_ Name of Physician dlebra

Name of Physician Switch April - Muett	Name of Physician Alle Contra Bluidth
ALL QUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement—Whall be fined in any sum not exceeding five hundred dollars (\$500 cm.)	Name of Physician Allie Coste Bluett  Dever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	the issuance of a license to marry by any false statement, representation or pretense
Name First Middle	FEMALE APPLICANT
Sett Cran Clerks Last	Name First Middle ( Last
april 4 Year	Date of Birth Month Ase All
Place of Birth (State or foreign country)	The Year
Residence Address Street on R. R. City County State	Place of Birth (State or foreign country)
392/ New Kill Apt 3D Jules 4254	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	man providing Kind &
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
And the state of t	Date of birth verified by:   Birth Certificate Judicial Decree
Other (Specify) Myss allend	Other (Specify) Attique lucia e
1. Are you now or have you ever been adjudged to be of unsound mind?	omer (openly) and the carrie
If answer is "yes", has the adjudication been removed?  No  Yes	
2. Are you afflicted with a transmissible disease?	2 And the second of the second
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?  Now Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Larry & Cherry	compliance with any court order or orders issued for their support.
	8. Full name of father Allry & All
Residence of father (if deceased so state) Whallistn 37	Residence of father (if deceased so state) Organishing
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Allecea K. Daken	9. Full maiden name of mother Class San Phillips
Residence of mother (if deceased so state) (Indirson In	Rolling
residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana,  County of HENDRICKS    S8: I depose and state the information given in this application is true and corpect.	State of Indiana, HENDRICKS  I depose and state the information given in this application is true and correct.
County of in this application is true and corpect.	County of the Application is true and correct.
Signed lott Evan leveland	Signed Melly Mest See
New Address 3921 Peckide At. 3. O Inffs. In	New Address 3921 Dece Ridge Rel Indpk, INO
938 / 0 1 / 82	93 () 1 ()
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of the supplier of
HENDRICKS Circuit Court	My Jan Sussell Clerk HENDRICKS Circuit Court
	110
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana	State of Indiana,
State of Indiana,  County of HENDRICKS ss:	State of Indiana, HENDRICKS County of
SignedFather	
SignedMother	Signed
Subscribed and sworn to before me thisday of, 19,	Subscribed and sworn to before me thisday of, 19
and sworn to before me this	Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage license having been refused to the above named parties, the
HENDRICKS	art by written order issued and filed and filed
County	a marriage license to the above named parties.
nauthorizes and directs the issuance of	a marriage and CERTIFICATE
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licens	se issued by the etern of the spining together as husband and wife
f Indiana dated the 28 day of July	, 19.C. J., authorizing the joining together as husband and wife
SCOII EVAN CLEVEDAND	Can to ant:
Be it further remembered, the following marriage certificate was filed in my of	nets certify that on thelstday ofAUGUST
STEVEN M. CAPPER	TOUN'S EPISCOPAL CHURCHCounty of MARION
ne thousand nine hundred and 87	MARION County State of IN
ne thousand nine hundred and 87	County State of IN
nd, Bride SHELLY ROSE LEE of Indiana, Groom SCOTT EVAN CLEVELAND of Indiana, Groom SHELLY ROSE LEE of Indiana, Groom Indiana, Groom SHELLY ROSE LEE of Indiana, Groom India	IEDNRICKS HENDRICKS
nd, Bride	hat purpose by the Clerk of the Circuit Court of
Pated this let day of AUGUST, 1987	Signed /s/ STEVEN M. CAPPER
	Official DesignationREVERAND
	Allocat Long

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

HENDRICKS

..Clerk

Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No .. File_ 7-24-87
Date of Application

HORCE

Form Prescribed By Indiana State Board of Health under Authority of LC. 31-1-3-2  APPLICATION FOR I	MARRIAGE DIGES  KSCounty Date of Application
Effective July 1, 1977	FEMALE Sign Report Dated 7-20-87
MALE 7-21-87	Medical Examination Report
	e Dhysician
Name of Physician	Name of Physician  Dever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Last
Name First Middle Vondersoar	Month Day Year
Date of Birth Month Day Year	Date of Birth  Place of Birth (State or foreign country)
Place of Birth (State or foleign country)	City County
City County State	Residence Address Street of Manager Residence
Residence Address Street or R. R. City	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Mariage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Ca fin
Other (Specify) Dr. Lie.	Other (Specify)  No R Yes   No R
No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes□  If answer is "yes", has the adjudication been removed? No Yes□
If answer is "yes", has the adjudication been removed?	If answer is "yes, has the adjusted by the series of the s
2. Are you afflicted with a transmissible disease?  No Yes  No Yes	2. Are you arriced to the male applicant closer than second cousin?  Note Yes   Note Yes
3. Are you related to the female applicant closer than second cousin.	4. Are you now under the influence of intoxicating liquor?
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No Yes	5. Are you now under the influence of a narcotic drug?
Are you now under the influence of a narcotic drug:     List the full names of any dependent children.	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children?  No Yes	dependent children?
. If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support
8. Full name of father The H. Word Place	8. Full name of father Allean Charles
Residence of father (if deceased so state) Local Deceased So. State . Hours . 10-	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother what tonlay	9. Full maiden name of mother Madaline 1. Ragge
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	[5] Office description of the control of the contro
State of Indiana.  HENDRICKS    sa: I depose and state the information given in this application is true and correct	Birthplace of mother (State or foreign country)  State of Indiana,  I depose and state the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS as: I depose and state the information given in this application is true and correct.
Signed Xohn K. Carlessan	X Later m Cayle
New Address Same as about	Signed A TOTAL
Subscribed and sworn to before me this. and day of July	New Address
Many and Rhad Gark HENDRICKS	Subscribed and sworn to before me this day of 19
Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSERVE OF PURPOSE
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana.  County of HENDRICKS as:	State of Indiana,
,	County of HENDRICKS ss:
Signed	
Signed Mother	Signed
Subscribed and sworn to before me this day of 19	SignedMother
	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE AND	
HENDRICKS LICENSE ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the ourt by written order issued
in	Ourt by written order issued
and directs the issuance	and mes
Be It Remembered there are the RETURN OF MARRIAGE LICENS	TE AND
of Indiana dated the	AND MARRIAGE CERTIFICATE
Be it footh JOHN R. VONDERGON	HENDRICKS Circuit Court
WILL Take marriage certificate was filed in	and
awa thereas 2 - 2 - 2 - 2	
State of Indiana, Groom	AUGUST AUGUST
and, Bride JOHN R. VONDERSAAR	BROWNSBURG day of ACCUS
were by me united in marriage as and	office, to-wit:  hereby certify that on the 8th day of AUGUST  at BROWNSBURG County of HENDRICKS  Of HENDRICKS County State of IN
County. County.	hereby certify that on the 8th day of AUGUST  at BROWNSBURG County of HENDRICKS  HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 8th day of AUGUST	purpose by the Clerk of the Circuit County, State of HENDRICKS
, 1987	7
Filed and recorded in accordance with the	Signed /S/ WILLIAM LEVY Official Designation JUDGE PRO
with the laws of the State of Indiana this	Official Designation JUDGE PRO-TEMPORE  11th day of
title	day of AUCHOR
	Signed /s/WILLIAM LEVY  Official Designation JUDGE PRO-TEMPORE  11th day of AUGUST , 19.87  Signed Clerk  HENDRICKS Circuit Court
	HENDRICKS Circuit Court
	Circuit Com

.Circuit Court

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

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS File_ _County 7-24-87

MALE Medical Examination Report Dated 7-20-87	Date of Application
	FEMALE Medical Examination Report Dated 7-20-87
Name of Physician Steenberger	
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—When the shall be fined in any sum not exceeding five hundred dollars (8500,00)".  MALE APPLICANT	Name of Physician Steenberger
MALE APPLICANT	oever procures the issuance of a license to marry by any false statement, representation or pretens
Name First Middle	
Date of Birth Month Day Arant	Name First Middle Lost
Year	Date of Birth March J. MODDIN)
Place of Birth (State or foreign country)	Day Year
Residence Address Street or R. R. City County State	Frace of Birth (State or foreign country)
11 225 W. Wash. St. Bax 12 County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	- Ame
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
M Other (Secretary C) & Lie	Date of birth verified by: Birth Certificate  Judicial Decree
Other (Specify)	Other(Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?	1 Annual - 1
2 Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  No Yes  No Yes
3. Are you related to the female applicant elements	2. Are you afflicted with a transmissible disease? No Yes
4 Are you now under the influence of interior time V	3. Are you related to the male applicant closer than second cousin?
5 Are you now under the influence of a parential and	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No Yes
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	
dependent children?  No P Yes P	7. Are you required by any court order or orders to support the above dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.  8. Full name of father August 1	compliance with any court order or orders issued for their support.
On On	8. Full name of father Kannath W. Mappen
Residence of father (if deceased so state)	Residence of father (if deceased so state) Masturarille and
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother bound to tout	
Residence of mother (if deceased so state)	9. Full maiden name of mother force (3)
	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) H Tankas
County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  State of Indiana,  HENDRICKS  State of Indiana,  I depose and state the information given in this application is true and correct.
J OSINGO T	County of
Signed This Class	Signed Ollerda Moppes
New Address	New Address Damo as allow
Subscribed and sworn to before me this day of ly	Subscribed and sworn to before me this day of July , 19
Man Cong Presoll HENDRICKS	Mag Com a RicaNIII HENDRICKS
Clerk Circuit Court	Clerk Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana	State of Indiana
State of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS County of
	South of the state
SignedFather	SignedFather
Signed Mother	Signed Mother
subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of, 19,
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
HENDRICKS County	rt by written order issued
authorizes and directs the issuance of	a marriage license to the above named parties.
THE PROPERTY OF MADRIAGE LICENSE	AND MARRIAGE CERTIFICATE
m w. m in a linear line	e issued by the clerk of theCircuit Court
9.51	10 % authorizing the joining together as husband and wife
e it further remembered, the following marriage certificate was filed in my off	d GLENDA JOYCE MOPPIN
e it further remembered, the following marriage certificate was filed in my off	ce, to-wit:
DUTITID D ARANT of	The state of the s
The same of the sa	MORGAN COUNTY, Deate of
ere by me united in marriage as authorized by a marriage license issued for th	at purpose by the Clerk of the Circuit Court of
unity.	
ated this	
	ficial Designation MINISTER
	12th day of AUGUST , 19.87
ned and recorded in accordance with the laws of the State of Indiana this	Signed Many Jame Russell HENDRICKS Circle Court
	HENDRICKS

GUNGING THUNGEN

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

.. Circuit Court

HENDRICKS

Indiana State Board of Health under Authority HENDRICK	SCounty Date of Application
of I.C. 31-1-3-2 Effective July 1, 1977	FEMALE Section Report Dated 7-17-87
- 12 42	FEMALE Medical Examination Report Dated
MALE Report Dated	Name of Physician
Medical Examination in	Name of Physician.  Wer procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle  Last
Name of Physician	DEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-30 ptc. shall be fined in any sum not exceeding five hundred dollars (8500,000".	Middle Last
MALE APPLICANT	Name / holma / def flukerle
Name D First Middle (unninghame	Date of Birth Month (1163
Date of Birth Month Day Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign couptry)	County State
County, State	Residence Address Street of the flainfield to
Besidence Address Street or B. B. J. Hampelp	Previous Marital Status: Never Married OR
Previous Marital Status Never Married OR	- Death Divorce - Alliament
Last Marriage Ended By Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	( ) a tracer -
1 Why Firense	Other (Specify)  No Yes   1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   No Yes
Other (Specify)  No Yes   No Yes   No Yes	1. Are you now or have you can be adjudication been removed?  No □ Yes □  If answer is "yes", has the adjudication been removed?
1. Are you now or have you ever been adjudged to be of unsould have No Yes.  If snawer is "yes", has the adjudication been removed?  No Wyes	Are you efflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?  No Wyes	3 Are you related to the male applicant closer than second cousin?
3. Are you related to the female applicant closer than second cousin:	4 Are you now under the influence of intoxicating liquor?
4. Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic drug?
5. Are you now under the influence of a narcotic drug?	6. List the full names of any dependent children.
6. List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above No Yes dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Consuly Junimy	8. Full name of father (if deceased so state) Plainfield A.
Residence of father (if deceased so state)	lesidence of thinks to the same of the sam
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Flagy Helmo	9. Full maiden name of mother of fartha, Wirt
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana	State of Indiana, I depose and state the information given
County of HENDRICKS   See: In this application is true and correct.	County of HENDRICKS 88: in this application is true and correct.
and alward I Cinner Many	Signed J. Kay TlewReik
New Address 1830 Park Side Cit. Marta Flan	New Address 1030 Parkside at North Hayler
Subscribed and sworn to before me this 3 4 day of Milly 195	Subscribed and sworn to before me this 34 day of July , 1957
Il Jarry an Funday HENDRICKS Circuit Court	Mary and Joseph HENDRICKS Circuit Court
The state of the s	for the first that the Court of Clerk
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
all all and the second	
State of Indiana,	
General HENDRICKS 54:	State of Indiana,
Signed	County of HENDRICKS ss:
Father	Signed Father
Mother	SignedMother
Subscribed and sworn to before me this day of	Subscribed and sworn to before me thisday of
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF	Clerk
HENDRICKS County COUNTY	URT. A marriage license having been refused to the above named parties, the
in authorizes and directs the issue	Court by written order issued and filed
PETIDA OF MARIE	a marriage license to the above named parties.
of Indiana dated the S. T. day of day of the	NSE AND MARRIAGE CERTIFICATE  icense issued by the clerk of the HENDRICKS Circuit Court
Be it further remembered, the following	icense issued by the clerk of the HENDRICKS Circuit Court  ———————————————————————————————————
JEROME H. HYDE	y office, to-wit: T. KAY NEWKIRK
	of the transfer of the transfe
State of Indiana Comm. PDMADD	at CPERNOL and the list day of AUGUST
and, Bride T YAV MENTAL	HENDRIGHT , County of PUTNAM
were by me united in marriage as authorized by a marriage is	HENDRICKS County, State of
Dated this lat	for that purpose by the Clerk of the County, State of
Dated this 1st day of AUGUST, 19	HENDRICKS County, State of IN  HENDRICKS County, State of IN  for that purpose by the Clerk of the Circuit Court of HENDRICKS  87
Filed and recorded in accordance with the laws of the State of L.	Signed /s/ JEROME H. HYDE Official Designation
Grant of Indiana	
of Indiana this	Signed /s/ JEROME H. HYDE  Official Designation PASTOR  4th day of AUGUST 1987

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

7-14-87

MALE	Date of Application
Medical Examination Report Dated 7-20-87	FEMALE Medical Examination Report Dated 7-20-87
Name of Physician William Edwards	
LL OUESTIONS MUST BE ANSWERED IC 31-1-3-6 proposition of the	Name of Physician William Edwards
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoe hall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
Tame First Middle Last	Name First Middle Last
Pate of Birth Month Day Year	Detect Plant Osmialouriski
Place of Birth (State or foreign country)	
Street on B. B. B. College	Place of Birth (State or foreign country)
tesidence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	Manualle Henoricks IIV
ast Marriage Ended By: Peath Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: A Birth Certificate  Judicial Decree
Other (Specify)	Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Yes -	2. Are you afflicted with a transmissible disease?
Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?  No Yes   No Yes   List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
s. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.  8. Full name of father ROY 0000 G L. MCSCHOOLE	compliance with any court order or orders issued for their support.  8. Full name of father Ronald J. Osmia lowski
	Destrille (1)
Residence of father (if deceased so state) TOO 15, IN	Residence of father (if deceased so state) Danville IN
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Holen A. Berry	9. Full maiden name of mother Felicia M. Bessolo
Todak Ta)	Residence of mother (if deceased so state) Dounville, 11
Residence of mother (if deceased so state)	41:1 2000
Birthplace of mother (State or foreign country) WOLANA	Birthplace of mother (State of Total green and )
State of Indiana,  HENDRICKS    I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  ss: I depose and state the information given in this application is true and correct.
County of	We will be a Domit house
Signed law 1 St loo 1 Al	Signed Lathlen Correspond
New Address 909 RIGHTSTONN ROAD	New Address 409 KNIGHTSTOWN KOAD
7011 111 197	Subscribed and sworn to before me this day of 1997.
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	MANI James RUSSI Gerk HENDRICKS Circuit Court
Clerk Circuit Court	- Contraction of the contraction
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which relider the country
	A CONTRACTOR OF THE PROPERTY O
	State of Indiana,
State of Indiana,  Govern of HENDRICKS  sa:	State of Indiana, HENDRICKS County of
County of	Signed Father
SignedFather	Mother
Signed Mother	Signed
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Subscribed and sworn to before me this	Clerk
UEIX	Il and to the shove named parties, the
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER HENDRICKS County	court by written order issued
the mines and directs the issuance	
RETURN OF MARRIAGE LICENS  Be It Remembered, there was filed in my office a marriage lice	ense issued by the clerk of the
Be It Remembered, there was filed in my July	, 19. Z, authorizing the joining together as husband and asse
of Indiana dated the aday of day of	and KATHLEEN MARY OSMIALOWSKI
DOUGLAS EDWIN MCSCHOOLER was filed in my	office, to-wit. 1st day of AUGUST
one thousand nine hundred and 87	hereby certify that on the
one thousand nine hundred and 87  State of Indiana, Groom DOUGLAS E. MCSCHOOLER  and, Bride KATHLEEN M. OSMIALOWSKI of of marriage license issued for	at MARY QUEEN OF PEACE , County of HENDRICKS ,  of SHELBY County, State of IN HENDRICKS ,  HENDRICKS County, State of HENDRICKS ,
and Pride KATHLEEN M. OSMIALOWSKIof	r that purpose by the Clerk of the Circuit Court of HENDRICKS  7 (S) CHARLES CHEESEBROUGH
were by a state of the state of	
County.	7 Signed /s/ CHARLES CHEESEBROUGH
County.  Dated this.  1st day of AUGUST 19	Signed / S/ CHARDED CHARDED  Official Designation PASTOR
	Official Designation
Gitted Indiana this	4th day of AUGUST Clerk
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Signed HENDRICKS Circuit Court

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

File_ 7-27-87
Date of Application

HENDRICKS

....Circuit Court

HENDRICKS

Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE  7-27-87  KS County Date of Application
Health under Authority  of I.C. 31-1-3-2  Effective July 1, 1977	
	FEMALE Medical Examination Report Dated 7-25-87
MALE 7-25-87	Name of Physician Thomas Walker
MALE Medical Examination Report Dated 7-25-87	Name of Physician The Appendix of Physician Ph
Name of Physician Thoma 5 Ctu Ku	Name of Physician  oever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED, L.C. 31-1-3-6 prescribed "False states" shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	Name First Made Last
Name First Middle	Month Day Year
Craig Alell Year	Date of Birth 9  Place of Birth (State or foreign country)
Date of Birth Month (State or foreign country)	City Chunty
Tadiana County State,	Residence Address Street or R. R. Some
Residence Address Street or R. R. Spraway Harrison M	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Mariaga Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Date of on the
D. Ober Grant	Other (Specify)
Other (Specify)  No Yes  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  No □ Yes □  No □ Yes □
If answer is "yes" has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Yes O  Are you afflicted with a transmissible disease?  No Yes O
2. Are you afflicted with a transmissible disease?	2. Are you afficed with a second cousin? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin?  No Yes	4. Are you now under the influence of intoxicating liquor?  No Yes
4. Are you now under the influence of intoxicating liquor.	5. Are you now under the influence of a nargotic drug? No Yes D
Are you now under the influence of a narcotic drug?     List the full names of any dependent children.	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their spport.	compliance with any court order or orders issued for their support.
8. Full name of father	8. Full name of father
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother	9. Full maiden name of mother
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).
Signed  New Address  Subscribed and sworn to before me this day of 19  Clerk HENDRICKS Circuit Court	Signed
	Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent opnecessary
	the consent of the other parent whitecessary
State of Indiana. HENDRICKS } ss:	
County of The Williams	State of Indiana, County of HENDRICKS ss:
Signed	Sounty of the County of the Co
Signed Mother	SignedFather
Subscribed and sworn to before me thisday of	SignedMother
	Subscribed and sworn to before me this
Clerk	
HENDRICKS LICENSE ISSUED BY ORDER OF COLL	RT. A marriage license having been refused to the above named parties, the Court by written order issued
County	Court by waiting license having been refused to the above named parties, the
and directs the issuance	and me-
Be It Remembers to	SE AND MARRIAGE CERTIFICATE ense issued by the clock of the state of t
of Indiana dated the was filed in my office a marriage lice	ense issued by the
RETURN OF MARRIAGE LICEN of Indiana dated the day of day of day.	ense issued by the clerk of the HENDRICKS Circuit Cour.  and and wife office, to unit.
to far their remembered, the following marriage	authorizing the icining the standard and wif
the was filed in my	and
State of Indiana Communications of Indiana Communications	hereby certify that on the
and, Bride	office, to-wit:  hereby certify that on the day of
were by me united in marriage	of, County of
County. County.	County, State of
Dated this day of	T that purpose by the Clerk of the Circuit Court of HENDRICKS
, 19	our of
Filed and recorded in accordance with at	Signed
the laws of the State of Indiana this	SignedOfficial Designationday of
The Blanch of the State of the	Siday of
	Signed 19

...Circuit Court

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

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

7/27/87
Date of Application

MALE	Date of Application
Medical Examination Report Dated 7-21-87	FEMALE Medical Examination Report Dated 7-21-87
Name of Physician David B. Haggard	
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed at 1	Name of Physician David B. Haggard
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver.procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	The state of the s
Name First Middle Stanley Walker	Name First Middle Last
Date of Birth Month Day Year	Date of Right Ann Pensinger
Place of Birth (State or foreign country)	Q 24 L 4
TILLYOIS  Residence Address Street or R. R. City County	Place of Birth (State or foreign country)  Thouana
929 RUSSELLST. Ashland Boyd Ku	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	1649 Hoadley Rd. Plainfield Hen IN
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
Daily Co. 1	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Drivers License	other(Specify) Drivers Likense
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease? No ✓ Yes □
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?  No Yes   6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No Yes
b. List the full haires of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.  8. Full name of father Kenneth Mason Walker	compliance with any court order or orders issued for their support.
	8. Full name of father Larry Eugene Pensinger
Residence of father (if deceased so state) AShland, Ky.	Residence of father (if deceased so state) Plainfield, In.
Birthplace of father (State or foreign country) Ohio	Birthplace of father (State or foreign country) Ilinois
Full maiden name of mother Emma Louise Shuff	9. Full maiden name of mother Rachel Loretta Dalton
A-laland Kil	Dlainfield In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
State of Indiana,  HENDRICKS    I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Bas: I depose and state the information given in this application is true and correct.
County of	
Signed James & Walker	Signed Karty a. Pensuge
New Address 1/24 South 1st St. #6 Louisville	New Address 1124 5 St # LOUISVILLE KY 40303
Subscribed and sworn to before me this 27 day of July 1987.	Subscribed and sworn to before me this day of day of 19
mary Jane Russell Clerk HENDRICKS Circuit Court	mary Jane Russell Gerk HENDRICKS Circuit Court
Clerk Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which remote the control of
	State of Indiana.
State of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS County of
County of	Signed Father
SignedFather	Water
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	Γ. A marriage license having been refused to the above named parties, the
HENDRICKS	urt by written order issued
nauthorizes and directs the issuance o	f a marriage license to the above names parties
	f a marriage neese to the above named parties
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
RETURN OF MARRIAGE LICENSI  Be It Remembered, there was filed in my office a marriage licen  of Indiana dated the 31 day of July  JAMES STANLEY WALKER	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the
RETURN OF MARRIAGE LICENSI  Be It Remembered, there was filed in my office a marriage licen  of Indiana dated the 3. day of JAMES STANLEY WALKER a  Be it further remembered, the following marriage certificate was filed in my o	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the
RETURN OF MARRIAGE LICENSI  Be It Remembered, there was filed in my office a marriage licen  of Indiana dated the 3 day of JULY  JAMES STANLEY WALKER a  Be it further remembered, the following marriage certificate was filed in my o	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the
RETURN OF MARRIAGE LICENSING BE It Remembered, there was filed in my office a marriage licen day of JAMES STANLEY WALKER  Be it further remembered, the following marriage certificate was filed in my of JAMES A. MCKINNEY  The thousand nine hundred and 87	E AND MARRIAGE CERTIFICATE se issued by the clerk of the
RETURN OF MARRIAGE LICENSI  Be It Remembered, there was filed in my office a marriage licen  of Indiana dated the 3 day of JULY  JAMES STANLEY WALKER  Be it further remembered, the following marriage certificate was filed in my of thousand nine hundred and 87  State of Indiana, Groom JAMES STANLEY WALKER	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the
RETURN OF MARRIAGE LICENSI  Be It Remembered, there was filed in my office a marriage licen  of Indiana dated the 3 day of July  JAMES STANLEY WALKER  Be it further remembered, the following marriage certificate was filed in my of thousand nine hundred and 87  State of Indiana, Groom JAMES STANLEY WALKER	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the
RETURN OF MARRIAGE LICENSI  Be It Remembered, there was filed in my office a marriage licen  of Indiana dated the 3 day of July  JAMES STANLEY WALKER  Be it further remembered, the following marriage certificate was filed in my of thousand nine hundred and 87  State of Indiana, Groom JAMES STANLEY WALKER	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the
RETURN OF MARRIAGE LICENSINGER  Be it Remembered, there was filed in my office a marriage licen  JAMES STANLEY WALKER  Be it further remembered, the following marriage certificate was filed in my office a marriage in my office a marriage in my office a marriage in my office was filed in my office.  JAMES A. MCKINNEY  One thousand nine hundred and  State of Indiana, Groom  JAMES STANLEY WALKER  AND PENSINGER  Were by me united in marriage as authorized by a marriage license issued for	E AND MARRIAGE CERTIFICATE se issued by the clerk of the
RETURN OF MARRIAGE LICENSI  Be It Remembered, there was filed in my office a marriage licen  of Indiana dated the 3 day of July  JAMES STANLEY WALKER  Be it further remembered, the following marriage certificate was filed in my office a marriage in my office was filed in my office was filed in my office.  JAMES A. MCKINNEY  one thousand nine hundred and 87  State of Indiana, Groom JAMES STANLEY WALKER  and, Bride KATHY ANN PENSINGER officers were by me united in marriage as authorized by a marriage license issued for County.	E AND MARRIAGE CERTIFICATE se issued by the clerk of the
RETURN OF MARRIAGE LICENSI  Be It Remembered, there was filed in my office a marriage licen  of Indiana dated the 3 day of July  JAMES STANLEY WALKER  Be it further remembered, the following marriage certificate was filed in my office a marriage in my office was filed in my office was filed in my office.  JAMES A. MCKINNEY  one thousand nine hundred and 87  State of Indiana, Groom JAMES STANLEY WALKER  and, Bride KATHY ANN PENSINGER officers were by me united in marriage as authorized by a marriage license issued for County.	E AND MARRIAGE CERTIFICATE se issued by the clerk of the
RETURN OF MARRIAGE LICENSI  Be It Remembered, there was filed in my office a marriage licen  of Indiana dated the 3 day of July  JAMES STANLEY WALKER  Be it further remembered, the following marriage certificate was filed in my office a marriage in my office was filed in my office was filed in my office.  JAMES A. MCKINNEY  one thousand nine hundred and 87  State of Indiana, Groom JAMES STANLEY WALKER  and, Bride KATHY ANN PENSINGER officers were by me united in marriage as authorized by a marriage license issued for County.	E AND MARRIAGE CERTIFICATE se issued by the clerk of the

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

35% 7-28-87
Date of Application

HENDRICKS

APPLICATION FOR MARKIAGE 27  APPLICATION FOR MARKIAGE 27  HENDRICKS County Date of Application		06-87 of Application	
of I.C. 31-1-3-2 Effective July 1, 1977		FEMALE Medical Examination Report Dated 7-19-87	TLIXIII
MALE Medical Examination Report Dated 7-19-87		a Physician Statum Accord	the state of the same of
Name of Physician Survey Heeger		Name of Physician Or Physician	, representation or pretense
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescrit	oed "False statement—Who	FEMALE APPLICANT	The state of the s
ALL QUESTIONS MUST BE ANSWERED. I.C. 3F100 shall be fined in any sum not exceeding five hundred dollars (8500 MALE APPLICANT		Name First 1/1 1/2016	Dunnele
Name First Middle	Flanigan	Date of Birth Month Day	Year
Date of Birth Month Day	Year O	Place of Birth (State or foreign country),	01
Place of Birth (State or foreign country)		Besidence Address Street or R. R. Dickery	County State
Residence Address Street or R. R. City	ounty State	634-8 LOKESIUE DIVE MANGE	APINITES IN
Previous Marital Status: Never Married OR		Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D	The last section is
Last Marriage Ended By: Death Divorce Annulment		Last Marriage Ended By. Determined Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree	
Date of birth verified by: Birth Certificate Judicial Decree		Other (Specify) Drivers License	40
9 Other (Specify) Divers License	No X Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?	No Yes 0
1. Are you now or have you ever been adjudged to be of unsound mind?	No □ Yes □	If answer is "yes", has the adjudication been removed?	No□ Yes□
If answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?	No Yes□	Are you afflicted with a transmissible disease?  2. Are you afflicted with a transmissible disease?	No Yes D
3. Are you related to the female applicant closer than second cousin?	No Yes O	Are you related to the male applicant closer than second cousin?      Are you now under the influence of intoxicating liquor?	No Yes D
Are you now under the influence of intoxicating liquor?     Are you now under the influence of a narcotic drug?	No Ves	5. Are you now under the influence of a narcotic drug?	No Yes 🗆
List the full names of any dependent children.		6. List the full names of any dependent children.	
7. Are you required by any court order or orders to support the above dependent children?	No□ Yes□	<ol> <li>Are you required by any court order or orders to support the above dependent children?</li> </ol>	No□ Yes□
If answer is "yes", it is required that this Application be accompanied by satisfied the second of t	sfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by s	satisfactory proof that you are in
ecompliance with any court order or orders issued for their support.  8. Full name of father. Michael Portick Flan aaa		compliance with any court order or orders issued for their support.  8. Full name of father Grand Evant Rumble	e
Residence of father (if deceased so state) For Wound, IN		Residence of father (if deceased so state) Syracuse, 1N	and the land of the land
Birthplace of father (State or foreign country) NCW VDCK		Birthplace of father (State or foreign country) Indiana	The state of the s
9. Full maiden name of mother Martha hou Myeller		9. Full maiden name of mother Jean He Collect A	Ispugh
Residence of mother (if deceased so state) Fort Wayne, TN		Residence of mother (if deceased so state) SyraCuSC, IN	0
Birthplace of mother (State or foreign country) Indiana		Birthplace of mother (State or foreign country)	
State of Indiana.  County of HENDRICKS as: I depose and state in this application in the state of the state o	te the information given on is true and correct.	State of Indiana,  County of HENDRICKS  Sa: I depose and in this applie	state the information given
Patrol 1 Flynn		14 MR.	0 -
New Address SAME AS ABOUT		Signed Start	.0
Subscribed and aworn to before me this 29th day of #	UU 19.87	New Address Subscribed and sworn to before me this Jeth day of	11/11 1087
Thany force Russell Gerk HEND	RICKS Circuit Court	March And American	IDRICKS Circuit Court
CONTRACT OF PARTIES AND PARTIE		- Clerk HEN	Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marri		CONSENT OF PARENTS, PARENT OR GUARDIAN	
signs, state facts which render the consent of the other parent unne		We, the parents, of this applicant hereby give consent for this ma	
View Control of the C	cessary	signs, state facts which render the consent of the other parent un	nnecessary
			***************************************
State of Indiana. HENDRICKS } .a.:		State of the state	
County of The Which S	-	State of Indiana, County of HENDRICKS } ss:	
Signed	Father		7.4.4
Signed	Mother	Signed.	Father
Subscribed and sworn to before me thisday of	19	Subscribed and sworn to before me this	Mother
	Clerk	Subscribed and sworn to before me thisday ofday	
HENDRICKS LICENSE ISSUED BY	ORDER OF COUR	T. A marriage license having been refused to the above	
in authorizes and		ourt by written order issued	e named parties, the
DETERMINE	directs the issuance o	of a marriage license to the above	and filed
there was filed in may	a de	E AND MARRIACE CREE	
of Indiana dated theday of	Quality and st	nse issued by the clerk of the HENDRICKS	Circuit Court
the following marriage and is	CHESTA.	authorizing the joining together	as husband and wife
one thousand mine hard	was filed in my o	and STACY MACHELLE RUMPLE hereby certify that and the series of the HENDRICKS	
State of Indiana, Groom PATRICK JOSEPH		hereby certify that on the 8th day of AUC.  CALVARY U.M. CHURCH County of HENDRICKS	CHET
were by me united in marriage as authorized by a marri	PLEofof	at CALVARY U.M. CHURCH , County of HENDRICKS County, State of that purpose by the Clerk of the Circuit Court of	IN
Dated this 8th day of	age acense issued for	that purpose by the Clerk at the County, State of	IN,
	, 1987	would court of	
Filed and recorded in accordance with the		Signed /s/ DAVID C. MAISH	and bearing
with the laws of the St	ate of Indiana this	Official Designation PASTOR 17th day of	
		Signed /s/ DAVID C, MAISH Official Designation PASTOR  17th day of AUGUST	, 19.87
		Signed Many Street HENDRIC	Clerk
		HENDRIC	KS Circuit Court

....Circuit Court

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

MALE

Medical Examination Report Dated____

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS File_ 7-28-8 County FEMALE

Name of Physician Helgan	Medical Examination Report Dated
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Name of Physician Aceger
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	ever procures the issuance of a license to marry by any false statement, representation or pretense
Name Prst Middle Last	FEMALE APPLICANT
Date of Birth Month Day Year	Name First Siddle / Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
An .	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	1015 W. both St Greenfield Harrock O
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) druges lie. (pecture)	Dirth Certificate D Judicial Decree
1. Are you now or have you ever been adjudged to be of unsound mind?  No To Yes	Other (Specify)
If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  No Yes   No Yes  No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No Yes	4. Are you now under the influence of intoxicating liquor?
<ul> <li>5. Are you now under the influence of a narcotic drug?</li> <li>No Yes </li> <li>No Yes </li> </ul>	5. Are you now under the influence of a narcotic drug? No Yes
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children?  No Yes	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father All Man Stephen	8. Full name of father Sen Mompson
Residence of father (if deceased so state) Flatingueld In	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother franction, Theade	9. Full maiden name of mother anet, Boother
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.	State of Indiana, I to
County of HENDRICKS sa: Indepose and state the infinite application is true and correct.	
Signed the challenger	Signed Gatricis Chorpson
New Address 1015 W 6HL St Greentiald	New Address 1015 W 6th St
Subscribed and sworn to before me this 38 pay of July 187	Subscribed and sworp to before me this day of Ally 187
When Am Hendricks Circuit Court	Wares quetrical derk HENDRICKS Circuit Court
Cierk	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana.
State of Indiana,  Countries HENDRICKS ss:	State of Indiana, HENDRICKS County of
Fether	Signed
Signed Father	Signed
Signed	Subscribed and sworn to before me thisday of, 19
Subscribed and sworn to before me this	Subscribed and Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the
in authorizes and directs the issuance	
OR MADDIAGE LICENS	E AND MARKIAGE COUNT
The Alt Remembered there was filed in my office a marriage week	To
Be It Remembered, there was filed in my office a marriage licer of Indiana dated the day of d	DATRICIA R. THOMPSON
of Indiana dated the	office, to-wit:
Be it further remembered, the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage	hereby certify that on the 18th day of AUGUST
l,	at PLAINFIELD County of HENDRICKS
State of L. 1: G	County State of IN
State of Indiana, Groom RICHARD E. PRYOR  and, Bride PATRICIA R. THOMPSON of license issued for	HANCOCK HENDRICKS
and, Bride PATRICIA R. THOMPSON of were by me united in marriage as authorized by a marriage license issued for County.	
County.	/s/ RICHARD C. ADDADA
Dated this 18±1day of AUGUST , 1987.	MINISTER
CHARLES OF THE PARTY OF THE PAR	Official Designation AUGUST , 1987
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Many Jane Phasell HENDRICKS Circuit Court
	Signed Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE Date of Application

. Circuit Court

HENDRICKS

Form Prescribed By Indiana State Board of Health under Authority  APPLICATION FOR MARRIAGE  HENDRICKS  County  County		
of I.C. 31-1-3-2 Effective July 1, 1977	7-13-80	
	FEMALE Medical Examination Report Dated	
MALE 7-13-87	e Physician Highest reaght	
Medical Examination Report Dated	Name of Physician	
Name of Physician What a think of the statement - What a think	Name of Physician  noever procures the issuance of a license to marry by any false statement representation or pretense  FEMALE APPLICANT	
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-13-6 prescribed by shall be fined in any sum not exceeding five hundred dollars (\$500,00)".		
MALE APPLICANT	Name Puta L. William	
Name First Middle Thurself	Date of Birth Month Day Year	
Date of Birth Month Day	Place of Birth (State or foreign country)	
Place of Birth (State or foreign couptry)	Residence Address Street or B. R. City State	
Residence Address Street or R. R. City County State	1/339 0. 000. 0. 000.	
	Previous Marital Status: Never Married QOR	
Previous Marital Status: Never Married OR	Ended By Death Divorce Annulment	
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree	
Date of birth verified by.	Other (Specify) Johnson County	
Other (Specify) Allyus Ale (Jenuary)	1. Are you now or have you ever been adjudged to be of unsound mind" No Yes U	
1. Are you now or have you ever been adjudged to be of unsound mind?  No Ves	If answer is "yes", has the adjudication been removed?	
No Tyes of No Tyes of No.	2. Are you afflicted with a transmissible disease?  3. Are you related to the male applicant closer than second cousin?  Note Yes D	
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than 1.  4. Are you now under the influence of intoxicating liquor?  No Dyes D	
4. Are you now under the influence of intoxicating liquor?  No Ves  No Yes	4. Are you now under the influence of a narcotic drug?  No♥ Yes□	
5. Are you now under the influence of a narcotic drug:	6. List the full names of any dependent children	
6. List the full names of any dependent children.	Joseph James Wildmen	
Assis runse warmen		
	7. Are you required by any court order or orders to support the above	
7. Are you required by any court order or orders to support the above dependent children?	dependent children?	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.	
8. Full name of father Allandas Colonias as a gracial and	8. Full name of father full for the father father	
Residence of father (if deceased so state)	Residence of father (if deceased so state)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
9. Full maiden name of mother that all the	9. Full maiden name of mother Jewell Maille Calluck	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS   sa: I depose and state the information given in this application is true and correct.	
m had of Atennia	County of	
Signed // 22 C // 1600 C / Land	Signed MODOM M. Williams	
New Address 1/335 W Washington, ST	New Address 333 W. Washington St.	
Subscribed and sworn to before me this day of 1987.	Subscribed and sworn to before me this day of July 19.	
HENDRICKS Circuit Court	May July State Gerk HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	A	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN	
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary	
State of Indiana, County of HENDRICKS ss:	State of Indiana,	
Signed	County of HENDRICKS ss:	
Father	SignedFather	
Signed		
Subscribed and sworn to before me this day of 19	Signed Mother Subscribed and awar to be	
Clerk	Subscribed and sworn to before me thisday of19	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER	RT. A marriage license having been refused to the above named parties, the court by written order issued	
HENDRICKS County ORDER OF COU	RT. A marriage license having been refused to the characteristics the	
authorizes and directs the	Court by written order issued and filed of a marriage license to the above named parties, the	
there was filed in my office a magning	AND MARRIAGE CERTIFICATE	
MICHAEL W. day of	and ROBIN L. WILDMAN	
I, KEITH H. KIRK was filed in my	and ROBIN L. WILDMAN  ROBUS L. WILDMAN  Circuit Court  and ROBIN L. WILDMAN  Chereby certify that on the	
one thousand nine hundred and 87	hereby certify that on the	
were by me united in manifeld	office, to-wit:  hereby certify that on the at PLAINFIELD of HENDRICKS  County of HENDRICKS  That County State of IN	
County. County.	HENDRICKS County, State of IN	
Dated this 8th day of Alicusm	at PLAINFIELD any of AUGUST  of HENDRICKS County of HENDRICKS  HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit Court of HENDRICKS	
, 198	7	
Filed and recorded in accordance with the	Signed	
the laws of the State of Indiana this	Official Designation MINISTER MINISTER	
	Signed W. AUGUST	
	and Is Da	

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS 7-29-87

HENDRICKS

MALE	Date of Application
Medical Examination Report Dated 7-37-8>	FEMALE Medical Examination Board Date 7-27
Name of Physician Subb	Medical Examination Report Dated 7-27-87
ALL QUESTIONS MUST BE ANSWERED, L.C. 31-1-3-6 prescribed "Falson and any supplied any supplied and any supplied and any supplied and any supplied any supplied and any supplied any supplied and any supplied and any supplied and any supplied any supplied any supplied any supplied and any supplied any supplied any supplied any supplied and any supplied any supplied any supplied any supplied and any supplied any supplied and any supplied any supplied any supplied any supplied any supplied and any supplied any supplind any supplied any supplied any supplied any supplied any suppli	Name of Physician Successful Succ
shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	sever procures the issuance of a license to marry by any false statement, representation or pretense
Name Pirst Middle	FEMALE APPLICANT
Date of Right Work W, Phillips	Name First Middle / Last
Day Year	Date of Birth Month Day Grary _
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	, ha
more napo parion	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	1 de la francisco
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate U Judicial Decree
Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind?	Other(Specify)
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	2. Are you related to the male and located to the male
4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  No Yes  No Ye
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	A Description of the second se
The state of the s	
7. Are you required by any court order or orders to support the above	
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father bust w. J. Mullips n.	8. Full name of father Kobert a. andrey
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	
9. Full maiden name of mother Clydia S. Mornas	Birthplace of father (State or fereign country)
	9. Full maiden name of mother Il forsha toarnaby
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    I depose and state the information given in this application is true and correct.
County of	County of in this application is true and correct.
Signed Lotata Lallon h	signed Bekey andry
New Address have Know Clot Indianastis	New Address Chaple Proce apts anado, o
Subscribed and sworn to before me this 29 day of When 1957	20 01
W/ A HENDRICKS	Subscribed and sworn to before me this day of HENDRICKS
Clerk Circuit Court	Clerk Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENS OF PARENTS PARENT OF CHAPMAN
	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana
State of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS County of
outily of	
SignedFather	Signed Father
Signed	SignedMother
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of, 19,
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
HENDRICKS County Cou	art by written order issued
n authorizes and directs the issuance of	a marriage license to the above named parties.
The state of the s	e issued by the clerk of the
3 !!!!!!!	19 6 authorizing the joining together as husband and wife
ROBERT W. PHILLIPS JR. an Be it further remembered, the following marriage certificate was filed in my of	dBECKEY LYNN ANDRY
,WILLIAM. E. WRIGHT	MOORESVILLE County of MORGAN
ne thousand nine hundred and 87 a  ROBERT W. PHILLIPS JR. 0,	f MARION County, State of IN
State of Indiana, Groom	HENDRICKS County, State of IN
nd, Bride BECKEY LYNN ANDRY of	hat purpose by the Clerk of the Circuit Court of HENDRICKS
vere by me united in marriage as authorized by a marriage license issued for the	
County.  Pated this 3rd day of AUGUST, 1987	
	Signed /s/-WILLIAM E. WRIGHT

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS

No	361
	THE RESIDENCE OF THE PARTY OF T
File_	

_County

7- 30- 87 Date of Application

HENDRICKS

.... Circuit Court

HENDRICKS

Effective July 1, 1977	FEMALE Medical Examination Report Dated  O Black
MALE 7. 27.87	to Marie and the second
Medical Examination Report Dated  J. Bluch	Name of Physician  ever, procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle a c
Name of Physician Whose Physician ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whose Physician Physi	ever, procures the issuant
	First Last
MALE APPLICANT Last . L	Name Christing Moell Bonham
affres wayne grant	Date of Birth Month 23 1964  Place of Birth (State or foreign country)  Place of Birth (State or foreign country)
Date of Birth Month 15 1968 Place of Birth (State or foreign pountry)	D. B. City County
Indeana City County State	Residence Address Street or R. R. B. Burg Hendricks In
165 Selvery Indept mount in	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Ended Ry Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
	Other (Specify) We Lee.
Other (Specify) Ale Lee No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound mind?  No □ Yes □  If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Yes O
No. 1 Yes I	2. Are you afflicted with a transmissible disease?  No Yes □  3. Are you related to the male applicant closer than second cousin?  No Yes □
3. Are you related to the female applicant closer than second cousin?	4. Are you now under the influence of intoxicating liquor?  Yes   Yes  Yes
4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes	5. Are you now under the influence of a narcotic drug?
Are you now under the influence of a narcotic drug.     List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?  No Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No U Yes U  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any cours order or orders issued for their support.	compliance with any court orders or orders issued for their support.
8. Full name of father Lury Ginnich	8. Full name of father John Lewy 20nham
Residence of father (if deceased so state) Induana	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother dlade - Bean	9. Full maiden name of mother Janice Credean Hoove
Residence of mother (if deceased so state) Indeand	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Inslean
State of Indiana.  HENDRICKS    as: I depose and state the information given this application is true and correct.	State of Indiana.
County of this application is true and correct.	County of HENDRICKS   88: I depose and state the information given in this application is true and correct.
Signed JUNNOR	Signed Wristine Henriam
New Address	New Address
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this
Clerk HENDRICKS Circuit Court	Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
and the same of th	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	
County of HENDRICKS sa:	State of Indiana,
Signed Father	County of HENDRICKS ss:
Plana I	Signed Father
Subscribed and sworn to before me this day of 19	SignedMother
	Subscribed and sworn to before me thisday of19
COMPLETE IE WARDEN COMPLETE	
HENDRICKS COUNTY OF COUNTY	RT. A marriage license having been refused to the above named parties, the court by written order issued
in County	RT. A marriage license having been refused to the above named parties, the court by written order issued
and directs the issuance	of a marriage license to the
Be It Remembered, there was filed in my offer	of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE truse issued by the clerk of the HENDRICKS  Circuit Court  A wife
of Indiana dated the day of day of	nse issued by the clerk of the HENDRICKS
Be it further remembered, the following	, 19 authorizing all in a and wife
I, CLEN D. ONENC	and CHRISTINE NOEL BENHAM  Circuit Court  and CHRISTINE NOEL BENHAM  Christ Court  Christ Court  Court  Circuit Court  Court  Circuit Court  Circuit Court  Court
one thereselves to the contract of the contrac	WILL BENHAM
State of Indiana, Groom JEFFDEV WALLE	at day of
CHRISTINE NOEL BENUAM	of MARION , County of MARION
County. County.	HENDRICKS County, State of IN
Dated this 8th day of AUGUST , 19.87	INDPLS.  of MARION , County of MARION  HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit Court of HENDRICKS
	Sweatt Court of
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ GLEN D. OWENS
the laws of the State of Indiana this	Official Designation ELDER
Circ Isouries	12th day of Alicust C

MALE

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	362	
File_	A STATE OF A STATE OF	
	7-31-87	NA.
116	Date of Application	

Medical Examination Report Dated 7-22-8-7	FEMALE
Name of Physician Lahl, Riello by O	Medical Examination Report Dated 7/22/87
	P. L. D.
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT.	ever procures the impact of the
MALE APPLICANT	n are still issuance of a license to marry by any false statement, representation or pretense
Name Pirst Middle	FEMALE APPLICANT
Date of Birth Month Day Nacyden	Name First Middle Last
Date of Birth Day	Date of Birth Month Par
Place of Birth (State or foreign country)	Place of Pinth St. 3
Residence Address Street or R. R. City	Place of Birth (State or foreign country)
R#1 Box 59 Pittsboro, Newd. State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	1 Sox 59, Fittaboro Kent. In.
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Minimi V	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) White Filense	> Other (Specify) Orineis Lie - Pisture
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?	7
2. Are you afflicted with a transmissible disease?	11 answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?	
4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  Yes
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	and the familiary dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Pyes	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Janny E. Hayden	8. Full name of father Joseph P. Salimbene
Residence of father (if deceased so state) Drougashing, July	Residence of father (if deceased so state) raple, an.
Birthplace of father (State or foreign country)	11 5/
0 8	3- 3 4/11
9. Full maiden name of mother anna Earlie Barison	9. Full maiden name of mother Makey 6. Mall
Residence of mother (if deceased so state) Drawnshung on,	Residence of mother (if deceased so state) Thought.
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
State of Indiana,	State of Indiana, ITA INDICES
County of HENDRICKS  88: In this application is true and correct.	State of Indiana, HENDRICKS    Bas: I depose and state the information given in this application is true and correct.
D-1(187/d	12 m 71.1
Signed Cichoesta C. Hayalin	Signed Comments of States of the States of t
New Address RR 1 Box 59 474+3boro	New Address LRI BOX 59 PITTSBORO
Subscribed and sworn to before me this day of July 1967.	Subscribed and sworn to before me this 3/ day of July 1987
MALL CLARK HEKIDPICKS	Mary Jane Lusself Gerk HENDRICKS Circuit Court
Thurs Gard Clerk Circuit Court	I was form musely were
CONSERVE ON PARTITION OF CHARDAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS } ss:
County of HENDRICKS ss:	County of
Fother	SignedFather
Signed	SignedMother
SignedMother	
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	And to the above named parties the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage license having been refused to the above named parties, the
HENDRICKS ~	art by written order issued
nauthorizes and directs the issuance of	f a marriage license to the above named parties.
authorizes and directs the isotherm	AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENSE	AND MARKETAGE Count
Be It Remembered, there was filed in my office a marriage licent	or issued by the clerk of the
	authorizing the joining together as husband and wife
of Indiana dated the day of	authorizing the joining together as husband and wife
of Indiana dated the day of an	, 19, authorizing the joining together as husband and wife  ANNA M. SALIMBENE
RICHARD E. HAYDEN ar  Be it further remembered, the following marriage certificate was filed in my of	and ANNA M. SALIMBENE  and ANNA M. SALIMBENE  fice, to-wit:
Be it further remembered, the following marriage certificate was filed in my of	nd
Be it further remembered, the following marriage certificate was filed in my of RAYMOND L. RADER	nd
RICHARD E. HAYDEN  Be it further remembered, the following marriage certificate was filed in my of the state of Indiana Groom  RICHARD E. HAYDEN  A PROPER BY A PR	nd ANNA M. SALIMBENE  fice, to-wit:  nereby certify that on the 19th day of SEPT.  nt DANVILLE , County of HENDRICKS ,  of HENDRICKS County, State of IN
RICHARD E. HAYDEN  Be it further remembered, the following marriage certificate was filed in my of the state of Indiana Groom  RICHARD E. HAYDEN  A PROPER BY A PR	nd ANNA M. SALIMBENE  fice, to-wit:  nereby certify that on the 19th day of SEPT.  nt DANVILLE , County of HENDRICKS ,  of HENDRICKS County, State of IN
RICHARD E. HAYDEN  Be it further remembered, the following marriage certificate was filed in my of the state of Indiana Groom  RICHARD E. HAYDEN  A PROPER BY A PR	nd ANNA M. SALIMBENE  fice, to-wit:  nereby certify that on the 19th day of SEPT.  nt DANVILLE , County of HENDRICKS ,  of HENDRICKS County, State of IN
RICHARD E. HAYDEN  Be it further remembered, the following marriage certificate was filed in my of the second seco	nd ANNA M. SALIMBENE  mereby certify that on the 19th day of SEPT.  nt DANVILLE County of HENDRICKS IN  of HENDRICKS County, State of IN  HENDRICKS County, State of HENDRICKS  that purpose by the Clerk of the Circuit Court of HENDRICKS  that purpose by the Clerk of the Circuit Court of
RICHARD E. HAYDEN  RE it further remembered, the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the	authorizing the joining together as husband and wife  and ANNA M. SALIMBENE fice, to-wit: fice to-wit: fice torwit: fice torwit: fice to the let day of SEPT.  County of HENDRICKS fine HENDRICKS for HENDRICKS for County, State of IN fine that purpose by the Clerk of the Circuit Court of HENDRICKS  Since (S) RAYMOND L. RADER
RICHARD E. HAYDEN  RE it further remembered, the following marriage certificate was filed in my of the series of the series of Indiana, Groom RICHARD E. HAYDEN  ANNA M. SALIMBENE of the series by me united in marriage as authorized by a marriage license issued for the series of the	nd ANNA M. SALIMBENE  mereby certify that on the 19th day of SEPT.  nt DANVILLE , County of HENDRICKS ,  of HENDRICKS County, State of IN  HENDRICKS County, State of IN  HENDRICKS HENDRICKS HENDRICKS  Chat purpose by the Clerk of the Circuit Court of HENDRICKS  Signed /s/ RAYMOND L. RADER
RICHARD E. HAYDEN  RAYMOND L. RADER  The thousand nine hundred and  RICHARD E. HAYDEN  RAYMOND L. RADER  RAYMOND RADER  RICHARD E. HAYDEN  RATHOR Bride  ANNA M. SALIMBENE  Of the thousand in marriage as authorized by a marriage license issued for the county.  Dated this  19th  day of  RICHARD E. HAYDEN  SEPT.  1987	nd ANNA M. SALIMBENE  mereby certify that on the 19th day of SEPT.  nt DANVILLE , County of HENDRICKS ,  nt HENDRICKS County, State of IN ,  HENDRICKS County, State of IN ,  HENDRICKS HENDRICKS HENDRICKS .  Chat purpose by the Clerk of the Circuit Court of HENDRICKS .  Signed /s/ RAYMOND L. RADER

Effective July 1, 1977

MALE

Form Prescribed By Indiana State Board of Health under Authority

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Medical Examination Report Dated

HENDRICKS County

7.	-,	3/	-8	7
Date				
			_	

MPACORICIES

Circuit Court

HENDRICKS

Name of Physician_ Medical Examination Report Dated. ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any one and a statement bullets (\$500.000)". shall be fined in any sum not exceeding five hundred dollars (\$500,00)" MALE APPLICANT Date of Birth Name you Date of Birth Previous Marital Status: Never Married OF Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Rirth Certificate Judicial Decree Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind No Yes D Other (Specify)_ No Yes If answer is "yes", has the adjudication been removed" 1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D No□ Yes□ No Yes D If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease Nes O 3. Are you related to the male applicant closer than second cousin No Yes D 2. Are you afflicted with a transmissible disease? No Yes No Yes D Are you related to the female applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor No Yes Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children 6. List the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No Yes dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Birthplace of father (State or foreign co Residence of mother (if deceased so state). Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country I depose and state the information given in this application is true and correct. State of Indiana, State of Indiana, and state the information given HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana. HENDRICKS State of Indiana, HENDRICKS County of ..... .....Father Signed. Mother Subscribed and sworn to before me this .......day of ....... Signed. ..... 19...... Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the...... of Indiana dated the ______day of _______day of ________, 19 ______, authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, STEVEN T. REEVES hereby certify that on the 15th day of AUGUST one thousand nine hundred and 87

at BROWNSBURG

County of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Signed /s/ STEVEN T. REEVES Official Designation PASTOR day of AUGUST Signed Many

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

HENDRICKS

Circuit Court

The state of the s	
MALE Medical Examination Person Day	Date of Application
Medical Examination Report Dated 7-25-57	FEMALE Medical Francisco
Name of Physician Ronald Stegemaller	Medical Examination Report Dated 7-25-67
ALL QUESTIONS MUST BE ANSWERED 10, 21, 12,0	Name of Physician Fruel Steephrolle  noever procures the issuance of a license to marry by any false statement, representation or preten
shall be fined in any sum not exceeding five hundred dollars (\$500,000"	oever, procures the issuance of a license to marry by any fel
	Il and to marry by any raise statement, representation or preten
Martin Middle D. Last,	FEMALE APPLICANT
Date of Birth Month Day Wragsnettt	Name First Middle & Last
// Year	Date of Birth Month Gnow Greene
Place of Birth (State or foreign country)	7 /2 /2 /
Residence Address Street or R. R. O City Count State	Leber & Il
1411 Blulley apt & Jusple. Marin State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	304 Headen Valley, Flefa. Hend. La.
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death □ Divorce □ Annulment □
	Date of birth verified by:   Birth Certificate   Judicial Decree
Other (Specify) Where Lie - Victure	11 A. D.
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify) Wrines die - Victure
If answer is "ves" has the adjudication by	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed? No□ Yes□
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of interjecting liques?	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a parcetic drug?	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
and the same of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
No U Yes U	dependent children? No Ves
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father agels Wragonelle	8. Full name of father James Wm. Freene
Residence of father (if deceased so state) Afarta, 7.	Dill
Birthplace of father (State or foreign country)	Residence of father (if deceased so state)
Port O A	Birthplace of father (State or foreign country)
Full maiden name of mother Belly Jean Cuppet	9. Full maiden name of mother Jane ann Hugill
Residence of mother (if deceased so state) Carladale Q	8111
11.7	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) , Judiana
tate of Indiana,  HENDRICKS    sa: I depose and state the information given in this, application is true and correct.	State of Indiana, HENDRICKS    I depose and state the information given in this application is true and correct.
ounty of this, application is true and correct.	County of
Signed × Matho / Magnillo	Yerera ( & Shean e
Now Address SAME AS ABOVE	Signed Court Court Tools to
Tew Address 7	New Address 17/1 Dentiey TD Inapis
ubscribed and sworn to before me this day of July 1907.	Subscribed and sworn to before me this. 3/ day of July 1907
maky Jane Rusself Clerk HENDRICKS Circuit Court	mary Jane Russell Gas MENDRICKS
Clerk Circuit Court	Circuit Court
ONSENT OF PARENTS, PARENT OR GUARDIAN	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
gns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
ate of Indiana,	State of Indiana
ounty of HENDRICKS ss:	State of Indiana, HENDRICKS County of
SignedFather	Signed Father
Signed Mother	SignedMother
bscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	Clerk
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
HENDRICKS County County	rt by written order issuedand filed
authorizes and directs the issuance of	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
the contract of the contract o	the standard of the
Indiana dated the MARTIN ALLEN DRAGONETTE and	19.87 authorizing the joining together as husband and it
Indiana dated the day of cugues	menera and Cherne
MARTIN ALLEN DRAGONETTE and and	d TERESA ANN GREENE
it further remembered, the following marriage certificate was filed in my offi	reby certify that on the 15th day of August
J.K. WARRICK he	TNDTANAPOLIS County of MARTON
thousand nine hundred and 87.	MARTON C
MARTIN ALLEN DRAGONETTE Of	MARION County, State of IN
	HENDRICKS County, State of IN
re by me united in marriage as authorized by a marriage license issued for the	at purpose by the Clerk of the Circuit Court of HENDRICKS
inty.	
ted this 17th day of AUGUST , 19.87	Signed /s/ J. K. WARRICK
	ficial Designation SR. MINISTER
Of the second se	heral Designation
and the state of t	18th day of AUGUST , 19.87

# STATE OF INDIANA

365

APPLICATION FOR MARRIAGE LICENSE 7-31-87 Date of Application Form Prescribed By Indiana State Board of HENDRICKS Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 FEMALE Medical Examination Report Dated. Name of Physician Name MALE Medical Examination Report Dated ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation to shall be fined in any sum not expending the hypothesis delicense. (\$500.000)" shall be fined in any sum not exceeding five hundred dollars (\$500,00)" MALE APPLICANT Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree No Yes No D Yes D If answer is "yes", has the adjudication been remove No Yes If answer is "yes". has the adjudication been removed? 2. Are you afflicted with a transmissible disease No Yes ou afflicted with a transmissible disease 3. Are you related to the male applicant closer than second you related to the female applicant closer than second cousin 4. Are you now under the influence of intoxicating liquor No Yes 4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Yes you now under the influence of a narcotic drug 6. List the full names of any dependent children List the full names of any dependent children. Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No T Yes D If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Birthplace of father (State or foreign co Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given in this application is true and correct. HENDRICKS HENDRICKS New Address .. HENDRICKS Circuit Court HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary..... State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of..... Signed. Subscribed and sworn to before me this .......day of ....... Subscribed and sworn to before me this ......day of ...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued..... authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the day of day of the clerk of the GEORGE RUSSELL BAKER , 19.5.7, authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 87. At HOPE PRESBYTERIAN CHURCH GEORGE RUSSELL BAKER At HOPE PRESBYTERIAN CHURCH County of HENDRICKS. State of Indiana, Groom. GEORGE RUSSELL BAKER OF HENDRICKS

MARTON County, State of IN

MARTON IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County, State of IN Filed and recorded in accordance with the laws of the State of Indiana this......3rd....... Signed /s/ MICHAEL BULLARD Official Designation.....MINISTER

..... Circuit Court

SEPTEMBER, 19.87....

HENDRICKS

Signed Many

.. Circuit Court

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

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

7-3/87
Date of Application

MALE Medical Examination Report Dated 7-16-27	Date of Application			
	FEMALE Medical Examination Report Dated 7-16-87			
Name of Physician Joseph Thompson	1 1			
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement, Who	Name of Physician Voseph Thompson			
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	ever procures the issuance of a license to marry by any false statement, representation or pretense			
Name First Middle	FEMALE APPLICANT			
Date of Birth Month Month Chalfant	Name First ) Middle G   Last			
Day Year	Date of Birth Month Pay Year			
Place of Birth (State or foreign country)	Place of Birth (State or foreign country),			
Residence Address Street or R. R. City County L. State	I MIADA			
859 Cartersourg Road flainfield femicks The	Residence Address Street on R. R.  October 10 10 10 10 10 10 10 10 10 10 10 10 10			
Previous Marital Status: Never Married OR	PONTICIO PENNICIS IN			
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR			
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree			
Other (Specify) N. M. M. M. M. S. C. Com s. C.	- Birth Certificate - Judicial Decree			
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify) Jolend. Co.			
If answer is "yes", has the adjudication been removed?  No Yes  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?			
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?			
3. Are you related to the female applicant closer than second cousin? No Yes	2. Are you afflicted with a transmissible disease?			
4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin?			
5. Are you now under the influence of a narcotic drug? No Yes D	4. Are you now under the influence of intoxicating liquor?  No E Yes   5. Are you now under the influence of a narcotic drug?  No E Yes   No E Yes			
6. List the full names of any dependent children.	6. List the full names of any dependent children.			
	and the same of any dependent children.			
7. Are you required by any court order or orders to support the above dependent children? No □ Yes □	7. Are you required by any court order or orders to support the above dependent children?			
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in			
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.			
8. Full name of father trank h. Chalfant	8. Full name of father homes D. Goldman			
Residence of father (if deceased so state)	Residence of father (if deceased so state) Donville, M			
Birthplace of father (State or foreign country) Thin M	Tadiana			
Decade / Newsol	Birthplace of father (State or foreign country)			
9. Full maiden name of mother TOTY (Q. L. MONE)	9. Full maiden name of mother Corolyn J. HMCESON			
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Dan UIIIC N			
Birthplace of mother (State or foreign country) Todiana	Birthplace of mother (State or foreign country)			
State of Indiana,  HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Ba: I depose and state the information given in this application is true and correct.			
County of hendricks in this application is true and correct.	County of in this application is true and correct.			
Signed Total M. Chroff	signed Heigh Z. Holdman			
New Address. SAME	New Address Some as above			
and Automorphisms	Subscribed and sworn to before me this 3/5t day of July 1987			
Subscribed and sworn to before me this day of HENDRICKS Circuit Court				
Glerk HENDRICKS Circuit Court	Clerk HENDRICKS Circuit Court			
CONSTRUCT OF THE PROPERTY OF T	CONSENT OF PARENTS, PARENT OR GUARDIAN			
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent			
We, the parents, of this applicant hereby give consent for this marriage. If only one parent				
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary			
	State of Indiana.			
State of Indiana, HENDRICKS ss:	State of Indiana, HENDRICKS County of			
County of	SignedFather			
SignedFather				
SignedMother	Signed			
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of			
Clerk	Clerk			
	n the license having been refused to the above named parties, the			
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage needs having seen terms and filed			
HENDRICKS Cot	irt by Written order issued			
inauthorizes and directs the issuance of	f a marriage license to the above named parties.			
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court			
TODD MAURICE CHALFANT	the to suit.			
to farther remembered, the following marriage	actify that on the 15th day of AUGUST			
one thousand nine hundred and 8.7	DANVILLE , County of HENDRICKS ,			
one thousand nine hundred and 87	HENDRICKS County, State of IN			
State of Indiana, Groom TODD MACKIED COMPANY	County State of IN			
State of Indiana, Groom				
were by me united in marriage as authorized by a marriage ucense issued for				
Dated this August August 1987.	Signed /s/ EDWIN R. ALLENDER			
H.LII	Official DesignationCLERGYMAN			
THE RESERVE OF THE PERSON OF T	17th day of AUGUS1, 1907			
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Many Jone Rhasell HENDRICKS Circuit Court			
	Signed HENDRICKS Circuit Court			

APPLICATION FOR MARRIAGE LICENSE

No	567
File_	
	7-31-87
	Date of Applicati

HENDRICKS

... Circuit Court

HENDRICKS

Form Prescribed By Indiana State Board of HENDRICKS County Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 Medical Examination Report Dated FEMALE Name of Physician ALL QUESTIONS MUST BE ANSWERED. I.C. 31 3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any lake statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE MALE APPLICANT Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Difth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind No Tes D No Yes Other (Specify)_ If answer is "yes", has the adjudication been removed" 1. Are you now or have you ever been adjudged to be of unsound mind? No T Yes D No Tyes 2. Are you afflicted with a transmissible disease No Yes D If answer is "yes", has the adjudication been removed? No Yes D Are you related to the male applicant closer than second cousin No P Yes D 2. Are you afflicted with a transmissible disease? No Yes 4. Are you now under the influence of intoxicating liquor 3. Are you related to the female applicant closer than second cousin No Yes No TYes D 4. Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug No Yes 5. Are you now under the influence of a narcotic drug? List the full names of any dependent childre Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No D Yes D No Yes dependent children If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Residence of father (if deceased so state). Residence of father (if deceased so state)_ Birthplace of father (State or foreign country Residence of mother (if deceased so state) Residence of mother (if deceased so state)_ Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana, depose and state the information given n this application is true and correct. depose and state the information given HENDRICKS ( Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, County of ... HENDRICKS County of .... Signed... Subscribed and sworn to before me this ......day of ...... Signed. ..... 19..... Subscribed and sworn to before me this ______day of _____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the...... of Indiana dated the .... EDWARD W. LA ROCHE

Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 87

EDWARD W. LA ROCHE

at GREENWOOD , County of JOHNSON IN State of Indiana, Groom. EDWARD W. LA ROCHE of HENDRICKS County, State of IN. and, Bride TRACY ANN COLEMAN of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... 8th day of AUGUST , 19.87 .... Signed /s/ CLYDE D. WAKE Official Designation.....UNITED METHODIST CLERGY Signed Mary Jane Mugh

MALE

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

Date of Application

HENDRICKS

Circuit Court

Medical Examination Report Dated 1-27-87	FEMALE Medical Examination Report Dated 7- 28-87
Name of Physician Sruble	
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—W	Name of Physician Shubb hoever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	The issuance of a license to marry by any false statement, representation or pretense
Name First & Middle   1   Last o	FEMALE APPLICANT
Date of Birth Month Day Shoulder	Name First Ple Render Sell Last
Place of Birth (State or foreign country) 16 1965	Date of Birth Month Day Year
Residence Address Street of R. R. City Control	Place of Birth (State or foreign country)
9880W. 10th street Pat 17-1 Herebre 9	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	1110 Reever Rd. Indge Vindredio In
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Death Certificate Judicial Decree
Other (Specify) Lle Lee-	Judicial Decree
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify)
If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Yes	If answer is "yes", has the adjudication been removed?  No Yes  No Yes  No Yes
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease? No ☐ Yes ☐  3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?  No	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent enigren.	6. List the full names of any dependent children.
	CONTRACTOR OF THE PROPERTY OF
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
dependent children?  No  Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Welyne Douglas Shoulders	8. Full name of father Colevaid Dule Sullevan
Residence of father (if deceased so state) Snoteans	Residence of father (if deceased so state) Induaria
Birthplace of father (State or foreign country) Tenne.	41
9. Full maiden name of mother Waren Sue Drullinger	Birthplace of father (State or foreign country)
Q-10.	9. Full maiden name of mother flenette lugina Blandy
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Section 1   Section 2   Section 2   Section 2   Section 2   Section 2   Section 3
m + 80 alons	M: 1.00 Bannouly Oding
Signed Many Shause	Signed Turple of Signed
New Address 9880W. 10th Lot 17-4 Ind.	New Address 1880 W. 100 XOE 17-4
Subscribed and sworn to before me this 3 day of 21, 1967.	Subscribed and sworn to before me this 3 I day of 19.87
mary Jane Resself Clerk HENDRICKS Circuit Court	mary Jane Russef Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
See All II	State of Indiana, HENDRICKS
State of Indiana, County of HENDRICKS ss:	County of
Father	Signed Cleville D. Siglian Father
Signed	Signed Hantle V Sullevan Mother
Signed	Subscribed and sworn to before me thisday of, 19
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to State Control of Con
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Γ. A marriage license having been refused to the above named parties, the
MENDRICKS	art by written order
inauthorizes and directs the issuance of	f a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE HENDRICKS
RETURN OF MARKIAGE SECTION OF	se issued by the clerk of the
of Indiana dated the day of an arriage licen	, 19.8 f., authorizing the joining together as husband and wife
MONTY D SHOULDERS	m to mile to
be it further remembered, the following marriage certificates	pereby certify that on the15thday ofAUGUST,
1	Country of MARTON
one thousand nine hundred and	HENDRICKS County, State of
State of Indiana Groom	County, State of IN.
and, Bride MICHELLE R. SULLIVAN OF	hat purpose by the Clerk of the Circuit Court of
County	County the same and the same and the same
19.87	Simed /S/ WAYNE SHOULDERS
	19th day of AUGUST , 19 8 /
rued and recorded in accordance with the laws of the State of Indiana tribuna	Signed Mary Jone Flys All HENDRICKS - Clerk

Form Prescribed By Indiana State Board of Health under Authority

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Date of Application

HENDRICKS

Circuit Court

HENDRICKS

of I.C. 31-1-3-2 Effective July 1, 1977 7-23-87 Medical Examination Report Dated_ 7-23-87 L. Griffin MALE 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 (8500,000)". MALE APPLICANT Name Diane Hackman Date of Birth Kenneth Place of Birth (State or foreign country) Indiana Indiana South Rd. 450 E Danville Brownstown Jackson In Residence Address Boy 196 Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate U Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: 

Birth Certificate

Judicial Decree Other (Specify) Drivers Drivers License 1. Are you now or have you ever been adjudged to be of unsound mind No X Yes D Other (Specify)_ No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D If answer is "yes", has the adjudication been removed No Yes If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease No Yes No Yes D 2. Are you afflicted with a transmissible disease? Are you related to the male applicant closer than second cousing No Yes Are you related to the female applicant closer than second cousin? No Yes D 4. Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of intoxicating liquor? NA Yes D Are you now under the influence of a narcotic drug No Yes 5. Are you now under the influence of a narcotic drug? List the full names of any dependent children 6. List the full names of any dependent children 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above dependent children If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Richard Don Hackman Irving 8. Full name of father RVSSE !! 8. Full name of father_ Danville, In Brownstown, Fn. Residence of father (if deceased so state). Residence of father (if deceased so state Illinois Fndiana Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Sue Mellon Camp Lou Danville, In Brownstown, In Residence of mother (if deceased so state). Residence of mother (if deceased so state). Indiana Kentucky Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country). State of Indiana, State of Indiana, I depose and state the information given HENDRICKS HENDRICKS day of august , 1987 day of august mary Jane Russell HENDRICKS mary Jane Rusself Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary.... HENDRICKS State of Indiana, HENDRICKS County of..... ..... Mother Subscribed and sworn to before me this Signed. Subscribed and sworn to before me this ..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the...... Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 87

KENNETH D. HACKMAN

AVON

County of HENDRICKS

IN and, Bride DIANE K. GERICKE of HEDNRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Signed /s/ H. THOMAS PITCHER Official Designation MINISTER

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County File_

MALE	County 3-83-87
MALE Medical Examination Report Dated - 29.87	Date of Application
	FEMALE Medical Evanistics
Name of Physician W. W. Baker	Medical Examination Report Dated 7-29-87
ALL QUESTIONS MUST BE ANSWERED, LC 31-1-3-6 personal 1-12	Name of Physician W. W. Boker
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Name of Physician W. W. Boke.  oever procures the issuance of a license to marry by any false statement, representation or pretense
	day of any talse statement, representation or pretense
Name Pirst Middle Last	Name First
Date of Birth Month Day Vac	Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Pay Year
Indebs. Ind.	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Doundle of d
- last level also shall and.	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	Til Dolada Claren
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate  Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
D. O. W. W.	Date of birth verified by: Birth Certificate  Judicial Decree
Other(Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	
If answer is "yes", has the adjudication been removed?  No□ Yes□	16
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?  No Yes  No Yes  No Yes
3. Are you related to the female applicant closer than second cousin?	2 Annual attacks at a second attacks at a second attacks at a second attacks at a second attack at a second at a se
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?  No Yes   Yes  Yes
5. Are you now under the influence of a narcotic drug?  No X Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father (College) Ment	compliance with any court order or orders issued for their support.
	8. Full name of father My A. Woods
Residence of father (if deceased so state) And pls. And	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother May, M. Stane	0. 20.1
The hold	9. Full maiden name of mother avery 5. Kuyton
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana,	State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
County of HENDRICKS sa: I depose and state the information given in this application is true and correct.	County of HENDRICKS as: in this application is true and correct.
5 - V 6 - O 17 2 - O	V God Los Woods
Signed Signed R 1d E to Ct	Signed X John Colombia
New Address 8782 Bold Ecgle CT.	New Address 1/82 Bald Eagle Ct.
Subscribed and sworn to before me this day of 19 19	Subscribed and sworn to before me this day of day of 19
May and Rissell Gerk HENDRICKS Circuit Court	Mary Jane Rusell Glerk HENDRICKS Circuit Court
Ortan court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,  Country of HENDRICKS } ss:	State of Indiana, HENDRICKS ss:
County of HENDRICKS	County of
SignedFather	SignedFather
	Signed
	Subscribed and sworn to before me this
Subscribed and sworn to before me thisday of	Subscribed and sworn to before the tills
Clerk	Clerk
	n A warnings license having been refused to the above named parties the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above hamed parties, the
HENDRICKS County Con	art by written order issued
in authorizes and directs the issuance of	f a marriage license to the above named parties.
TO THE PARTY OF TH	AND MARRIAGE CERTIFICATE
	19 1. authorizing the joining together as husband and wife
DAUL D. CICT.	14
D to the first the state of the	fice to-wit:
The state of the s	amakar agertatu Inal on the
I, MYRON BARNARD none thousand nine hundred and 87 a	t INDPLS. , County of MARION ,
one thousand nine hundred and 87 a State of Indiana, Groom PAUL D. GIST o	f
State of Indiana, Groom PAUL D. GIST o and, Bride JODL L. WOODS of	HENDRICKS County, State of IN
were by me united in marriage as authorized by a marriage license issued for to	hat purpose by the Clerk of the Circuit Court of HENDRICKS
were by me united in marriage as authorized by a marriage license issued for a County.	
Dated this 7th day of AUGUST , 1987	
일반 : Breen in a mine : 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	JUDGE
	Official Designation
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Man Jane Rhard HENDRICKS - Clerk
	Signed LILLIAN LIEUTE

APPLICATION FOR MARRIAGE LICENSE

37,

B-3-87
Date of Application

MALE APPLICANT  Mane of Physician.  ALL QUESTIONS MUNT BE ANNWERD IC SID-last prescribed "False statement. Whoever procures the issuance of a license to marry by any false statement, represent the first prescribed for hundred dollars. (Somon)  MALE APPLICANT  Mane First Middle  Name of Physician  ALL QUESTIONS MUNT BE ANNWERD IC SID-last prescribed "False statement. Whoever procures the issuance of a license to marry by any false statement, represent the first prescribed for hundred dollars. (Somon)  MALE APPLICANT  Last  Name First Middle  Name First Month Day  Place of Birth (State or foreign country)  Previous Marial Status: Never Married D OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree  Other (Specify)  Are you now or have you ever been adjudged to be of unsound mind!  If answer is "yes", has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  A Are you related to the female applicant closer than second cousin?  A Are you now under the influence of intoxicating liquer?  A Are you now under the influence of a narcotic drug?  Elast the full names of any dependent children.  Are you towed the female applicant closer than second cousin?  A Are you now under the influence of a narcotic drug?  Elast the full names of any dependent children.	Last Year
MALE Medical Examination Report Dated Name of Physician  FEMALE APPLICANT  Name  Middle  Name  Nam	No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes
Name of Physician  ALL QUESTIONS MUNT BE ANSWERED, LC. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation of the procures of the issuance of a license to marry by any false statement. Perpession of the procures of the issuance of a license to marry by any false statement. Perpession of the issuance of a license to marry by any false statement. Perpession of the issuance of a license to marry by any false statement. Perpession of the issuance of a license to marry by any false statement. Perpession of the influence of a license to marry by any false statement. Perpession of the issuance of a license to marry by any false statement. Perpession of the influence of a license to marry by any false statement. Perpession of the influence of a license to marry by any false statement. Perpession of the influence of a license to marry by any false statement. Perpession of the influence of a license to marry by any false statement. Perpession of the influence of a license to marry by any false statement. Perpession of the influence of a license to marry by any false statement. Perpession of the influence of a license to marry by any false statement. Perpession of the statement of the statement of the statement of the statement of license to statement. Perpession of the statement of license to statement. Perpession of the statement of license of license to marry by any false statement. Perpession of the statement of license of license to statement. Perpession of license of license of license statement. Perpession of license of license of license statement. Perpession of license of license statement. Perpession of license of license statement. Perpession of license of license of license statement. Perpession of license of license of license statement. Perpession of license of license statement. Perpession of license of license of license statement. Perpession of license of license statement. Perpession of license of license statement. Perpession of	No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes
MALE APPLICANT    Last	No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes
MALE APPLICANT    Last   Last	No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes
Date of Birth   Month   Day   Year	No Yes
Date of Birth  Month  Day  Year  Place of Birth (State or foreign country)  Residence Address  Street or R.R.  City  County  State  Residence Address  Street or R.R.  City  County  State  Residence Address  Street or R.R.  City  County  State  Previous Marital Status: Never Married OR  Last Marriage Ended By: Death   Divorce   Annulment    Date of birth verified by   Birth Certificate   Judicial Decree  Other (Specify)  Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?  Are you afflicted with a transmissible disease?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  Date of Birth (State or foreign country)  Place of Birth (State or foreign country)  Residence Address  Street or R. R.  City  County  Residence Address  Street or R. R.  Previous Marital Status: Never Married OR  Last Marriage Ended By: Death   Divorce   Annulment    I Are you now now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?  I Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of an arcotic drug?  Eat the full names of any dependent children.	No Yes
Place of Birth (State or foreign country)  sidence Address	No Yes No Yes No Yes No Yes No Yes No Yes
Residence Address   Street or R. R.   City   County    It as wering Ended By: Death   Divorce   Annulment    Date of birth verified by:   Birth Certificate   Judicial Decree    Other (Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree    Other (Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree    Other (Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree    Other (Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree    Other (Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree    Other (Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree    Other (Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree    If answer is "yes", has the adjudication been removed?    If answer is "yes", has the adjudication been removed?    Are you are listed with a transmissible disease?    Are you related to the female applicant closer than second cousin?    Are you now under the influence of intoxicating liquor?    Are you now under the influence of an arcotic drug?    List the full names of any dependent children.    It are you now under the influence of an arcotic drug?    List the full names of any dependent children.    It are you now under the influence of an arcotic drug?    List the full names of any dependent children.    It are you now under the influence of an arcotic drug?    List the full names of any dependent children.    It are you now under the influence of an arcotic drug?    List the full names of any dependent children.    It are you now under the influence of an arcotic drug?    List the full names of any dependent children.    It are you now under the influence of an arcotic drug?    List the full names of	No Yes No Yes No Yes No Yes No Yes No Yes
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death   Divorce   Annulment    Date of birth verified by:   Birth Certificate   Judicial Decree  Other(Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree  Other(Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree  Other(Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree  Other(Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree  Other(Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree  Other(Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree  Other(Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree  If answer is "yes", has the adjudication been removed?  No   Yes   Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?  Are you afflicted with a transmissible disease?  Are you related to the female applicant closer than second cousin?  No   Yes   Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.	No ☐ Yes I No ☐ Yes I No ☐ Yes I No ☐ Yes
Previous Marital Status: Never Married OR  at Marriage Ended By Death   Divorce   Annulment    Date of birth verified by:   Birth Certificate   Judicial Decree  Other (Specify)   Date of birth verified by:   Birth Certificate   Judicial Decree  Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?  Are you afflicted with a transmissible disease?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.	No ☐ Yes I No ☐ Yes I No ☐ Yes I No ☐ Yes
Date of birth verified by: Birth Certificate Judicial Decree  Other (Specify)  Are you now or have you ever been adjudged to be of unsound mind?  Are you afflicted with a transmissible disease?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  Date of birth verified by: Birth Certificate Judicial Decree  Other (Specify)  Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?  No Yes    3. Are you related to the male applicant closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  5. Are you now under the influence of any dependent children.	No ☐ Yes I No ☐ Yes I No ☐ Yes I No ☐ Yes
Other (Specify)  Are you now or have you ever been adjudged to be of unsound mind?  Are you afflicted with a transmissible disease?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.	No ☐ Yes I No ☐ Yes I No ☐ Yes I No ☐ Yes
Other (Specify)  Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?  Are you afflicted with a transmissible disease?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?  If answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?  3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  6. List the full names of any dependent children.	No ☐ Yes I No ☐ Yes I No ☐ Yes I No ☐ Yes
If answer is "yes", has the adjudication been removed?  No Yes No Yes Are you afflicted with a transmissible disease?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  If answer is "yes", has the adjudication been removed?  No Yes No Ye	No ☐ Yes I No ☐ Yes I No ☐ Yes I No ☐ Yes
If answer is "yes", has the adjudication been removed?  Are you afflicted with a transmissible disease?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.	No X Yes No X Yes No X Yes
Are you related to the female applicant closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  3. Are you now under the influence of intoxicating liquor?  4. Are you now under the influence of a narcotic drug?  5. Are you now under the influence of any dependent children.  6. List the full names of any dependent children.	No X Yes
Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  6. List the full names of any dependent children.	V
Are you now under the influence of an arcotic drug?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  5. Are you now under the influence of a narcotic drug?  6. List the full names of any dependent children.	No Yes
Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  6. List the full names of any dependent children.	
and the shows	
and the share	
and are to support the shows	
Are you required by any court order or orders to support the above	-
Are you required by any court order or orders to support the above No Yes dependent children?	No Proof that you are
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	ory proof that you ar
compliance with any court order or orders issued for their support.  8. Full name of father	ublow
Full name of father 1 2 2 2	6
Residence of father (if deceased so state)  Residence of father (if deceased so state)	
Birthplace of father (State or foreign country)	Can
Full maiden name of mother 9. Full maiden name of mother 9. Full maiden name of mother 1000 1000 1000 1000 1000 1000 1000 10	There
Residence of mother (if deceased so state) Residence of mother (if deceased so state)	and,
Birthplace of mother (State or foreign country) And .	
HENDRICKS    Sa: I depose and state the information given in this application is true and correct.   State of Indiana, HENDRICKS   Sa: I depose and state the interval of the same in this application is true and correct.	he information give
County of County of	11.
Signed & Wer hays Signed & all I and	d IN
New Address 7143 Hatteras Lane,	Apt. 20
subscribed and sworn to before me this day of land, 19 Subscribed and sworn to before me this day of	19
Clerk HENDRICKS Circuit Court May Care Rusell Clerk HENDRICK	Circuit Co
ONSENT OF PARENTS, PARENT OR GUARDIAN  CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	e. If only one par
gas, state facts which render the consent of the other parent unnecessary	ssary
tate of Indiana, MENIDDICKS	
State of Indiana, County of HENDRICKS	
Signed	
Signed	Fa
abserbled and sworn to before me this day of Signed	Mc
Subscribed and sworn to before me thisday of	19.
Clerk	
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above na	
County Co	amed parties,
HENDRICKS  County  Court by written order issued  authorizes and directs the issuance of a marriage license having been refused to the above na	and i
PETURN OF A services and the services and the services and the services are the services and the services are the services and the services are the services ar	
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  Indiana dated the was filed in my office a marriage license issued by the clerk of the HENDRICKS	
day of Chistist	Circuit C
e it further remembered, the following marriage certificate and CARON authorizing the joining together as h	husband and
C. S. CHESEBRAUGH was filed in my office, to-wit:	
numbered and 97	
tate of Indiana, Groom ROBERT FRAIRE at DANVILLE	HENDRIC
tate of Indiana, Groom ROBERT FRAIZER at DANVILLE CAROL M. SAVOLDI OF HENDRICKS County, State of MENDRICKS	TN
	IN
The same united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS H	NDRICKS
Dated this 12th day of AUGUST	
Signed /s/ C. S. CHESEBRAUGH Official Designation PASTOR  Signed AUGUST	*************
17th day of AllCusm	

Panery 8 90 hard

compliance with any or

dependent children

.Circuit Court

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	372	
File		

	County 8-4-87
MALE Medical Examination Report Dated 7-29-87	Date of Application
	FEMALE
Name of Physician Samuell	Medical Examination Report Dated 7-29-87
ALL QUESTIONS MUST BE ANSWERED 10, 21 1.22	Name of Physician 3. Danuell hoever procures the issuance of a license to marry by any false statement, representation or pretense
shall be fined in any sum not exceeding five hundred dollars (\$500.000"	hoever progues the issues
MALE APPLICANT	the issuance of a license to marry by any false statement, representation or pretense
Name Middle	Name FEMALE APPLICANT
Date of Birth Month Pour Fisher Last	First
Day Year	Date of Birth Morth Addle Stanley
Place of Birth (State or foreign country)	Day Year
Residence Address Street or R. R. City	Place of Birth (State or foreign country)
P.O. Box 102 PCA City County State	Pail Shaling
Previous Marital Status: Never Married OR	Address Street of R. R. City County State
Last Marriage Ended By: Death Divorce Annulment D	tease. Liter.
	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
Other (Specify) Dr. Riv.	Date of birth verified by: Birth Certificate Judicial Decree
	Dother (Specify) On Riv
1. Are you now or have you ever been adjudged to be of unsound mind?	
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes O
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin? No Yes
5. Are you now under the influence of a narcotic drug?  No Yes	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
	The state of the s
7. Are you required by any court order or orders to support the above	
dependent children?	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	No D Yes D
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Raymond M. Fish of	compliance with any court order or orders issued for their support.
- Duit I have	8. Full name of father Essett Starley .
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	
9. Full maiden name of mother Paulius & Application	Birthplace of father (State or foreign country)
Comment of the control of the contro	9. Full maiden name of mother Mallager Elizabeth was
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	
State of Indiana,	Birthplace of mother (State or foreign country)
County of HENDRICKS   I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.
VIII as a Colo	
Signed X Thomas a Dishor	Signed Colyabeth a Stanley
New Address P.O. BOX 102 PIFd. IN	New Address P.O. Box 102 PISa IV
Subscribed and sworn to before me this day of day of	
Ma a B III	Subscribed and sworn to before me this day of the day o
Clerk HENDRICKS Circuit Court	11 My Jane Rhasell Gerk HENDRICKS Circuit Court
	100
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS  County of HENDRICKS
County of HENDRICKS ss:	County of
Signed	Signed Father
SignedFather	
Signed	SignedMother
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
	Clerk
Clerk	CIETA
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
HENDRICKS CONT.	and filed
County	rt by written order issued and filed and filed
authorizes and directs the issuance of	a marriage license to the above hamed parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS
The Tit 20 amount and the same fled in my office a marriage license	e issued by the clerk of theCircuit Court
Indiana dated the day of day of	, 1987, authorizing the joining together as husband and wife
OMAS A. FISHER any 0)	d ELIZABETH A. STANLEY
e it from the angle fled in my off	ce, to-wit:
JERRY RAIRDON he	ereby certify that on the 29th day of AUGUST
the thousand it is a second at	Tailing, County of
	HENDRICKS County, State of
THOMAS A. FISHER	HENDRICKS County, State of IN
dd, Bride ELIZABETH A. STANLEY of	HENDRICKS
ere by me united in marriage as authorized by a marriage license issued for th	at purpose by the Clerk of the Circuit Court of
ancy.	
ated this 29th day of AUGUST , 1987	
	ficial Designation ELDER OF UNITED METHODIST CHURCH
	1st Journal SEPT. 19 87
led and recorded in accordance with the laws of the State of Indiana this	May Caus Fresel & Clerk
the same of the sa	igned Many James HENDRICKS Circuit Court
	Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

		The state of	-
File			
	8-	4-87	
	Date of	Application	-

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

FEMALE Medical Examination Report Dated_

MALE Social Papert Dated 8-3-87	Name of Physician Bellie a. Hosnell M. D.
Medical Examination Report Dated	Name of Physician  ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
Name of Physician Whose Statement - Whose Statem	FEMALE APPLICANT
	Direct )
Name First Middle Dollar Man	Name Shart Sept Veer Veer
ames Selven reactions	Date of Birth  Place of Birth (State or foreign country)  Place of Birth (State or foreign country)
Date of Differ	P. P. City Genety, C.
Place of Birth (State or foreign country)	Residence Address Street or R. R. Blace Hallyng Hendrecks In
Residence Address Street or R. R. City Street of R. R. City Street of Rendered Street of	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Saded By Death Divorce Sandiment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	To a transfer describer
Other (Specify) Sixth Chilipletale No Yes	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes D
1. Are you now or have you ever been adjudged to be of unsound mind:	If answer is "yes", has the adjudication been removed"  No Yes O
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease"
2. Are you afflicted with a transmissible disease?  No 2 Yes 3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin. No yes No yes
No 2 yes	4. Are you now under the influence of intextcating liquor?  5. Are you now under the influence of a narcotic drug?  No Yes  No
5. Are you now under the influence of a narcotic drug?  No Yes	6. List the full names of any dependent children
6. List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children?	dependent children*
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.  8. Full name of father.
8. Full name of father Miller and Control of Mally Miller and M.	Idenie Mark a In.
Residence of father (if deceased so state)	Residence of father (if deceased so state) Olk and a
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother:	9. Full maiden name of mother Ada and a date of the state
Residence of mother (if deceased so state) The block Mility, The	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) State of Market Country)	Birthplace of mother (State or foreign country)
State of Indiana, County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana.  County of HENDRICKS  Bas: I depose and state the information given in this application is true and correct.
signed James Steven alderson	1.00
New Address	Signed hay Syxxe Hillers
Subscribed and sworn to before me this 4th day of Cele Mith. 1987	New Address
MAKER SONO REISHER HENDRICKS	Subscribed and sworn to before me this 4th day of Weeglant, 1981.
Clerk Circuit Court	Maref fare Russellark HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	the other parent unnecessary
State of Indiana,  Country of HENDRICKS }ss:	
County of See	State of Indiana, County of HENDRICKS } ***:
SignedFather	
Signed	Signed
Subscribed and sworn to before me thisday of	Signed Mother
	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED	Clerk
HENDRICKS County SOURCE BY ORDER OF COUNTY S	RT. A marriage license having been refused to the above named parties, the court by written order issued.
authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE	RT. A marriage license having been refused to the above named parties, the court by written order issued and filed of a marriage license to the
of Indiana dated the	SE AND MARRIAGE CERTIFICATE  case issued by the clark of the state of
of Indiana dated the day of disc	ense issued by the clerk of the HENDRICKS Circuit Court
Be it further remembered, the following manual ALDERSON	, 19. authorizing the joining together as hysband and wife
HARLAN-KINCADE was filed in my	ense issued by the clerk of the HENDRICKS  Circuit Courl  and SHAY LYNNE HILLERS  hereby certify that on the 8th day of AUGUST  at WHITESTONE CHRISTIAN CHARGES
State of Indiana Communication	hereby certify that on the
and, Bride	
were by me united in marriage as and	at WHITESTONE CHRISTIAN CHURCHunty of HENDRICKS  HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit Court of HENDRICKS
County.  Dated this	r that men County State of IN
were by me united in marriage as authorized by a marriage license issued for Dated this	that purpose by the Clerk of the Circuit Court of HENDRICKS
198	7
Filed and recorded in accordance with the laws of the St.	Official Designation
of Indiana this	HINISTER 11th
	Signed Many Same Report 1987 Clerk
	Signed II aly Jane Aparel Clerk

Circuit Court

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____

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS File_ County 9-6-97
Date of Application -30-87 FEMALE

Name of Physician 3.3. Thompson	Medical Examination Report Dated 7-30-87
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prospring of the	Name of Physician . A. Ahomoson
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Wheshall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	noever procures the issuance of a license to marry by any following
Name First Middle	
Pote of Pinth Month	Name First Person Name
\\ Year	Date of Pints Hope Middle A Last
Place of Birth (State or foreign country)	Day Year
Residence Address Street or R. R. City County State	or toreign country)
6935 C. 100 N. Danville County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	- Ohe District
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
Other (Specify)	Date of birth verified by:   Birth Certificate Judicial Decree
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify) Dr. Lio.
If answer is yes, has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes O
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?  No No Yes D
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?	3. Are you related to the male applicant closer than second cousin?  No Yes   4. Are you now under the influence of intoxicating liquor?  No Yes
6. List the full names of any dependent children.	5. Are you now under the influence
	6. List the full names of any dependent children.
	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	7. Are you required by any court order or orders to support the above dependent children? No □ Yes □
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father House feel Sell	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state)	8. Full name of father lands S. Danine
Birthplace of father (State or foreign country)	Residence of father (if deceased so state)
3 / E Wel	Birthplace of father (State or foreign country)
1 Canasa	9. Full maiden name of mother Esperange Jonnes Mario
Residence of mother (if deceased so state) Who what.	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Makes
State of Indiana.  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS as: I depose and state the information given
2:14 2	County of in this application is true and correct.
Signed Duly Dell	Signed X Hope Downs
New Address SAME A Above	New Address 693 Same as alone
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this & day of Que
May Jane Rhead Glerk HENDRICKS Circuit Court	Mas Constrainly - HENDRICKS
Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, County of HENDRICKS } ss:	State of Indiana, HENDRICKS
County of HENDRICKS	County of
Signed	SignedFather
Signed	Signed
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	. A marriage license having been refused to the above named parties, the
HENDRICKS County Cour	rt by written order issued
in authorizes and directs the issuance of	a marriage license to the above named parties.
DETUDN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS
70 - 74 M Y C. 1: E. manuiage license	issued by the clerk of the
of Indiana dated the day of Liguest	, 19 L, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office.	HOPE AQUIRRE
l,	rehy certify that on the 22nd day of AUGUST
IVAN GWALTNEY (not to legible)	INDPLS. , County of MARION
one thousand nine hundred and 87	HENDRICKS County, State of IN
State of Indiana, Groom BILLY E. BELL of. and, Bride HOPE AQUIRRE of.	
vere by me united in marriage as authorized by a marriage license issued for the	at purpose by the Clerk of the Circuit Court of HENDRICKS
vere by me united in marriage as authorized by a marriage license issued for the county.	
Pated this 10th day of AUGUST , 19 87	Signed /s/ IVAN W. GWALTNEY (not to legible)
	Social Designation MINISTER
	26th day of AUGUST , 19 87
iled and recorded in accordance with the laws of the State of Indiana this	igned Mary Jane Propall HENDRICKS Clerk
AND THE RESERVE OF THE PARTY OF	

# APPLICATION FOR MARRIAGE LICENSE

78-7-87 Date of Application

HENDROIC

.Circuit Court

m Prescribed By	TION FOR MA	ARRIAGE DIOZZ	8-7	
ilth under Authority	HENDRICKS	County	Date o	f Application
.C. 31-1-3-2 ective July 1, 1977			. V-8	MILE CS.
		FEMALE Medical Examination Report I	ated	1
MALE		A Filminian	D. Loddon	h
Medical Examination Report Dated		Name of Physician	ry by any false statement.	representation or pre-
Name of Physician	a Dalum statement — Whoev	er procures the issuance of a license to mar		or pretense
Medical Examination Report Dated  Name of Physician  LL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed library sum not exceeding five hundred dollars (\$500,00)	"False statement")".	FEMA	LE APPLICANT	
LL QUESTIONS MUST BE ANSWERED. I.C. 31-1-30 pt. (\$500,00) all be fined in any sum not exceeding five hundred dollars (\$500,00)  MALE APPLICANT		Name First	Middle	Last
	veddle.	Laura	Day	1 stanson
Steven Gara	Year	Date of Birth	8	65
ste of Birth Month	5	Place of Birth (State or foreign country)		
ace of Birth (State or foreign country)	State	Residence Address Street or R.	R. PI HU D.	County State
esidence Address Street or R. R. City Cour	Jacks Mary	m 3336 34	200	des tonor
	· 60.	Previous Marital Status: Never Married	OR Annulment	The state of the s
revious Marital Status: Never Married OR		Last Marriage Ended By: Death Divorce Date of birth verified by: Birth Certifica	Judicial Decree	MANUFACTURE AND ADDRESS.
ast Marriage Ended By: Death Divorce Annulment Late of birth verified by: Birth Certificate Judicial Decree				
ate of birth verified by:		Other (Specify)	10-	manufacture dis-
Other (Specify)	No P Yes □	1. Are you now or have you ever been adjudg	ged to be of unsound mind?	No Yes
Are you now or have you ever been adjudged to be of unsound mind?	No Pres P	If answer is "yes", has the adjudication be	en removed?	No□ Yes
If answer is "yes", has the adjudication been removed?	No Yes	2. Are you afflicted with a transmissible dise	ease?	No X Yes
Are you afflicted with a transmissible disease?	No A Yes	3. Are you related to the male applicant clos	er than second cousin?	No X Yes
Are you related to the female applicant closer than second cousin?  Are you now under the influence of intoxicating liquor?	No ♠ Yes □	4. Are you now under the influence of intoxio	eating liquor?	No A Yes
Are you now under the influence of intoxicating inquo.  Are you now under the influence of a narcotic drug?	No P Yes	5. Are you now under the influence of a narc		No 🏴 Yes
List the full names of any dependent children.		6. List the full names of any dependent child	ren.	
		7. Are you required by any court order or order	ders to support the above	a series de par
Are you required by any court order or orders to support the above dependent children?	No□ Yes□	dependent children?		No□ Yes
If answer is "yes", it is required that this Application be accompanied by satisfact	tory proof that you are in	If answer is "yes", it is required that this A		satisfactory proof that you are
compliance with any court order or orders issued for their support.	111	compliance with any court order or orders	issued for their support	( 100 100
Full name of father Ed Tod Many No.	delle	8. Full name of father	Bridge 2	Labor
Residence of father (if deceased so state) Shad pls. It		Residence of father (if deceased so state)	albertale	And.
Birthplace of father (State or foreign country)		Birthplace of father (State or foreign countr	in Ship	
Full maiden name of mother James Low Land	neithe	9. Full maiden name of mother	uso. Kay &	a Nuke
Sal	8		5/9	
Residence of mother (if deceased so state)		Residence of mother (if deceased so state)	Same	
Birthplace of mother (State or foreign country)		Birthplace of mother (State or foreign count	rys Stud	
State of Indiana. HENDRICKS  Bas: I depose and state to in this application	the information given is true and correct.	State of Indiana, HENDRICKS	ss: I depose and	state the information give cation is true and correc
N fly C 20/1	116	County of	. 1 1 -	,
Signed Asign	1 1 4/	Signed	Lama L. f	A square
New Address 3236 3, X FONT R. A. T.	77 7	New Address	are	
Subscribed and sworn to before me this day of	. 19	Subscribed and sworn to before me this,	day of	June 19
HENDRIC Clerk HENDRIC	CKS Circuit Court	Mary Jane Rrage	Clerk HE	VDRICKS Circuit Cou
			Clerk	and the same of th
ONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT O	R GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriag	e. If only one parent	We, the parents, of this applicant herei		oarriage If only one pare
gns, state facts which render the consent of the other parent unneces	ssary			
		signs, state facts which render the con-	sent of the other parent	unnecessary
				******* *******************************
				***************************************
late of Indiana				
sate of Indiana. HENDRICKS sa:		State of Indiana,	,	
		County of HENDRICKS	88:	
	Father	S:		Fath
Signed	Mother	Signed		***************************************
abscribed and sworn to before me thisday of	, 19			Mot
	19	Subscribed and sworn to before me this.		
AVIN	Clerk			
OMPLETE IF MARRIAGE LICENSE ISSUED BY HENDRICKS County	ORDER OF COUR	PT A		
County	- 000R	CT. A marriage license having been burt by written order issued	n refused to the abo	ove named parties,
authorizes and o	directs the issuance	ourt by written order issued		and fi
DETITION		de la conse (i) The above w		
Indiana dated the STEVEN C. WEDDLE	fice a marriage li	E AND MARRIAGE CERTIFICAT	re.	
Indiana dated theday of	AUGUST Licen	ise issued by the clerk of the	HENDRICKS	Circuit Co
the far their remembered, the following	********	authorizing	the inimia - to - att -	- huchand and w
JAMES P COASE CERTIFICA	ite was filed in my	office, to-wit.	USON	7 ds nasouna and
thousand nine hundred and	***************************************	Less to-wit:	0201/	***************************************
tate of Indiana, Groom	***************************************	at	9+bday of	ICHER
tate of Indiana, Groom	of	HENDRICH	County, State of	IN
nd, Bride	ge license issued for	that purpose !	County, State of	IN
ated this 29th day of AUGUST		pose by the Clerk of the Cir	cuit Court of	HENDRICKS
Toronto and the second	, 1987		,	
iled and recorded in accordance with the laws of the Sta		Official Designation MINISTRA	ES R. CRADDOGE	
the laws of the Sta	te of Indiana this	Official Designation MINISTE	R CKADDOCK	
		JIst day of	R	

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 374

.Circuit Court

MALE Medical Examination Report Dated  \[ \mathcal{T} = \m	Date of Application
11 1 0 101	FEMALE Medical Examination Report Dated 8-1-87
Name of Physician Name of Physician	
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-4-3-6 prescribed "False statement—W)	Name of Physician James Polack
MALE APPLICANT	Name of Physician Shows Block hoever procures the issuance of a license to marry by any false statement, representation or pretens
Name First Middle Last	FEMALE APPLICANT
Date of Birth Month Day Year	Name First Middle . Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Residence Address Street or R. R. City County	Place of Birth (State or foreign country)
646 Farew Dr. Jansville State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married A OR	- Brownstry State
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married A OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Other (Specify)	Date of birth verified by: Birth Certificate  Judicial Decree
	Other(Specify)
If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?  No 💆 Yes	If answer is "yes", has the adjudication been removed? No□ Yes□
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease? No 💆 Yes 🗆
4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  No Yes C
5. Are you now under the influence of a narcotic drug?  No Yes   6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?  No Yes C
bist the full names of any dependent enligren,	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any
No Yes U	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Robert Role with	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state)	8. Full name of father Without & Freings
	Residence of father (if deceased so state) 1 when Florida
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Magazet 5 1, Wordhern	9. Full maiden name of mother Marta R. Way
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Browning and o
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Bas: I depose and state the information given in this application is true and correct.
County of in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Ruchard Illan ( well	Signed XIVIARAL & veleral 4.
New Address 4843 Parmerood RJ Janaon.	New Address
Subscribed and sworn to before me this day of 19.	Subscribed and sworn to before me this a S day of Quar 19
1) On O Republica	Man Can Record HENDRICKS
Clerk Circuit Court	Mary Jane Musell Glerk Michael Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary.
sate facts which fender the consent of the other parent unnecessary	signs, state facts which reflect the constitution of the constitut
State of Indiana,	State of Indiana, HENDRICKS } ss:
County of HENDRICKS ss:	County of
SignedFather	SignedFather
Signed	SignedMother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
	Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage license having been refused to the above named parties, the
HENDRICKS County Cou	art by written order issuedand filed
inauthorizes and directs the issuance of	a marriage license to the above named parties.
TOTAL CONTROL OF THE PARTY OF T	AND MARRIAGE CERTIFICATE
70 - 714 30 It was fled in my office a marriage licens	se issued by the clerk of the
RICHARD A. CURRY	1d
Be it further remembered, the following marriage certificate was filed in my of	ereby certify that on the 8th day of AUGUST
	TENDRICKS ,
one thousand nine hundred and 87 a State of Indiana, Groom RICHARD A. CURRY o	f BOONE County, State of IN
State of Indiana, Groom	HENDRICKS County, State of IN ,
were by me united in marriage as authorized by a marriage license issued for the	hat purpose by the Clerk of the Circuit Court of HENDRICKS
vounty.	
Dated this. 8th day of AUGUST , 19.87	Signed/s/-DANIEL-B. DONOHOO
	Goial Designation CATHOLIC PRIEST
	11th day of AUGUST , 1987
Filed and recorded in accordance with the laws of the State of Indiana this	Grand Mary Jane Russell Clerk

# APPLICATION FOR MARRIAGE LICENSE

.Circuit Court

Form Prescribed By Indiana State Board of Health under Authority  APPLICATION FOR MAINTENANCE MENDRICK	County Date of Application
of I.C. 31-1-3-2 Effective July 1, 1977	2 12 11
2 12-87	Medical Examination Report
MALE Medical Examination Report Dated	Name of Physician Www.
Name of Physician Cawards	ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement" with	FEMALE APPLICANT
MALE APPLICANT	Name First Middle School Last
Name Pirst, Middle Possish	Date of Birth Month 26 1943
Date of Birth Months Day Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R. Cirol County State	P. D. 184790 Filler
1228 Clain In. Janguera	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status.  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by
1 June	Other (Specify) No Yes
Other (Specify)  No Yes  1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?  No Yes   No
1. Are you now or have you ever been adjudged to be of dissolits with the No Yes No Yes No Yes	If answer is "yes , has the adjusted with a transmissible disease"  2. Are you afflicted with a transmissible disease"
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No Yes D
3. Are you related to the female applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a management of a manage
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above No ☐ Yes ☐ dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Plaintield A	Residence of father (if deceased so state) Truncastle h.
Residence of father (if deceased so state)   Talling (if)	2
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother	9. Full maiden name of mother.
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
State of Indiana.  Lidenose and state the information given	Birthplace of mother (State or foreign country)  State of Indiana,  I denote and state the information given
County of HENDRICKS  As I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS  See: I depose and state the information given in this application is true and correct.
signed John / Tarish	Signed alice C. Schoolcraft
New Address 01052 Corey Lune Pluinfield IN	New Address 1052 Corey Lane Plainfield
Subscribed and sworn to before me this day of Aug. 1967	Subscribed and sworn to before me this 7 day of Aug. 1987
There Jane Kesself Clerk HENDRICKS Circuit Court	Mary Que Readell Gerk HENDRICKS Circuit Court
	Gerk Gerker
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS ss:	State of Indiana,
	County of HENDRICKS
Father	SignedFather
V.	Signed Mother
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
	Clark
HENDRICKS LICENSE ISSUED BY ORDER OF COL	JRT. A marriage license having been refused to the above named parties, the
in	Court by written order issued and filed
authorizes and directs the issuance	e of a manifest stated.
Be It Remembered, there was filed in my of	NSE AND MARRIAGE CERTIFICATE  Cense issued by the clark of the
of Indiana dated the	NSE AND MARRIAGE CERTIFICATE  cense issued by the clerk of the HENDRICKS  Circuit Court
Be it further remembered, the following	cense issued by the clerk of the HENDRICKS Circuit Court  19. 7, authorizing the joining together as husband and wife  and ALICE C. SCHOOLCRAFT  hereby certify that on the
I, JANICE S. CHILEWSKI	office, to-wit:
one thousand nine hundred and 87	work of fice, to-wit: hereby certify that on the day of AUGUST at DANVILLE
State of Indiana, Groom JOHN I Dans	at Dawn 14th day of August
and, Bride	County of HENDRICKS
County County	PUTNAM County, State of
Dated this 14th day of AUGUST., 19.8	HENDRICKS
, 19. 8	37
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation   Ist DENICE S. CHILEWSKI
of the State of Indiana this	Official Designation 1st DEPUTY CLERK HENDRICKS COUNTY
	Signed August 19.87.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE Effective July 1, 1977 HENDRICKS County Date of Application MALE Medical Examination Report Dated FEMALE Medical Examination Report Dated_ Name of Physician. Name of Physician ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,000". MALE APPLICANT FEMALE APPLICANT Name Date of Birth Place of Birth (State or forgi Place of Birth (State Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes O No Ves D If answer is "yes", has the adjudication been removed? No D yes D If answer is "yes", has the adjudication been removed No T Yes 2. Are you afflicted with a transmissible disease? No W Yes No Yes D 2. Are you afflicted with a transmissible disease Are you related to the female applicant closer than second cousin No Z Yes 3. Are you related to the male applicant closer than seco Are you now under the influence of intoxicating liquor? No D Yes D Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No Yes D No Yes D 5. Are you now under the influence of a narcotic drug? List the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above dependent children? No Yes No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order orders issued for their support. Full name of father_ 8. Full name of father_ Residence of father (if deceased so state) Birthplace of father (State or foreign country) Full maiden name of mother_ Residence of mother (if deceased so state) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of .... Subscribed and sworn to before me this Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of ... ..day of..... Subscribed and sworn to before me this..... Subscribed and sworn to before me this ______day of ______, 19...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS We It Remembered, there was filed in my office a marriage license issued by the clerk of the...... of Indiana dated the day of day of August 19.8%, authorizing the joining together as husband and wife and LILLIAN S. SCHUELLER

Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 87. at CENTERTON County of MORGAN, State of Indiana, Groom. DAVID L. McMULLEN of HENDRICKS County, State of IN

and, Bride LILLIAN S. SCHUELLER OF HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Signed /s/ G. DAYLE CAIN County. Dated this _______4th ____day of ______SEPTEMBER _____, 19...87....

Official Designation ......MINISTER.... day of SEPTEMBER, 19.87.... Filed and recorded in accordance with the laws of the State of Indiana this....

HENDRICKS

.. Circuit Court

Form Prescribed By

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Indiana State Board of Health under Authority of LC. 31-1-3-2 Effective July 1, 1977 Date of Application FEMALE Medical Examination Report Dated Name of Physician MALE Medical Examination Report Dated_ ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense all QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense all QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense all QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense all QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense all QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement." shall be fined in any sum not exceeding five hundred dollars (\$500,00) First MALE APPLICANT Panela Month Name Date of Birth Place of Birth (State or foreign country Residence Address Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: 

Birth Certificate 

Judicial Decree Other (Specify)___ Divers License No Yes D 1. Are you now or have you ever been adjudged to be Other (Specify)_ No Yes or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed No D Yes D No O Yes O If answer is "yes", has the adjudication been removed No Yes D 2. Are you afflicted with a transmissible disease No Yes Are you afflicted with a transmissible disease? 3. Are you related to the male applicant closer than second cousin No Yes D Yes 🗆 No R Are you related to the female applicant closer than second cousing 4. Are you now under the influence of intoxicating liquor No Yes No Yes Are you now under the influence of intoxicating liquor 5. Are you now under the influence of a narcotic drug No Yes D No Yes Are you now under the influence of a narcotic drug 6. List the full names of any dependent children. List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No D Yes D No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father DMCS Edgar Dean laylor Residence of father (if deceased so state) Sci Dio, Residence of father (if deceased so state)____ Birthplace of father (State or foreign country) Birthplace of father (State or foreign country)_ 9. Full maiden name of mother 100 1 9. Full maiden name of mother //any Residence of mother (if deceased so state) OKEC Shobee Forion Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Toolon State of Indiana. I depose and state the information given in this application is true and correct. State of Indiana, HENDRICKS I depose and state the information given HENDRICKS County of. New Address. New Address. 198) HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary..... HENDRICKS State of Indiana, HENDRICKS County of ..... Father Signed .....Mother Subscribed and sworn to before me this ......day of ....... Signed. Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued..... authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 14th day of August 19.87, authorizing the joining together as husband and wife JEFFERY DEAN TAYLOR Be it further remembered, the following marriage certificate was filed in my office, to-wit: Gente and PAMELA ANN MOULDER DALLAS W. VIEHE hereby certify that on the 15th day of AUGUST and, Bride PAMELA ANN MOULDER Of County, State of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Signed /s/ DALLAS W. VIEHE

.... Circuit Court

....Circuit Court

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

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

MALE	County 81087
Medical Examination Report Dated 8-1-87	FEMALE Date of Application
Name of Physician James Black	Medical Examination Report Dated 8787
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "Falso at the	Name of Physician benes Block
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	ever procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle	FEMALE APPLICANT
Date of Birth Month Dean Smill	Name First Middle , Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Todiana.	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County, State
Previous Marital Status: Never Married OR	KR18 Box 343-H-1 Indianapolis Hondrills IN
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate  Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of hirth verified by:
Other (Specify)	Date of birth verified by:  Birth Certificate  Judicial Decree
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes	Other(Specify)
If answer is "yes", has the adjudication been removed?  No  Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?  Now Yes
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No. Yes   No. Ye	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?  No X Yes   6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
	La Charles Called State Control
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No Yes  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Larry Dean Smith	8. Full name of father Robert Eugene Miles
Residence of father (if deceased so state) Indianapolis, /W	Residence of father (if deceased so state) Indiampolis, ///
Birthplace of father (State or foreign country) Tlinois	Birthplace of father (State or foreign country) Illimis
9. Full maiden name of mother Brycerty Kay Owen	9. Full maiden name of mother Volma Incz Welch
Residence of mother (if deceased so state) Indiampolis, //	Td: modis ///
Tiliana	
Birthplace of mother (State or foreign country)  State of Indiana,  I denote and state the information given	Birthplace of mother (State or foreign country) ICNOC35EC  State of Indiana, ITALIAN COUNTRY I depose and state the information given
State of Indiana,  HENDRICKS  ss: I depose and state the information given in this application is the and correct.	State of Indiana, HENDRICKS  ss: I depose and state the information given in this application is true and correct.
Michael Swith	Modern Los Milles
Signed 18 Box 707 11-1	RR DIVXV 1343H-1 INDOS
New Address 1 1 1 0 DOA STS - FI	New Address 10 August 50
Subscribed and sworn to before me this day of August 1907.	Subscribed and sworn to before me this day of August 1907.  HENDRICKS
May Jan Kussu Clerk HENDRICKS Circuit Court	May Jane Russel Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which reduct the control of
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS Sss:	County of
Signed Father	SignedFather
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Subscribed and sworn to before me this	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above hamed parties, the
in authorizes and directs the issuance	JI & Marting
RETURN OF MARRIAGE LICENS	E AND MARKIAGE CHARLES HENDRICKS Circuit Court
We at Remembered there was filed in my office a marriage ucer	87 the joining together as husband and wife
of Indiana dated the day of day of	BOBBIE LEE MILES  office, to-wit:
Be it further remembered the following marriage certificate was just	22nd day of AUGUST
I,	at BROWNSBURG , County of BROWNSBURG,
State of I. I'm C	County State of LN
State of Indiana, Groom	HENDRICKS HENDRICKS
and, Bride BOBBIE LEE MILES of were by me united in marriage as authorized by a marriage license issued for County.	that purpose by the Clerk of the Circuit Court of
County.	Signed /s/ JERRY R. NASH
Dated this 22nd day of AUGUST , 1987	DACTOR
	Official DesignationPASIONPASION
Filed and recorded in accordance with the laws of the State of Indiana this	CIETA
source in accordance with the tasks of	Signed HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE File_ 8-11-87 Date of Applica

Arr you required to any owner of

Count: of HENDRICKS

Form Prescribed By Indiana State Board of Health under Authority  APPLICATION FOR MAINTENANCE MENDRICK	S County Date of Application
of I.C. 31-1-3-2 Effective July 1. 1977	FEMALE Medical Examination Report Dated  8-4-87
MALE Medical Examination Report Dated  \$\int \frac{\\$/4/87}{\}	6 Physician Cora Getthe Jellies
Name of Physician Ora Beth Lewes	Name of Frysician  ever.procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who	FEMALE APPLICANT
MALE APPLICANT	Name First Middle She Plast
Name Eight A Middle Gevans	Date of Birth Month Day Year 7
Date of Birth Month Day 1944	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address . Street or R. R. City County State
Residence Address Street or R. R. Holye Kludeleky State	1030/ Ky Neway Married OR
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment L	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Dudicial Decree	Other (Specify) Alevers Filense
Other (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Ves D  2. Are you afflicted with a transmissible disease?  No Ves D
2. Are you afflicted with a transmissible disease?	Are you related to the male applicant closer than second cousin?  No D yes D
3. Are you related to the female applicant closer than second cousin:  No  Yes   No  Yes	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?  No Yes	5. Are you now under the influence of a narcotic drug?  No Yes D  6. List the full names of any dependent children.
6. List the full names of any dependent children.	b. List the full mands of the
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No Yes O
dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father there of the surans	8. Full name of father Consideration College Level
Residence of father (if deceased so state) The first state of father (State or foreign country)	Residence of father (II deceased so state)
9. Full maiden name of mother Madelene Rolling Valdis	Birthplace of father (State or foreign country)  9. Full maiden name of mother August Mary Mary Malker
Residence of mother (if deceased so state) Adply In.	Residence of mother (if deceased so state) Le Langelle Jadiane
Birthplace of mother (State or foreign country) Sudleand	Birthplace of mother (State or foreign country) Indiana
State of Indiana.  County of HENDRICKS  Bas: I depose and state the information given in this application is true and correct.	State of Indiana,  HENDRICKS    I depose and state the information given in this application is true and correct.
Signed Halast & Marian	County of 112 All All All All All All All All All Al
New Address.	Signed Julian B. Shewarm
Subscribed and sworn to before me this // the day of Clegast 1987	Subscribed and sworn to before me this day of Celegrist, 1987.
Mary Jane Klassellark HENDRICKS Circuit Court	maret ane Russelford HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS ss:	State of Indiana,
Signed	County of HENDRICKS ss:
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me thisday of	SignedMother
Clerk	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF	Clerk
HENDRICKS County COUNTY	RT. A marriage license having been refused to the above named parties, the Court by written order issued
authorizes and directs the issuance	of a management issued.
RETURN OF MARRIAGE LIGHT	to the above named parties.
of Indiana dated the 15 th day of thought	SE AND MARRIAGE CERTIFICATE  ense issued by the clerk of the HENDRICKS  Circuit Court  and JUDITH B. SHELBURN  hereby certify that on the
The tollowing a	the state of the s
one thousand nine hundred and	office, to-wit:  hereby certify that on the 29th day of Aug.
State of Indiana, Groom	at the day of Allo
Company as authorized by a	Man-County, State ofFN
Dated this 29th day of Aug., 1987	That purpose by the Clerk of the Circuit Court of HENDRICKS  County, State of IN  HENDRICKS  HENDRICKS
, 1987	C.
Filed and recorded in accordance with the laws of the State of T.	Signed /S/ CHRIS E. WYNN Official Designation MINES
Indiana this	Official Designation MINISTER  5th day of OCT
	Signed /S/ CHRIS E. WYNN  Official Designation MINISTER  5th day of OCT. 19.87  Clerk  HENDRICKS Circuit Court
	HENDRICKS Circuit Court

MALE

Medical Examination Report Dated_

### STATE OF INDIANA

7-31-87

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

No. 382 File_

8-12-87
Date of Application

Medical Examination Report Dated 7-31-87	FEMALE Date of Application
Name of Physician Robert D. Aiello	Medical Examination Report Dated 7-13-87
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "Falso state	Name of Physician Larry D. Lovall
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	ever procures the issuance of a license to marry by any false statement, representation or pretence
Name First Middle Lock	The state of the s
Robert Jackson Ayers	Name First Middle
Date of Birth	Date of Birth Month Pattison
Place of Birth (State or foreign country)    UPS+ Virginia   Posidence Address   Street or R. R.   City   Country	Place of Birth (State or foreign country)
Residence Address Street or R. R. Cley County State	Residence Address Sharing Thougha
2016 S. Lynnurs+ Fndpls. Mac. III  Previous Marital Status: Never Married OR	RI Box 464 Street or R. R. City County State  Coatesville Hen. IN
Previous Marital Status. Never Marited Status.	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
	Date of birth verified by: Birth Certificate  Judicial Decree
Other (Specify)	Other(Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Yes   Yes   No	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin? Note Yes	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No. Yes  No.
6. List the full names of any dependent children.	6. List the full names of any dependent children.
John David Ayers	Jonathon Travis Pattison
Tim Robert Ayers	Carrie Eliza Patison
	Carrie Errea (arrison)
7. Are you required by any court order or orders to support the above	7. Are you required by any
dependent children? No□ Yes□	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Hope or Orders issued for their support.  A yers	compliance with any court order or orders issued for their support.
denegrad	8. Full name of father John Chester Wicker
	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Louda Maude Williams	9. Full maiden name of mother Lillian Marie Richards
Residence of mother (if deceased so state) Hoole, West Urginia	Residence of mother (if deceased so state) Beechgrove, IN.
Birthplace of mother (State or foreign country) West Virginia	Todiana
County of HENDRICKS  State of Indiana, HENDRICKS  I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  88: I depose and state the information given in this application is true and correct.
Signed Rolling Jayers	Signed Tope Clex Lattison
New Address 2015 5 Lynhurs T	New Address 2015 D. Dyr Burst
Subscribed and sworn to before me this 12 day of Quiguet 1987	Subscribed and sworn to before me this 12 day of August , 1987.
	Subscribed and sworn to before the this.
Mary Jane Russell Clerk HENDRICKS Circuit Court	mary Jane Russell Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which tender
The state of the s	
State of Indiana,	State of Indiana, HENDRICKS } ss:
County of HENDRICKS ss:	County of
Signed Father	Signed
	Signed Mother
	Subscribed and sworn to before me thisday of
Subscribed and sworn to before me thisday of 19	Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
n. directs the issuance of	I a marriage
DESIGNATION OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
The At Remembered there was filed in my office a marriage licen	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the
Be It Remembered, there was filed in my office a marriage licen of Indiana dated the day of	, 19 authorizing the joining together as husband and wife
The state of the s	
MIKE BULLARD	at HOPE UNITED PRESBYTERIAN CHURGHaty of HENDRICKS
thousand nine hundred and 87	MARION County, State of
PORERT JACKSON ALLING	County State of IN
ROBERT JACKSON AYERS  and, Bride ROSE ELLEN PATTISON of control of the control of	hat purpose by the Clerk of the Circuit Court of
vere by me united in marriage as authorized by a marriage license issued for to county.	
10.07	/e/ MIKE BULLARD
	MINICERP
	16.th day of SEPT., 19.81
Filed and recorded in accordance with the laws of the State of Indiana this	16th day of SEPT Clerk Signed HENDRICKS Circuit Court
	Circuit Source

# APPLICATION FOR MARRIAGE LICENSE

383 File. 8 -8-12-87
Date of Application

Form Prescribed By	TION FOR M	MARRIAGE LICENSE	rile	8
PROBLEM GROUPS ASSESSMENT	HENDRICK	County	Da	8-12-87 te of Application
of I.C. 31-1-3-2 Effective July 1, 1977				
		FEMALE	ed8-	11-87
MALE 9-1/-8	7	Medical Examination Report Dat	2 -1	
Medical Examination Report Dated	7	Name of Physician		
Name of Physician M. L. Neely, M		progres the issuance of a license to marry by	cany false stateme	nt, representation or pretence
	Palse statement - Whoe	ver procures on	A DDI ICANI	THE PARTY OF THE P
shall be fined in any sum not exceeding		FEMALE	APPLICANT Middle	
MALE APPLICANT	Last	Name Perstand	Milage.	ak Last
Name Direct O Middle Otar	uper.	Date of Birth Month	Day 12	Year
Date of Birth Month Day	35	Place of Birth (State or foreign country)	000	37
Place of Birth (Stage or foreign country)		reducado,	ger.	County
Residence Address Street or R. R. Oly County	State	Residence Address Street or R. R. 404 N. 325 W.	Nan	selle In
109 Parkridge N. Ohna	elle, in.	Previous Marital Status: Never Married OR		late to be in leaves a reason
Previous Marital Status: Never Married OR		Last Marriage Ended By: Death Divorce	nnulment 🗆	The design Committee of
Last Marriage Ended By: Death Divorce Annulment		Date of birth verified by: Birth Certificate	Judicial Decree	Was alleged by the later of the
Date of birth verified by: Birth Certificate Judicial Decree		6	Pin	
* Other (Specity) Driver's Ricers	_	Other (Specify) Ornalis	nce	ne
1. Are you now or have you ever been adjudged to be of unsound mind?	N Yes 🗆	1. Are you now or have you ever been adjudged to b		No Yes □
If answer is "yes", has the adjudication been removed?	No Yes	If answer is "yes", has the adjudication been remo	ved?	No□ Yes□
2. Are you afflicted with a transmissible disease?	No Yes -	<ol> <li>Are you afflicted with a transmissible disease?</li> <li>Are you related to the male applicant closer than</li> </ol>	second cousin?	No Yes D
3. Are you related to the female applicant closer than second cousin?	N Yes O	Are you related to the male applicant closer than     Are you now under the influence of intoxicating l		No Yes D
4. Are you now under the influence of intoxicating liquor?	No Yes I	Are you now under the influence of intoxicating in the second of th		No Yes D
5. Are you now under the influence of a narcotic drug?	No Tes	6. List the full names of any dependent children.		Yes
6. List the full names of any dependent children.				
				and the same of
				THE PERSON NAMED IN
7. Are you required by any court order or orders to support the above dependent children?	No□ Yes□	7. Are you required by any court order or orders to dependent children?	support the above	No□ Yes□
If answer is "yes", it is required that this Application be accompanied by satisfactor		If answer is "yes", it is required that this Applica	tion be accompanied	
compliance with any court order or orders issued for their support.	-	compliance with any court order or orders issue		or that you are in
8. Full name of father James Milton XI	amper	8. Full name of father Melaen	Law	ell Clear
Residence of father (if deceased so state)	e ·	Residence of father (if deceased so state)	eder:	10 14
Birthplace of father (State or foreign country) News	for a second		24. 10	-7
Me 'and of 'a	1. 73	Birthplace of father (State or foreign country)	male	om In
9. Full maiden name of mother.	e rays	9. Full maiden name of mother	lyn 1	gruce
Residence of mother (if deceased so state) Tolle U.	Va.	Residence of mother (if deceased so state)	tana	elle In
Birthplace of mother (State or foreign country) U. Da.		Birthplace of mother (State or foreign country)	70111	P. A. 900
State of Indiana, HENDRICKS as: I depose and state the	information given	State of Indiana,	again	cuy, en
County of in this application is	true and correct.	County of HENDRICKS	ss: I depose an	d state the information given dication is true and correct.
Ingred Ward N Storm		~ (Xool)	20000	Vin Alexander
Y New Address SAME AS ABOVE		Signed	The b	il consum
Subscribed and smorn to before me this 12 th day of aug	net 1987	XNew Address	rarne	age of
Many purkussell Gerk HENDRICKS	\$	Subscribed and sworn to before me this.	2 day of	My 19. 87
	Circuit Court	many parkersel	Clerk H	ENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONCENT		
We, the parents, of this applicant hereby give consent for this marriage. I	If only one	CONSENT OF PARENTS, PARENT OR GU.		
signs, state facts which render the consent of the other parent unnecessar,	only one parent	We, the parents, of this applicant hereby give	consent for this	marriage. If only one parent
parent unnecessar	у	signs, state facts which render the consent of		
			1.000	
State of Indiana, Grunty of HENDRICKS } as:				
		State of Indiana, County of HENDRICKS		
Signed		County of HENDRICKS	8:	
Signed .	Father	Signed		Father
Subscribed and sworn to before me this	Mother			***************************************
uny of	19	Subscribed and sworn to before a thin		Mother
COMPLETE	Clerk	Subscribed and sworn to before me this	day of	, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORD HENDRICKS County authorizes and direct	DER OF CO.			Clerk
in County	OF COURT.	A marriage license having been refuse t by written order issued	and to the	named nameios the
authorizes and direc	ts the issue	t by written order issued.	sed to the abo	ve named parties, and filed
RETURN OF MARR	the issuance of	a marriage license to the above named a		and mo
me m Kemembered, there was fled in MARR	CIAGE LICENSE	AND 33	arties.	
day of	inge license	issued by the clerk of the H  , 19 authorizing the jee, to-wit:	ENDRICKS	Cinneit Court
Be it further remembered, the following marriage certificate w  I. JOHN C. MOWRER  one thousand nine hundred and 87  State of Indiana, Groom	0	, 198 authorisi		
to the second se	as crand	the je	uning together	as husbana and wy
THE CONTRACTOR MANY ASSESSMENT A			********	
one thousand nine hundred and 87  State of Indiana, Groom DON D. STAMPER and Bride REOLOMA S. AKINS were by me united in marriage as authorized by a marriage lice County.  Dated this 17th day of AUGUST	of:	ENDRAGE	County of	HENDRICKS
County.	of	Cov.	nty. State of	T.N
Dated this 17th	ense issued for the	t purpose	nty State of	IN
day of AUGUST	***************************************	purpose by the Clerk of the Circuit Co	urt of	HENDRICKS
	70 97		w/ 0 0/	***************************************
Filed and recorded in accordance with the laws of the State of	0.0	Signed /s/ JOHN C.	MOWDER	Will Folial
of the State of	Indiana this	icial Designation JUDGE PR-TEM	PORE	
	~	18th day of Allows	- OKE	
	Si	gned \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		19 8.7

HEND

CONSENT OF PARENTS We, the parents, of this ap-

County of HENDRI

COMPLETE IF MARRI HENDRICKS De It Reme

... Circuit Court

MALE

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

8-/3-87
Date of Application

File_

Medical Examination Report Dated 8-6-87	FEMALE
Name of Physician Toskan	Medical Examination Report Dated 8-6-87
OUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 proposite days	Name of Physician Deferm
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	The state of the s
Name First Olland Girls Last	Name First Middle
Date of Birth Month Day Year	Date of Birth Manth Seemed Ward
Place of Birth (State or foreign country)	Month Day Year
Street or R.R. City	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	283 N. Vine Plainties In.
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate  Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
	Date of birth verified by: Birth Certificate  Judicial Decree
Other (Specify)	Other(Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?  No O Yes O	If answer is "yes", has the adjudication been removed? No□ Yes□
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?  No D Yes D  4. Are you now under the influence of intoxicating liquor?  No D Yes D	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug?  No Yes	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
	Haved C. Ward
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No Yes
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mirid C. Dirdley	8. Full name of father Americal Atter
Residence of father (if deceased so state) Danuelle, An	Residence of father (if deceased so state) Plainfield .
Salar Constant of the Constant	A
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother 1990 1990 1990 1990 1990 1990 1990 199	9. Full maiden name of mother Tarrilla Jewsome
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS    sa: I depose and state the information given in this application is true, and correct.	State of Indiana, HENDRICKS    State of Indiana, HENDRICKS   HENDRICKS   Sa: I depose and state the information given in this application is true and correct.
County of HENDRICKS in this application is true, and correct.	County Classical County
Signed Jeffery Allow Stally	Signed Bloudes & Would
New Address 2834 Wide Plaidficipa	New Address 283N. USW Place God Tro
12 11 11	Subscribed and sworn to before me this 13 day of 1987
Subscribed and sworn to before me this day of HENDRICKS	Maken Day Russell Clerk HENDRICKS Circuit Court
Clerk Circuit Court	the state of the s
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
	We, the parents, of this applicant hereby give consent for this marriage. It only one parent
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. It only one parent signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary.
State of Indiana.  County of HENDRICKS  State of Indiana.  Father	signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS
State of Indiana.  County of HENDRICKS ss:  Signed Mother	signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of.  Signed.  Father  Signed.  Mother
State of Indiana.  County of HENDRICKS  State of Indiana.  Father	signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of.  Signed.  Father  Signed.  Mother
State of Indiana.  County of HENDRICKS   ss:  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19	State of Indiana, HENDRICKS  Signed.  Mother
State of Indiana.  County of HENDRICKS   ss:  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19	State of Indiana, HENDRICKS  Signed
State of Indiana.  County of HENDRICKS   ss:  Signed Mother  Subscribed and sworn to before me this day of 19	State of Indiana, HENDRICKS  Signed
State of Indiana.  County of HENDRICKS   Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTED INCIDENCE.	signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of.  Signed  Father  Signed  Mother  Subscribed and sworn to before me this
State of Indiana. County of HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County	State of Indiana, HENDRICKS  Signed
State of Indiana.  County of HENDRICKS   ss:  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County (County of Marriage) authorizes and directs the issuance of the other parent unnecessary.  State of Indiana.  Father  Signed Mother  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County Co	State of Indiana.  HENDRICKS  Signed  Signed  Signed  Signed  Mother  Subscribed and sworn to before me this.  Clerk  T. A marriage license having been refused to the above named parties, the part by written order issued.  and filed of a marriage license to the above named parties.
State of Indiana. County of HENDRICKS }ss:  Signed Mother Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County in authorizes and directs the issuance of authorizes are authorizes and directs authorizes are authorized authorizes.	State of Indiana, HENDRICKS  County of Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the part by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS  Circuit Court
State of Indiana. County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County Cou	State of Indiana, HENDRICKS  Signed
State of Indiana.  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County authorizes and directs the issuance of Indiana dated the day of 19 Clerk  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT Authorizes and directs the issuance of Indiana dated the day of 19 Clerk	State of Indiana, HENDRICKS  County of.  Signed.  Signed.  Subscribed and sworn to before me this.  T. A marriage license having been refused to the above named parties, the nurt by written order issued.  and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Isse issued by the clerk of the.  Signed.  Clerk  Clerk  Clerk  T. A marriage license having been refused to the above named parties, the nurt by written order issued.  and filed and signed.  E AND MARRIAGE CERTIFICATE  Isse issued by the clerk of the.  Signed.  Authorizing the joining together as husband and wife and BRENDA. JOANN. WARD.
State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Cerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  in authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE  Be it Remembered, there was filed in my office a marriage licen day of 4 Cert Marriage licen day of 19 Cert Marriage lice	State of Indiana. HENDRICKS  Signed
State of Indiana.  County of HENDRICKS   ss:  Signed Mother  Subscribed and sworn to before me this day of 19 Cerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County in authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County Coun	State of Indiana, HENDRICKS  County of Signed Mother  Subscribed and sworn to before me this day of learning license having been refused to the above named parties, the nurt by written order issued and fled a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court as issued by the clerk of the learning the joining together as husband and wife large ind BRENDA JOANN WARD fice, to-wit:  hereby certify that on the 27thday of AUGUST hereby certify that on the learning license issued hereby certify that on the learning fice, to-wit:  hereby certify that on the learning the parties of the learning the parties of the learning
State of Indiana.  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  in authorizes and directs the issuance of the day of 19.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  Be It Remembered, there was filed in my office a marriage licer of Indiana dated the day of 19.  Be it further remembered, the following marriage certificate was filed in my of 19.  Be it further remembered, the following marriage certificate was filed in my of 19.	State of Indiana, HENDRICKS  Signed
State of Indiana.  County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County in authorizes and directs the issuance of Indiana dated the day of Marriage licens filed in my office a marriage licens of Indiana dated the JEFFERY ALLAN GIRDLEY  Be it further remembered, the following marriage certificate was filed in my of I. MARY JANE RUSSELL one thousand nine hundred and 87	State of Indiana, HENDRICKS  Signed
State of Indiana.  County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19	State of Indiana, HENDRICKS  Signed
State of Indiana.  County of HENDRICKS } ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19	State of Indiana.  HENDRICKS  Signed  Signed  Subscribed and sworn to before me this.  A marriage license having been refused to the above named parties, the nurt by written order issued.  And filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Are issued by the clerk of the.  BRENDA JOANN WARD  office, to-wit:  hereby certify that on the.  DANVILLE  ADANVILLE  ALE DANVILLE  ALE DANVILL
State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of PETURN OF MARRIAGE LICENSE  In authorizes and directs the issuance of Indiana dated the day of Marriage licer of Indiana dated the day of Marriage certificate was filed in my of I. MARY JANE RUSSELL one thousand nine hundred and ST.  State of Indiana, Groom JEFFERY ALLAN GIRDLEY and Bride Marriage as authorized by a marriage license issued for County.  BEENDA JOANN WARD OF MARRIAGE LICENSE STATES ALLAN GIRDLEY and Bride BRENDA JOANN WARD OF MARRIAGE LICENSE STATES ALLAN GIRDLEY and Bride BRENDA JOANN WARD OF MARRIAGE LICENSE STATES ALLAN GIRDLEY and Bride BRENDA JOANN WARD Were by me united in marriage as authorized by a marriage license issued for County.	State of Indiana.  State of Indiana.  County of.  Signed.  Signed.  Subscribed and sworn to before me this.  T. A marriage license having been refused to the above named parties, the parties by written order issued.  If a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Itse issued by the clerk of the.  Itse issued by the clerk of the.  Subscribed and wife insued.  And BRENDA JOANN WARD.  Signed.  Father  Mother  Mother  Aday of.  Itse insued parties, the parties insued.  And filed in a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Itse issued by the clerk of the.  Itse issued by the clerk of the.  August.  Thereby certify that on the.  27thday of.  HENDRICKS.  August.  August.  HENDRICKS.  County, State of.  IN  HENDRICKS.  County, State of.  HENDRICKS.  TIN  HENDRICKS.  County, State of.  HENDRICKS.  TIN  HENDRICKS.  County, State of.  HENDRICKS.  TIN  HENDRICKS.  TIN  HENDRICKS.  TIN  HENDRICKS.
State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of PETURN OF MARRIAGE LICENSE  In authorizes and directs the issuance of Indiana dated the day of Marriage licer of Indiana dated the day of Marriage certificate was filed in my of I. MARY JANE RUSSELL one thousand nine hundred and ST.  State of Indiana, Groom JEFFERY ALLAN GIRDLEY and Bride Marriage as authorized by a marriage license issued for County.  BEENDA JOANN WARD OF MARRIAGE LICENSE STATES ALLAN GIRDLEY and Bride BRENDA JOANN WARD OF MARRIAGE LICENSE STATES ALLAN GIRDLEY and Bride BRENDA JOANN WARD OF MARRIAGE LICENSE STATES ALLAN GIRDLEY and Bride BRENDA JOANN WARD Were by me united in marriage as authorized by a marriage license issued for County.	State of Indiana, HENDRICKS  Signed
State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of PETURN OF MARRIAGE LICENSE  In authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE  Be it further remembered, the following marriage certificate was filed in my of I, MARY JANE RUSSELL one thousand nine hundred and ST State of Indiana, Groom JEFFERY ALLAN GIRDLEY and, Bride BRENDA JOANN WARD of were by me united in marriage as authorized by a marriage license issued for County.  Dated this 2.7th day of AUGUST 19.87.	State of Indiana.  County of Signed Father Signed Mother Subscribed and sworn to before me this day of a marriage license having been refused to the above named parties, the nurt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court is is see issued by the clerk of the county of HENDRICKS at DANVILLE County, State of IN HENDRICKS County State of IN HENDRICKS C
State of Indiana.  County of HENDRICKS  Signed	State of Indiana.  County of HENDRICKS  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court and se issued by the clerk of the fiftee, to-wit:  Mereby certify that on the 27thday of HENDRICKS at DANVILLE County, State of IN  HENDRICKS County, State of IN  HENDRICKS County, State of IN  HENDRICKS County, State of IN  Signed /s/ MARY JANE RUSSELL  Official Designation CLERK HENDRICKS CO  27th day of AUGUST 1987.  AUGUST 1987.  Clerk
State of Indiana. County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of PETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  in authorizes and directs the issuance of Indiana dated the day of Marriage licer of Indiana dated the day of Marriage certificate was filed in my office a marriage licer of the further remembered, the following marriage certificate was filed in my of I, MARY JANE RUSSELL one thousand nine hundred and S7  State of Indiana, Groom JEFFERY ALLAN GIRDLEY and, Bride BRENDA JOANN WARD of were by me united in marriage as authorized by a marriage license issued for County.	State of Indiana.  County of Signed Father Signed Mother Subscribed and sworn to before me this day of a marriage license having been refused to the above named parties, the nurt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court is is see issued by the clerk of the county of HENDRICKS at DANVILLE County, State of IN HENDRICKS County State of IN HENDRICKS C

# APPLICATION FOR MARRIAGE LICENSE

385

File	
	8-13-87
	Date of Application

County of HENDRICKS

CONSEST OF PARENTS PAR

Form Prescribed By Indiana State Board of	diana State Board of AFF LICE		
Health under Authority	HENDRIC	KSCounty	Date of Application
Effective July 1. 1977		FEMALE Percet Dat	8-13-87
	2 12 87	Medical Examination Report Day	1. O. Theman
MALE Medical Examination Report Dated	8-13-01	Name of Physician Manuel	Was Frankovel
Le dame	la Kammee	the issuance of a license to marry b	y any false statement, representation or pretense
Name of Physician Le Answered. LC  ALL QUESTIONS MUST BE ANSWERED. LC	31-1-3-6 prescribed "False statement-Who	pever procures the manual procure the manual procures the manual procure the manual	APPLICANT
			Middle La
MALE APPLI	( Last)	Name Sanded	J. Timetart
	idale Trilles	Date of Birth Month	Day Year 1956
	Day Year	Place of Birth (State or foreign country)	ndiana)
Place of Birth (State or foreign country)	1		-City County / States
Syla	City. Coyhty State	Residence Address Street or R. R.	mulle Hendrecke In
27 Martin arene das	wille Hendrick S	Previous Marital Status: Never Married OR	from head picel
Previous Marital Status: Never Married OR		Finded By: Death Divorce	Annulment
Last Marriage Ended By: Death Divorce Annuln	nent 🗆	Date of birth verified by: Birth Certificate	Judicial Decree
Date of birth verified by: Birth Certificate Judici	ial Decree	Ale	40 Liaenso)
Breners!	Luciuse	Other (Specify)	be of unsound mind? No Yes D
Other (Specify)      Are you now or have you ever been adjudged to be of un	nsound mind?	Are you now or have you ever been adjudged to	noved?
If answer is "yes", has the adjudication been removed?	No = /1 es	If answer is "yes", has the adjudication been ren  2. Are you afflicted with a transmissible disease?	No D Xes D
2. Are you afflicted with a transmissible disease?	No Yes O	Are you afflicted with a transmission     Are you related to the male applicant closer that	
3. Are you related to the female applicant closer than second	nd cousin?	Are you now under the influence of intoxicating	liquor? No Yes D
4. Are you now under the influence of intoxicating liquor?	No T Yes	5. Are you now under the influence of a narcotic d	rug? No D Yes D
5. Are you now under the influence of a narcotic drug?	No 2 Tes 2	6. List the full names of any dependent children.	
6. List the full names of any dependent children.			
7. Are you required by any court order or orders to suppor	rt the above	7. Are you required by any court order or orders t	o support the above
dependent children?	No L Yes L	dependent children?  If answer is "ves", it is required that this Applica	ation be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be	,	compliance with any court order or orders issue	
compliance with any court order or orders issued for the	(de) Welles	8. Full name of father	Kelph Lingleton
1 Only	leana)	n n	niville Indiana
Residence of father (if deceased so state)	ed in it	Residence of father (if deceased so state)	Ondiana
Birthplace of father (State or foreign country)	caeana)	Birthplace of father (State or foreign country)	Indiana.
9. Full maiden name of mother	eastawyer	9. Full maiden name of mother Medal	ra Han Craig
Residence of mother (if deceased so state)	elle dov.	Residence of mother (if deceased so state)	enville In.
Birthplace of mother (State or foreign country)	ensace 4)		Indiena)
State of Indiana	I denote and state the information since	Birthplace of mother (State or foreign country)  State of Indiana,	
County of HENDRICKS	I depose and state the information given in this application is true and correct.	County of HENDRICKS	ss: I depose and state the information given in this application is true and correct.
Larry	(1. Willis		1 P. Lank
Signed 27 Project	lin De	Signed M. M. C.	a J. Morenay
New Address	1 1 00	New Address	Taxten Dr. Canulle
Subscribed and sworn to before me this.	day of all gut, 190	Subscribed and sworn to before me this	3th day of leglett, 1981
mary fine nussell	Clerk HENDRICKS Circuit Court	Mary pue Reesse	Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIA		CONSENT OF PARENTS, PARENT OR GU	JARDIAN
We, the parents, of this applicant hereby give cons		We, the parents, of this applicant hereby give	ve consent for this marriage. If only one parent
signs, state facts which render the consent of the	other parent unnecessary	signs, state facts which render the consent of	
		Tender the consent of	of the other parent unnecessary
State of Indiana.			
County of HENDRICKS 88:		State of Indiana,	
		County of HENDRICKS	88:
Signed	Father	8:	Father
Signed	Mother	Signed	
Subscribed and sworn to before me this	day of 19	II	Mother
		Subscribed and sworn to before me this	day of, 19,
COMPLETE IS NAMED	Clerk		
COMPLETE IF MARRIAGE LICENSE HENDRICKS County in Clerks They	ISSUED BY ORDER OF COUR	RT A man	
in Clarks Delin County	Cercuit	RT. A marriage license having been refourt by written order issued.	fused to the above named parties, the
man and the first of	authorizes and directs the issuance	of a written order issued	day warrer and filed
of Indiana data it is semembered, there a	vas filed in my office a marriage li	SE AND MARRIAGE CERTIFICATE  the issued by the clerk of the	
Be it further remembered, the following n  I, DALORES GA  one thousand nine hundred and	day of	nse issued by the clerk of the	HENDRICKS Circuit Court
the following n	name a	, authorizing the	joining together as husband and wife
I, DALORES GA	IL SPARKS	office, to-mat.	Jonney together as made and
one thousand nine hundred and  State of Indiana, Groom LA and, Bride SANDRA J.  were by me united in marrial	07	and SANDRA J. RINEHART office, to-wit: hereby certify that on the 14th at	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
State of Indiana, Groom	PDV A	at Dipar	day of AUGUS1
DANDRA .	DTATES		Contactor of DARKE
State of Indiana, Groom	zed by a	HENDRICKS	County, State ofIN
were by me united in marriage as authoric County.  Dated this 14th day of	oy a marriage license issued for	HENDRICKS  that purpose by the Clerk of the Circuit	County, State of IN
day of	AUGUST, 19 87	purpose by the Clerk of the Circuit	Court of HENDRICKS
	, 19.87		
Filed and recorded in accordance with the	The state of the s	Signed	ES GAIL SPARKS
with the	laws of the State of Indiana the	Official Designation CLERK PARE  19th AUGUST	KE CIRCULE COUPE
	this	Signed August	r 87
		Signed Many Jane Angles	7 , 19 87
		Market Market	HENDPICKS : Court
			Circuit Com

MALE

Medical Examination Report Dated

Name of Physician Welle

MALE APPLICANT

### STATE OF INDIANA

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

MALE APPLICANT

APPLICATION FOR MARRIAGE LICENSE HENDRICKS

_County

Name of Physician.

Medical Examination Report Dated

FEMALE

No	386	
		MARKET NO.

Date of Application

Name Finst	Middle	la De Last	Name Final APPLICANT
Date of Birth Mon	Day	Schlundt	Middle /2 Last
//	KILL 10	1961	Date of Birth Month Day Day
Place of Birth (State or fore)	Holler	G. 0	Place of Birth (State or foreign country)
Residence Add.	treet or R. R. City	County State	Residence Add Buch Those Marie
	nas Pa Si	ellyseel Shelly	3/2 Street of R. R. Dicity County States
Previous Marital Status Never	Married OR	1	July De (flantfuld (Hend.) on.
Last Marriage Ended By: Deat	h Divorce Annulment	Brad of last investigation	Previous Marital Status: Nover Married OR
Date of birth verified by Bi	rth Certificate  Judicial Decr	te and the Land of the Land	Last Marriage Ended By: Death Divorce Annulment
	breun licen		Date of birth verified by: Birth Certificate Judicial Decree
U Other (Specify)	2275	-	Other (Specify) Augusts Richard
	been adjudged to be of unsound n	nind? No Yes O	
If answer is "yes", has the adj		No□ Xes□	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes
2. Are you afflicted with a trans	missible disease?	No D Yes D	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?
3. Are you related to the female	applicant closer than second cousi	n? No Yes 🗆	10 - 100 -
4. Are you now under the influen	nce of intoxicating liquor?	No TYes D	3. Are you related to the male applicant closer than second cousin?  No □ Yes □  4. Are you now under the influence of intoxicating liquor?  No □ Yes □
5. Are you now under the influen	nce of a narcotic drug?	No D Yes D	
6. List the full names of any dep	endent children.		Are you now under the influence of a narcotic drug?      Nod Yes      List the full names of any dependent children.
			P.Vo
			- Olen Tyler Drewsler
	t order or orders to support the ab		7. Are you required by any court order or orders to support the above
dependent children?		No□ Yes□	dependent children?
		nied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
	der or orders issued for their suppo	a lall of	compliance with any court order for orders issued for their support.
8. Full name of father	ove Michael	Schlinger	8. Full name of father Derge Clifford Lalensan
Residence of father (if deceased	so state) Valpa	caso, In	Residence of father (if deceased so state) Cleating In.
Birthplace of father (State or fo	man country States	na	
	Real	Le Co	Birthplace of father (State or foreign country)
9. Full maiden name of mother	1 menning	Agin alex	9. Full maiden name of mother Belty Responding They
Residence of mother (if decease	d so state) Valp	wass, In.	Residence of mother (if deceased so state) Chapter &
Birthplace of mother (State or f	Jan Company	leans	Barton
State of Indiana,	1		Birthplace of mother (State or foreign country)  State of Indiana.
County of HENDRICE	KS ss: I depos	se and state the information given application is true and correct.	State of Indiana, HENDRICKS  Ba: I depose and state the information given in this application is true and correct.
	4 / 041	1-	4:0 W. A
Signe	Sary Schlus		Signed A 24 Thill State
New Addres	1025 Amos Ko	d. Shabbyville In. 46	16 New Address 1025 Church Pd. Shellyfulle
Subscribed and sworn to befor		of aliquet 1987	Subscribed and sworn to before me this day of Myss, 19. 8
1) Vine a		HE IDDICAT	2 constitution of the cons
1 May poss &	Masself Clerk	Circuit Court	Tymy first Sussell Clerk HENDRICKS Circuit Court
10		THE PARTY NAMED IN	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, P.	ARENT OR GUARDIAN		
We, the parents, of this appli	cant hereby give consent for	this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which rende	er the consent of the other pa	arent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
		***************************************	
		***************************************	
State of 1-4			State of Indiana,
State of Indiana. County of HENDRIC	CKS } ss:		State of Indiana, HENDRICKS County of
W. The state of th	)		SignedFather
Signed		Father	Mother
Signed		Mother	Signed
			Subscribed and sworn to before me thisday of
and sworn to befor	re me thisday		Clerk
No.		Clerk	Control of the contro
COMPLETE			JRT. A marriage license having been refused to the above named parties, the
HENDRICKS			
HENDRICKS			
m	autho	rizes and directs the issuance	
		DY OF MAPPIAGE LICEN	ISE AND MARRIAGE CERTIFICATION HENDRICKS Circuit Court
The 711 32 or	nembered there was file	ed in my office a marriage lie	HENDRICKS  Circuit Court cense issued by the clerk of the poining together as husband and wife  1987, authorizing the joining together as husband and wife  LISA J. BREWSTER
of Indiana dated the	17	a August	, 19.0./, authorizing the joining together as hassain and
Canal	T COLLE LINED M		
Be it further remembere	d, the following marria	ge certificate was filed in my	office, to-wit: 22nd day of AugustAugust
I,	V D DOCKETT		to office, to-wit:  thereby certify that on the 22nd day of AUGUST,  at DANVILLE , County of HENDRICKS,  County, State of IN
one thousand nine back	and and	7	at DANVILLE County State of IN
were !	LISA J. BREWS	TER	HENDRICKS County, State of IN HENDRICKS  or that purpose by the Clerk of the Circuit Court of HENDRICKS
County me united in ma	rriage as authorized by	a marriage license issued for	
Dated this		AUGUST, 19.8.	7 CARRIAN DOCUMENT
			CORP
Filed and recorded		of the State of Indiana this.	Official Designation MINISTER  25th day of AUGUST , 19.87  Clerk  Signed Circuit Court
a. coorded in ac	cordance with the laws of	ij the State of The	Signed HENDRICKS Circuit Court

# APPLICATION FOR MARRIAGE LICENSE

No	-01
File_	
	8-14-87

Sate of Indiana Coaty of HE-COROCO

CONSENT OF PARENTS PARENT IN

Date of Application

form Prescribed By ndiana State Board of APPLICA'	TION FOR M	[ARRING2	8-14-8'	
fealth under Authority € 1 € . 31-1-3-2	HENDRICKS	County	Date of App	olication
Effective July 1, 1977		FEMALE Medical Examination Report Dated_	8-4-87	- AW
MALE 8-4-87			A. Grubb	
Medical Examination Report Dated  Name of Physician Stephen C. Heege		Name of Physician Gregory		
Name of Physician Stephen C. Mccgc	Whoel	ver procures the issuance of a license to marry by an	iy false statement, represe	entation or pretense
Name of Physician Stephen C. Heege value of Physician Stephen C. H	alse statement - whoch	FEMALE AP	PLICANT	
ALL QUESTIONS MUST BE ANSWERED, I.C. appear (8500.00)".  shall be fined in any sum not exceeding five hundred dollars (8500.00)".  MALE APPLICANT		Name First	Middle	Last
Middle	Beavers -	Name Shannon Month	Day	Henderson
Steven Kandall	Year	Date of Birth	27	70
Dute of Birth Month Bay	68	Place of Birth (State or foreign country)		
Place of Birth (State or foreign country)	State	Besidence Address Street or R. R.	lainfield He	
Residence Address Street or R. R. City County	Jac. IU.	313 Waysiac	Iquities of the	+N.
1000 Digital II		Previous Marital Status: Never Married OR	wlmont []	
Previous Marital Status: Never Married L OR		Last Marriage Ended By: Death Divorce Ann Date of birth verified by:	dicial Decree	
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree		Date of birth verified by: De Birth Certificate		
Jame of Dirth Vertices by.		Other(Specify)		
Other(Specify)	No E Yes	1. Are you now or have you ever been adjudged to be of	f unsound mind?	No Yes D
L. Are you now or have you ever been adjudged to be of unsound mind?	No□ Yes□	If answer is "yes", has the adjudication been removed	1?	No Yes
If answer is "yes", has the adjudication been removed?	No ♥ Yes □	2. Are you afflicted with a transmissible disease?		No Yes D
Are you afflicted with a transmissible disease?  Are you related to the female applicant closer than second cousin?	No Serves	3. Are you related to the male applicant closer than sec	ond cousin?	No X Yes
Are you now under the influence of intoxicating liquor?	No Yes 🗆	4. Are you now under the influence of intoxicating lique		No Yes O
Are you now under the influence of a narcotic drug?	No Yes 🗆	5. Are you now under the influence of a narcotic drug?		No Yes
List the full names of any dependent children.		6. List the full names of any dependent children.		
and the state of t				
. Are you required by any court order or orders to support the above		7. Are you required by any court order or orders to sup	port the above	N. D
dependent children?	No Yes	dependent children?  If answer is "yes", it is required that this Application	be accompanied by estimate	No Yes
. If answer is "yes", it is required that this Application be accompanied by satisfactory	y proof that you are in	compliance with any court order or orders issued for		ry proof that you are in
Pull name of father Walter Bundy Beavers	3		ayne Hend	lerson
Dogly 1/2 Til			Plainfield 7	N.
har alle la		Residence of father (if deceased so state)	Fndiana	
Birthplace of father (State or foreign country)	000/27	Di dipiace di facilei (blate di foreigne danti)		54
Full maiden name of mother Margie Anne Beavi	612(1)	9. Full maiden name of mother Bachar		Stone hous
Residence of mother (if deceased so state) DEC QQ SEC		Residence of mother (if deceased so state)	lainfield, In	)
Birthplace of mother (State or foreign country) Ohio		Birthplace of mother (State or foreign country)	Indiana	
HENDRICKS I depose and state the	information given	State of Indiana,		e information given
County of HENDRICKS in this application is	true and correct.	County of HENDRICKS	I depose and state the	true and correct.
Signey & Deener		Signed Shan	non Gend	erson.
New Address 7838 BIJHUM II	41104	New Address 7838 C	319 Horn Tr	1 # 1704
Subscribed and sworn to before me thin 14 day of august	t 19.87	Subscribed and sworn to before me this		
Mary Jane Russell Gerk HENDRICKS	S Classic C	A	U	
	Circuit Court	mary Jane Russell	Clerk HENDRICK	Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR GUARI	DIAN	
We, the parents, of this applicant hereby give consent for this marriage.	If only one parent			
igna, state facts which render the consent of the other parent unnecessar		We, the parents, of this applicant hereby give co		
		signs, state facts which render the consent of th	e other parent unnecessa	iry
				······
tate of Indiana				
tate of Indiana, HENDRICKS } **:	-	State of Indiana,		
		County of HENDRICKS ss:		
Signed	Father	Simon Remall 2	Vogue Hender	
Signed	Mother	n D	11. 1	The state of the s
lubscribed and sworn to before me thisday of		Signed Butan n	Menderson	Mother
		Subscribed and sworn to before me this 14	day of augus	2t 198%
OMPLETE IF MARRIAGE LIGHT	Clerk	12	2	
HENDRICKS LICENSE ISSUED BY OR	DER OF COURT			
OMPLETE IF MARRIAGE LICENSE ISSUED BY OR HENDRICKS County Curcuit Clarko office authorizes and dire	Cov	Γ. A marriage license having been refuse art by written order issued. Age waif a marriage license to the above	d to the above nam	ned parties, the
adenorizes and dire	ects the issuance of	a mani	ver	and filed
there was filed in my off-	-	AND MARRIAGE CEDWAR		
			NDRICKS	Circuit Court
ROSS I Bonney marriage certificate	100° 61-1	nd, 19, authorizing the joi	ning together as hu	sband and wife
STEVEN R. BEAVERS  le it further remembered, the following marriage certificate  ROSS J. BORDEN  se theusand nine hundred and  87	was fued in my of	fice, to-wit:		
test of Indiana hundred and 87	h	dereby certify that on the 14th de LINDIANAPOLIS	Attotrom	
of Frank SHANNON STEVEN R. BEAVER	RSa	at INDIANAPOLIS de	ay of AUGUST	
Mills Elfine HENDEDCON	***********	*	Country of MA	DION
sumty. Saye as authorized by a marriage l	1:	HENDRICKS	ty, State ofIN	
ated this 14th day of	issued for t	hat purpose by the Clerk of the Coun	ity, State of IN	PICKS
were by me united in marriage as authorized by a marriage leading.  Authorized this 14th day of AUGUST	, 19.87	of the Circuit Cou	irt of HENL	/KICKO
and and recorded in and		Signed		
"Med and recorded in accordance with the laws of the State of	of Ima:	Signed /s/ ROSS J. 1  Official Designation MINISTER  17th	BORDEN	
Unite of	Indiana this	17th PINISTER		The second second

AUGUST

....Clerk .. Circuit Court

HENDRICKS

Signed.

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

388 File_

HENDRICKS

	County8-14-87
MALE Medical Examination Report Dated 8-5-87	FEMALE Date of Application
Name of Physician Michael Pizzato	Medical Examination Report Dated 8-5-87
	Name of Physician Michael Pizza to
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	ever procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle	FEMALE APPLICANT
Frank Lee Hagan	Name First Middle Last
Place of Birth (State or foreign country)  Place of Birth (State or foreign country)	Date of Birth Month Day Year
+ndigna	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State 430 Varner Brownsburg Hen IN	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	17 E. Main Brownsburg Hen IN
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: A Birth Certificate Judicial Decree
Other(Specify) Drivers License	Other(Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Yes   No	If answer is "yes", has the adjudication been removed? No□ Yes□
3. Are you related to the female applicant closer than second cousin? No Yes	2. Are you afflicted with a transmissible disease?  No Yes   3. Are you related to the male applicant closer than second cousin?  No Yes   Yes
4. Are you now under the influence of intoxicating liquor? No Yes	3. Are you related to the male applicant closer than second cousin? No ✓ Yes ☐ 4. Are you now under the influence of intoxicating liquor? No ✓ Yes ☐
<ul> <li>5. Are you now under the influence of a narcotic drug?</li> <li>6. List the full names of any dependent children.</li> </ul>	5. Are you now under the influence of a narcotic drug? No Yes
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7
dependent children? No□ Yes□	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Frank Lee Hagan	8. Full name of father Sames William Ridenour
Residence of father (if deceased so state) Colora 018	Residence of father (if deceased so state) Brownsburg, IN.
Birthplace of father (State or foreign country) hof Known	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Ann Buckman	9. Full maiden name of mother Iris Jean Riddle
Residence of mother (if deceased so state) Browns burg, TN.	Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Findiana
State of Indiana.  County of HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Bas: I depose and state the information given in this application is true and correct.
7 ///	County of Bide cours
X Signed Frank Hage	430 Varner De Braunskup
New Address 430 VARNER DR BROWNSLURG	New Address
Subscribed and sworn to before me this 14 day of August 1987.	
Mary Jane Russell Clerk HENDRICKS Circuit Court	mary Jane Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS sa:	County of
Signed Father	Signed
Signed Mother	Signed
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	CT. A marriage license having been refused to the above named parties, the
	OUTL DV WITCH OF ACT
in authorizes and directs the issuance of	of a marriage license to the
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  se issued by the clerk of the
of Indiana dated the day of GRANK LEE HAGAN	, 19.8 , authorizing the joining together as husband and wife
of Indiana dated the Standard of Day of Be it further remembered, the following marriage certificate was filed in my of	ind. TARA LE ANN RIDENOUR
Be it further remembered the following marriage certificate was filed in my of	day of AUGUST
I,LARRY LILLY one thousand nine hundred and 87	at AVON , County of HENDRICKS ,
Didie of I. J.	Ct. State of
State of Indiana, Groom	HENDRICKS HENDRICKS HENDRICKS
were by me united in marriage as authorized by a marriage ucense issue	
10.87	, , , , , , , , , , , , , , , , , , ,
22nd day of August	Official Designation PASTOR 10 87

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

# APPLICATION FOR MARRIAGE LICENSE

389 File_ 8-1-8-Date of Application

State of Indiana

.. Circuit Court

The Control of the Co
MALE Medical Examination Report Dated Manage of Physician Manage o
MALE QUESTION AND HEAD IN ANY SECRET LITERATE SECRETARY THAT I A MANY SECRETARY THAT I MANY SECRETARY THAT I MANY SECRETARY THAT I MANY SECRETARY THAT
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Note: From Market PRELICANY  From Market States or foreign contents  From Market States Nove Market States  From Market Sta
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Figure of Britis (State or foreign country)  Figure of Britis (Sta
Britance Advanced Tools   County   Coun
Process Mirral States New New New Service   O Residence    The Marrier State   D Residence   O Residence    The Marrier State   D Residence   O Residence    The Marrier State   D Residence
Law Marray Ended 19: Deard
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Any year retaids to the female applicate (sizer that sevend comunity No. 1 No.
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Last the full names of any dependent children  Last the full names of any court order or orders to any perturbed the above married plants of the general name of order the subsequent of the subsequent the
7. Are you required by any court order or orders to support the above of dependent children.  15. Are you required by any court order or orders to support the above of dependent children.  16. Are you required by any court order or orders to support the above of dependent children.  16. Are you required by any court order or orders to support the above of dependent children.  16. Are you required by any court order or orders to support the above of dependent children.  16. Are you required by any court order or orders to support the above of dependent children.  16. Are you required by any court order or orders to support the above of dependent children.  16. Are you required by any court order or orders to support the above of dependent children.  16. Are you required by any court order or orders to support the above of dependent children.  16. Are you required by any court order or orders to support the above of dependent children.  16. Are you required by any court order or orders to support the above of dependent children.  16. Are you required by any court order or orders to support the above of dependent children.  16. Are you required by any court order or orders to support the above of dependent children.  16. Are you required that the Application be accompanied by antifectory port that you control that you you suited that you you control that you you control that you you will not you you will have been ordered to subtail.  18. Are you required that the Application be accompanied by antifectory port of the above or orders to support the above of dependent children.  18. Are you required that the Application be accompanied by antifectory port of the support of the above and the support of the above named parties, the support of the support of the above named parties, the named for your interest the support of the your order or orders to support of the above named parties, the named for
Subscribed and sworn to before me this  Subscribed and sworn to before me this  Subscribed and sworn to before me this  Supred.
Subscribed and sworn to before me this  Subscribed and sworn to before me this  Subscribed and sworn to before me this  Supred.
Subscribed and sworn to before me this  Subscribed and sworn to before me this  Subscribed and sworn to before me this  Supred.
despendent children. No. U year I share you are in despondent children. No. U year I flashers in year. In required that the Application be accompanied by satisfactory pord that you are in compliance with any out order or order or order is suantifactory and that you are in compliance with any out order or order is suantifactory and that you are in compliance with any out order or order is suantifactory and that you want to compliance with any out order or order is suantifactory and that you want to compliance with any out order or order is suantifactory and that you want to compliance with any out order or order is suantifactory and that you want to be force me this.  Pull manden name of muther.  Signed.  Sobscribed and sworn to before me this.  day of
compliance with any pour order or order issued for their support.  8. Full massed father.  8. Full massed father fisture of father fisture of father fisture order or order.  8. Full massed father fisture of father fi
Residence of father (Identified to the parent of the control of the color parent signs, state facts which render the consent of the other parent unnecessary  8. Full name of father  8. Full name of father is father state or foreign country  9. Full name of father is father is father state of foreign country  8. Full name of father is father is father is father is father is father is fath
Birthplace of father (State or foreign country)  8. Full madden name of mother the consent of the other parent unnecessary  Subscribed and sworn to before me this day of signed signed state which render the consent of the other parent unnecessary  State of Indiana.  Signed HENDRICKS  County of Subscribed and sworn to before me this day of the other parent unnecessary.  State of Indiana.  Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  County of Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  County of Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  County of Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  County of Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  County of Signed HENDRICKS  Sig
Bribplace of mother (State or foreign country)  Brand of Indiana.  Country of Menor Parents. Parent or Guardian  New Address.  I depose and state the information priven in this application is true and correct.  Signed.  New Address.  Signed.  Country of Menor of Parents. Parent or Guardian  New Address.  Country of Menor of Parents.  Subseribed and sworn to before me this.  Country of Menor of Parents.  Signed.  Consent of Parents. Parent or Guardian  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  Country of Menor of Menor of Menor of the other parent unnecessary.  State of Indiana.  Country of Menor
Birthplace of mother (Ideceased sostate)  State of Indiana.  Consert of Parents, of this application is true and errect.  Consert of Indiana.  Consert of Indiana.  Consert of Indiana.  Consert of In
Birthplace of mother State or foreign country)  State of Indiana.  County of HENDRICKS  Signed Address.  County of HENDRICKS  Circuit Court  Consent of parents, of this application hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed State of Indiana.  County of HENDRICKS  Signed Parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed May of 18  Signed Parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed May of 18  Signed Parent on this application is true and cerred.  County of Merk Address.  County of Merk Address.  I depose and state the information given in this application is true and cerred.  County of Merk Address.  I depose and state the information given in this application is true and cerred.  County of Merk Address.  I depose and state the information given in this application.  State of Indiana.  County of M
State of Indiana.  County of HENDRICKS  Signed HENDRICKS  Subscribed and sworn to before me this day of Oug 1980  HENDRICKS  Construct of Indiana.  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  Signed HENDRICKS  Signed HENDRICKS  Signed Father  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me thi
County of HENDRICKS  Signed Park of Center St Plant Court  Signed Address Subscribed and sworn to before me this.    Gerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS   ss:   Signed   Sig
Signed Si
Subscribed and sworn to before me this.    Aday of Aug   19.50
Subscribed and sworn to before me this.    Aday of Aug   19.50
Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn t
CONSENT OF PARENTS. PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed  Signed  Father  Signed  Mother  Subscribed and sworn to before me this  day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the insurance of a marriage license having been refused to the above named parties, the and filed
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of Signed Signed Mother  Subscribed and sworn to before me this day of 19
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of Signed Father Signed Mother  Subscribed and sworn to before me this day of 19
State of Indiana.  County of HENDRICKS  Signed  Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the nauthorizes and directs the issuance of a result of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed  Signed  Signed  Signed  Signed  Subscribed and sworn to before me this  Clerk  County of HENDRICKS  Signed  Subscribed and sworn to before me this day of 19
State of Indiana.  County of HENDRICKS } ss:  State of Indiana.  County of HENDRICKS } ss:  Signed Signed Signed Signed Mother  Subscribed and sworn to before me this day of 19
Signed  Mother  Signed  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a residue of a res
Signed  Sometimed and sworn to before me this  Subscribed and sworn to before me this  County of  HENDRICKS  Signed  Signed  Signed  Signed  Mother  Signed  Subscribed and sworn to before me this  Clerk  County of  HENDRICKS  Signed  Mother  Subscribed and sworn to before me this  Clerk  County  County of  HENDRICKS  Signed  Mother  Subscribed and sworn to before me this  County  County  County  County  County  County  County  Subscribed and sworn to before me this  County  County  County  County  County  Subscribed and sworn to before me this  County  County  County  County  County  County  County  Subscribed and sworn to before me this  County  County  County  County  County  County  County  County  Subscribed and sworn to before me this  County
Signed  Sometimed and sworn to before me this  Subscribed and sworn to before me this  County of  HENDRICKS  Signed  Signed  Signed  Signed  Mother  Signed  Subscribed and sworn to before me this  Clerk  County of  HENDRICKS  Signed  Mother  Subscribed and sworn to before me this  Clerk  County  County of  HENDRICKS  Signed  Mother  Subscribed and sworn to before me this  County  County  County  County  County  County  County  Subscribed and sworn to before me this  County  County  County  County  County  Subscribed and sworn to before me this  County  County  County  County  County  County  County  Subscribed and sworn to before me this  County  County  County  County  County  County  County  County  Subscribed and sworn to before me this  County
Signed  Signed  Father  Signed  Mother  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a remaining state of a remaini
Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day of 19 Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a remaining the control of the court by written order issued and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  authorizes and directs the issuance of a recommendation.  Subscribed and sworn to before me this.  Clerk  Clerk  Clerk  Court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
and directs the issuance of a man interest in a
and directs the issuance of a man interest in a
and directs the issuance of a man interest in a
of Indiana dated the day of MARRIAGE CERTIFICATE    Hendrick Court Court
at the following marries to act her as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  The state of Indiana, Groom  BRYAN DOUGLAS WINKS  And  BRYAN DOUGLAS WINKS  And  And  LISA R. HENNIS  The state of Indiana, Groom  BRYAN DOUGLAS WINKS  And  BRYAN DOUGLAS WINKS  And  BRYAN DOUGLAS WINKS  AND THE NOTICE STATE OF THE
one thousand nine hundred and 87 hereby certify that on the 29th day of AUGUST and, Bride LISA R. HENNIS Of HENDRICKS WINKS OF HENDRICKS County OF
and, Bride BRYAN DOUGLAS WINKS At PLAINFIELD COLD AUGUST
State of Indiana, Groom  BRYAN DOUGLAS WINKS of HENDRICKS County of HENDRICKS  were by me united in marriage as authorized by a marriage license issued for the HENDRICKS County State of IN
and, Bride LISA R. HENNIS of HENDRICKS County, State of TN  County.  Dated this 21sday of AUGUST  BRYAN DOUGLAS WINKS of HENDRICKS County, State of TN  HENDRICKS COUNTY COUNTY COUNTY OF TN  HENDRICKS COUNTY COU
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS  LISA R. HENNIS Of HENDRICKS County, State of IN HENDRICKS County, State of IN HENDRICKS
198.7
Ninu 1
Filed and recorded in accordance with the laws of the State of India
Signed /s/ RICHARD ZORE  Official Designation CATHOLIC PRIEST  aday of SERICHARD SORE
Signed /s/RICHARD ZORE  Official Designation CATHOLIC PRIEST  Signed /s/RICHARD ZORE

Circuit Court

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

### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

390 File_ S-17-87

Date of Application

MALE	Date of Application
Medical Examination Report Dated 7-27-87	FEMALE
	Medical Examination Report Dated 7 - 28 -87
Name of Physician 5 . Black	Name of Physician J. Black
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "Falso state	Traine of Thysician.
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	The state of the s
Name First Middle Last	Name First
Lavid Aller Whiker	Name First Middle Butcher
Date of British	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Plan 4 Plan 4
10.	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
	_913 Windingbrook Prkmy Apt. A Indals.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married A OR
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate  Judicial Decree	
	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify)	Other (Specify) Privers License
1. Are you now or have you ever been adjudged to be of unsound mind?	
If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Yes O	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor? No ♥ Yes □	4. Are you now under the influence of intoxicating liquor? No V Yes
5. Are you now under the influence of a narcotic drug? No Yes O	5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
the state of the s	7, 17 2,1
	- Robert James Butcher
The state of the s	
The state of the s	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Whicker	8. Full name of father Tanes tl. Butcher
11: 70	
Residence of father (if deceased so state) - DNM/ C - W	Residence of father (if deceased so state)
The state of the section of the sect	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	a Bull miles association Devery C Whitenmyer
9. Full maiden name of mother Shirley Engleton 11 arsh	9. Full maiden name of mother Severy Controller
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Residence of mother (if deceased so state)	Residence of mother (II deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, I depose and state the information given	State of Indiana, HENDRICKS  sa: I depose and state the information given in this application is true and correct.
County of HENDRICKS   ss: in this application is true and correct.	County of
10 × W 1 11-W	VK rich in Butcher 2.
Signed WWAT WEST	Signed Si
913 Windin to control APTA	New Address 913 Wydisa Drill TROT 1917
New Address 1 2 000 1000 1000	1- 00
Subscribed and sworn to before me thisday of	Subscribed and sworn to before the
Circuit Court	Circuit Court Court
Many James Rhall derk HENDRICKS Circuit Court	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
State of Indiana,	State of Indiana, HENDRICKS County of
County of HENDRICKS ss:	Father
FatherFather	Signed
Signed	Signed
Signed	
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Subscribed and sworn to before me this	Cler
- an gou	DT A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having seem and filed court by written order issued
HENDRICKS County	Court by written order issued
in authorizes and directs the issuance	of a marriage license to the above named parties.
inauthorizes and directs the	AND MARRIAGE CERTIFICATE HENDRICKS
Be At Remembered there was filed in my office a marriage lice	SE AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Cour  ense issued by the clerk of the
21 August	, 19. 4, authorizing the founds
of Indiana dated the	and KRISTINA BUTCHER
DAVID A. WHICKER satisfacte was filed in my	and
Be it further remembered, the following marriage certificate was just	hereby certify that on theaay of
I, JOHNNY R. GARKISON	ot SPEEDWAY , County of MARION
0.7	HENDRICKS County State of
Ctata ( A ) DAVID A. WHICKER	of
one thousand nine hundred and 87 State of Indiana, Groom DAVID A. WHICKER	MARION HENDRICKS
one thousand nine hundred and DAVID A. WHICKER  State of Indiana, Groom KRISTINA BUTCHER of marriage license issued for the county.	r that purpose by the Clerk of the Circuit Court of
were by me united in marriage as authorized by a marriage license issued for	
County.	
Dated this 21st day of AUGUST 19.83	SignedSigned
	SignedMINISTER
Filed and recorded in accordance with the laws of the State of Indiana this	3rd day of SEPTEMBER , 1987
Eight State of Indiana this	Signed Many Jane Rusell HENDRICKS Circuit Cour
	Signed HENDRICKS Circuit Cour

# 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

No	391
File_	
	8-17-87
	Date of Application

Circuit Court

	Medical Examination Report Dated
MALE Separt Dated	Physician J. T. Manpha
Medical Examination Report Dated  Medical Examination Report Dated  J. J. Mangalon	Name of Physician
Name of Physician	ever procures the issuance of a license to many
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed Talas and Shall be fined in any sum not exceeding five hundred dollars (8500,00)".	Name of Physician ever, procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
MALE APPLICANT	Name First Madde Last
Middle O	Day Year
Steven Per Year	Date of Birth
Date of Birth Month	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City County State	Sane
1512 Maria J.W. 1912.	Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Mariera Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	C 0.
	Other (Specify) Dr. La
Other(Specify) So Res	1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?  No Pies Pies Pies Pies Pies Pies Pies Pies	If answer is "yes", has the adjudication been removed? No Yes O
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease? No Yes D
2. Are you afflicted with a transmissible disease?  No yes  No yes	3. Are you related to the male applicant closer than second cousin? No Yes O
3. Are you related to the female applicant closer than second cousin?  No   Yes □	4. Are you now under the influence of intoxicating liquor? No No Yes D
4. Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic drug?  No. A Yes D
5. Are you now under the influence of a narcotic drug.	6. List the full names of any dependent children.
6. List the full names of any dependent children.	North of wall
	The formal of the state of the
	Jocob D. Huck
	Jan. a. D. Huro
	and he are contacted or orders to support the shows
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?
dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
A Line of Physics	8. Full name of father 100 hard & Dureau
C. I dillimite di fattie	
Residence of father (if deceased so state) Othywarila Ind.	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother hardatta M. Stainhow?	9. Full maiden name of mother Anna & Man
5. Full maiden name of motiler Salva	9. Full maiden name of mother Shadels - 1
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, I depose and state the information given
County of her bricks in this application is true and correct.	County of HENDRICKS sa: in this application is true and correct.
Signed X	Signed Mary P Hugh
Signed.	
15/2 maria (n Plantald To	
New Address 15/2 maria (~ Plaintield Ir	New Address 15 12 Maria In Plainfl
New Address 15/2 maria ( Claimfield I)  Subscribed and sworn to before me this day of 198	New Address 15 12 Maria In Plant
Subscribed and sworn to before me this day of HENDRICKS	New Address S 2 Maria In Place III
Subscribed and sworn to before me this day of 198	New Address 15 12 Maria In Plant
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
Subscribed and sworn to before me this day of 19  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN	New Address 5 2 Maria In Place of Subscribed and sworn to before me this day of HENDRICKS
Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
Subscribed and sworn to before me this day of 19 HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS
Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Sa:	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  S8:
Subscribed and sworn to before me this day of 19 HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS   Sa:  Signed Father Signed	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father
Subscribed and sworn to before me this day of 19 HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS   Sa:  Signed Father Signed	Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana, County of HENDRICKS  Signed Father  Signed Mother
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS  Signed  Father
Subscribed and sworn to before me this day of 198.  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS   Sss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19
Subscribed and sworn to before me this day of 198.  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana, County of HENDRICKS   Ss:  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMP	Subscribed and sworn to before me this day of HENDRICKS  Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19
Subscribed and sworn to before me this day of 198.  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS   ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY OF	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19
Subscribed and sworn to before me this day of 198.  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS   ss:  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY OF	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19
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Subscribed and sworn to before me this	New Address  Subscribed and sworn to before me this  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of Clerk  RT. A marriage license having been refused to the above named parties, the court by written order issued and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Ense issued by the clerk of the HENDRICKS Circuit Court and MARY L. HUCK  MARY L. HUCK  hereby and Mary and former this day of the poining together as husband and wife thereby and the poining together as husband and wife thereby and the poining together as husband and wife thereby and the prehamatic thereby and the poining together as husband and wife thereby and the prehamatic thereby and the prehamatic thereby and the poining together as husband and wife thereby and the prehamatic thereby and the poining together as husband and wife thereby and the prehamatic thereby and the poining together as husband and wife thereby and the prehamatic thereb
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Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signa, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  In authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED STEVEN L. PLUMMER  Be it further remembered, the following marriage certificate was filed in my office a marriage lice of Indiana dated the following marriage certificate was filed in my office and in my office of Indiana dated the following marriage certificate was filed in my office and in my office of Indiana dated the following marriage certificate was filed in my office of Indiana, Groom STEVEN L. PLUMMER  MARY L. HUCK  CONSENT OF HENDRICKS  Circuit Court  Circuit Court  Circuit Court  HENDRICKS  Circuit Court  Circuit Court  HENDRICKS  Circuit Court  Circuit Court  HENDRICKS  Circuit Court  County of this marriage and in marriage certificate was filed in my office a marriage lice  STEVEN L. PLUMMER  AND STEVEN L. PLUMMER  MARY L. HUCK  Correct by me united in marriage as authorized by a consent of the other parent unnecessary.  Circuit Court  And STEVEN L. PLUMMER  Court of this marriage as authorized by a consent of the other parent unnecessary.  County of the parents of the other parent unnecessary.  State of Indiana, Groom  STEVEN L. PLUMMER  Office of the parents of the other parent unnecessary.  County of the parents of the other parent unnecessary.  State of Indiana, Groom  STEVEN L. PLUMMER  Office of the parents of the other parent unnecessary.  County of the parents of the other parent unnecessary.  County of the parents of the other parent unnecessary.  Signed Mary L. HUCK  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF	New Address.  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed  Subscribed and sworn to before me this day of 19.—  Clerk  RT. A marriage license having been refused to the above named parties, the court by written order issued and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS  Circuit Court (19.—), 19.—), authorizing the joining together as husband and wife office, to-wit:  hereby certify that on the 18th day of SEPT DANVILLE (Courty, State of HENDRICKS), HENDRICKS  County, State of IN-
Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signa, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  In authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED STEVEN L. PLUMMER  Be it further remembered, the following marriage certificate was filed in my office a marriage lice of Indiana dated the following marriage certificate was filed in my office and in my office of Indiana dated the following marriage certificate was filed in my office and in my office of Indiana dated the following marriage certificate was filed in my office of Indiana, Groom STEVEN L. PLUMMER  MARY L. HUCK  CONSENT OF HENDRICKS  Circuit Court  Circuit Court  Circuit Court  HENDRICKS  Circuit Court  Circuit Court  HENDRICKS  Circuit Court  Circuit Court  HENDRICKS  Circuit Court  County of this marriage and in marriage certificate was filed in my office a marriage lice  STEVEN L. PLUMMER  AND STEVEN L. PLUMMER  MARY L. HUCK  Correct by me united in marriage as authorized by a consent of the other parent unnecessary.  Circuit Court  And STEVEN L. PLUMMER  Court of this marriage as authorized by a consent of the other parent unnecessary.  County of the parents of the other parent unnecessary.  State of Indiana, Groom  STEVEN L. PLUMMER  Office of the parents of the other parent unnecessary.  County of the parents of the other parent unnecessary.  State of Indiana, Groom  STEVEN L. PLUMMER  Office of the parents of the other parent unnecessary.  County of the parents of the other parent unnecessary.  County of the parents of the other parent unnecessary.  Signed Mary L. HUCK  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF	New Address.  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Signed Mother  Subscribed and sworn to before me this day of 19.—Clerk  Court by written order issued and filed of a marriage license to the above named parties, the court by written order issued and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court (2011) and (2011) a
Subscribed and sworn to before me this	New Address.  Subscribed and sworn to before me this day of HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  Signed.  Signed.  Subscribed and sworn to before me this.  Aday of 19.  Clerk  RT. A marriage license having been refused to the above named parties, the court by written order issued.  and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Insee issued by the clerk of the HENDRICKS  Circuit Court.  And MARY L. HUCK  Thereby certify that on the 18th day of SEPT.  AND MARVILLE County of HENDRICKS  AND HENDRICKS  County of HENDRICKS  County of HENDRICKS  County of HENDRICKS  County State of IN
Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signa, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  HENDRICKS County Of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  In authorizes and directs the issuance RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  For Jit Remembered, there was filed in my office a marriage lice of Indiana dated the day of STEVEN L. PLUMMER  Be it further remembered, the following marriage certificate was filed in my JANICE S. CHILEWSKI one thousand nine hundred and 87  State of Indiana, Groom STEVEN L. PLUMMER  and, Bride MARY L. HUCK Were by me united in marriage as authorized by a marriage license issued for County.  Dated this 18th day of SEPT. 198	New Address Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of HENDRICKS Circuit Court County of HENDRICKS Subscribed and sworn to before me this signs, state facts which render the consent of the other parent unnecessary Signed Signed Mother Subscribed and sworn to before me this day of 18 Clerk Court by written order issued of a marriage license having been refused to the above named parties, the court by written order issued and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court and Mary L. HUCK Sissed Mary of SEPT.  Land MARY L. HUCK Sept. County of HENDRICKS County of HENDRICKS County, State of IN HENDRICKS County, State of HENDRICKS To HENDRIC
Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signa, state facts which render the consent of the other parent unnccessary.  State of Indiana, County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  HENDRICKS County Authorizes and directs the issuance RETURN OF MARRIAGE LICENSE issuance was filed in my office a marriage lice of Indiana dated the day of STEVEN L. PLUMMER  Be it further remembered, the following marriage certificate was filed in my I, JANICE S. CHILEWSKI one thousand nine hundred and 87  State of Indiana, Groom STEVEN L. PLUMMER MARY L. HUCK were by me united in marriage as authorized by a marriage license issued for County.  Dated this 18th day of SEPT. 198	New Address Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of HENDRICKS Circuit Court County of HENDRICKS Subscribed and sworn to before me this signs, state facts which render the consent of the other parent unnecessary Signed Signed Mother Subscribed and sworn to before me this day of 18 Clerk Court by written order issued of a marriage license having been refused to the above named parties, the court by written order issued and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court and Mary L. HUCK Sissed Mary of SEPT.  Land MARY L. HUCK Sept. County of HENDRICKS County of HENDRICKS County, State of IN HENDRICKS County, State of HENDRICKS To HENDRIC
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...Circuit Court

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

MALE

### STATE OF INDIANA APPLICATION

FOR MARRIAGE LICENSE ENDRICKS		No. 392	
LINKICK	County	8-17-87	-
		Date of Application	n
e di tui	FEMALE Medical Exemination	0.11.00	Sp. Inc.

Medical Examination Report Dated 8-11-87	FEMALE Date of Application
Name of Physician Robert Heavin	Medical Examination Report Dated 8-11-87
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "Falsa states"	Name of Physician Robert Heavin
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoshall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	ever procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle	FEMALE APPLICANT
Date of Birth Month Day Vanies Jr.	Name First Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Indiana.	Place of Birth (State or foreign country)
Residence Address P.O. BOY 95 Street or R. R. City County State P.O. BOY 95	Residence Address Street or R. R. City
Previous Marital Status: Never Married OR	P.O. Boy 117 Street of R. R. Stilesville Gounty State
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate  Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Other(Specify)	Birth Certificate  Judicial Decree
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Other(Specify)
If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Yes □	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Xyes
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No Yes□  No Yes□  No Yes□	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?  No Yes
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	
dependent children? No □ Yes □	7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be 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. Jones, W.	compliance with any court order or orders issued for their support.
Residence of father (if deceased so state) Stiles Wille, IN	8. Full name of father Michael Koyce Hampton  Residence of father (if deceased so state) Shilcsuille, (M
7 1	The
	Birthplace of father (State or foreign country) I diam
	9. Full maiden name of mother Warda. 5. hypch
Residence of mother (if deceased so state) ShICSVIIC TN	Residence of mother (if deceased so state) Shiesville, IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Tool 1911)Q
State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Bas: I depose and state the information given in this application is true and correct.
	County of
Signed frehand & Jones Jr.	Signed Sandra Deveer Hampton
New Address 10409 W. CAMIBY 20 INDIANAPULIS IN 46231	Signed Sandra Densen Hampton New Address 10409 W Carely Rd Addianapolis I 4603
Signed Ruhand & Jover Ja.  New Address 10409 W. CAMIBY 20. IMDIANAPULIS  IN 46231  Subscribed and sworn to before me this	Signed Sandra Denen Hampton  New Address 10409 W Carreby Rd Skedianapolis I4633  Subscribed and sworn to before me this day of HENDRICKS
New Address 10409 W. CAMIBY 20 INDIANAPULIS IN 46231	Signed Sandra Densen Hampton  New Address 10409 Le Carreby Rd Stedianapolis I4603  Subscribed and sworn to before me this day of 19
Signed fished & Javez Ja.  New Address. 10 4 0 9 W. CAMIBY 2 D. INDIANAPOLIS IN 46231  Subscribed and sworn to before me this. day of	Signed Sandra Denen Hampton  New Address 10409 W Carreby Rd Skedianapolis I4633  Subscribed and sworn to before me this day of HENDRICKS
Signed factory & Jane Janes New Address 10 409 W. CAMIJAY 20 INDIANAPOLIS IN 46231  Subscribed and sworn to before me this day of 19  Clerk Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN	Signed Sandra Densen Hampton  New Address 10409 W Carreby Rd Skedianapolis II4633  Subscribed and sworn to before me this day of 19
Signed factory & Jane Jane New Address 10 40 9 W. CAMISY 20 INDIAMAPOLIS  Subscribed and sworn to before me this day of 19	Signed Sandra Denear Hampton  New Address 10409 W Carreby Pd Skedianagelin II4633  Subscribed and sworn to before me this day of 19.  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN
Signed factory & Jane Jane New Address 10 40 9 W. CAMISY 20 INDIAMAPOLIS  Subscribed and sworn to before me this day of 19	Signed Landra Densen Hampton  New Address 10409 to Carreby Rd Chedianapolis II4633  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Signed factory & Jane Jane New Address 10 40 9 W. CAMISY 20 INDIAMAPOLIS  Subscribed and sworn to before me this day of 19	Signed Landra Densen Hampton  New Address 10409 to Carreby Rd Chedianapolis II4633  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Signed factory & Jane Janes New Address 10 409 W. CAMIBY 20 INDIANAPOLIS  Subscribed and sworn to before me this day of 19  Clerk Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN	Signed Landra Densen Hampton  New Address 10409 to Carreby Rd Chedianapolis II4633  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
New Address 10 40 9 W. CARNIZY 20 THINIAMPOUS TN 46231  Subscribed and sworn to before me this. day of	Signed Mandra Denear Home to Mandra Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
New Address 10 409 W. CAMISY 20 INDIANALUIS IN 46231  Subscribed and sworn to before me this day of 19  Clerk Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS	Signed Landra Denser Hampton  New Address 10409 Le Carreby Rd Ledianapalis II4633  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
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Signed factoral & Joseph J.  New Address. 10.409 W. CAMIBY PD INDIANAPOLIS  Subscribed and sworn to before me this. day of	New Address 10409 & Caraby Rd Address 174633  Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS }
Signed Public Land Land Land Roll New Address 10 409 W. Camily 20 Indianal 215  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	Signed Sandra Densen 45 mptor  New Address 10409 & Canaly & Advanagalis, T4603  Subscribed and sworn to before me this
New Address 10 4 0 9 W. CAMISY 2D. THISTANAPOLIS  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  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19	Signed Sandra Densen 45 mptod  New Address 10409 W Canaly & Adamagelia, T4603  Subscribed and sworn to before me this
New Address. 10 409 W. CAMIBY 20 INDIANAPULS  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 Father  Signed Father  Signed Mother  Subscribed and sworn to before me this. day of 19  Clerk	Signed Sandra Denser Horry Advantage II Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk
New Address. 10.409 W. CAMUSY 2D JUDIANAPOLIS Subscribed and sworn to before me this. day of 19  HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of Father Signed Mother  Subscribed and sworn to before me this. day of 19  Clerk	Signed Sandra Denser Work pto  New Address 10409 W Carreby Rt State anapalia Thomas  Subscribed and sworn to before me this day of 19 HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk
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Signed factors & Long &	Signed Candra Center Home to Subscribed and sworn to before me this day of 19  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the aurt by written order issued.  and filed f a marriage license to the above named parties.
Signed. Activated & Long P. Indianal P. Subscribed and sworn to before me this. day of	Signed Lordon Densen Hompital  New Address 10409 W Carrby Factorization 14633  Subscribed and sworn to before me this day of 19 HENDRICKS  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana, HENDRICKS  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the surt by written order issued and filed f a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
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New Address 10 4 9 W. Catavilly 20 INDICAMENTS  Subscribed and sworn to before me this. day of 19 HENDRICKS  Clerk HENDRICKS  Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  Signed Father  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS  in authorizes and directs the issuance of mathematical and the subscribed in my office a marriage licen of Indiana dated the day of 2 Marriage certificate was filed in my of 1 Marriage 1 Marriage 1 Marriage 1 Marriage 1 Marriage 2 Marriage 1 Marriage 2 Marriage 3 Marriage 2 Marriage 3 Marriage 2 Marriage 3 Marriage 2 Marriage 3 Marriage 2 Marriage 3 Marriage 3 Marriage 2 Marriage 3 Marri	Signed Anadra Server Hampital  New Address 10409 W Carrier Gr. Advance pelix Thus  Subscribed and sworn to before me this day of 19.  HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court is see issued by the clerk of the 19.  10.  10.  10.  10.  10.  10.  10.
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New Address. 10.49.9 W. Carality 20. Indicated 25. Subscribed and sworn to before me this. day of 19. HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of Signed Father Signed Mother  Subscribed and sworn to before me this day of 19. Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County authorizes and directs the issuance of Indiana dated the day of 20. County authorizes and directs the issuance of Indiana dated the 20. Aday of 20. County also in 20. RETURN OF MARRIAGE LICENSI BE it further remembered, the following marriage certificate was filed in my of 1. RAPER 25. RAYMOND L. RADER 26. DICHARD EARL JONES JR. 26. DICHARD EARL JONES JR. 27. State of Laking County and DICHARD EARL JONES JR. 27. D	Signed Sandra Service the my stock  New Address 10409 to Carrier Ga Service To Subscribed and sworn to before me this day of 19 HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court is see issued by the clerk of the SANDRA DENEEN HAMPTON  ffice, to-wit:  hereby certify that on the 5th day of SEPT.  hereby certify that on the 5th day of HENDRICKS  COATESVILLE County of HENDRICKS  T. A marriage license to the above named parties.
New Address. 10.4.9.9 W. Carality 20. Indianal 25.  Subscribed and sworn to before me this. day of 19. HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of Signed. Father Signed. Mother  Subscribed and sworn to before me this. day of 19. Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County. County authorizes and directs the issuance of Indiana dated the day of 20. County authorizes and directs the issuance of Indiana dated the 20. Aday of 20. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appears of Indiana dated the 30. Aday of 30. County appea	Signed Sandra Service Home protect  New Address 10409 (a) Carely (a) Ledinacoscie 174633  Subscribed and sworn to before me this day of 19 HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court is see issued by the clerk of the SANDRA DENEEN HAMPTON ffice, to-wit:  nd SANDRA DENEEN HAMPTON  ffice, to-wit:  hereby certify that on the 5th day of SEPT.  hereby certify that on the 5th day of HENDRICKS  COATESVILLE County of HENDRICKS  of HENDRICKS County, State of IN  TUNNBLICKS County State of IN  TUNNBLICKS County State of IN
New Address 10 409 W. CAMISY RO. INDIANALUS  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, Clerk HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Clerk  The State of Indiana dated the Authorizes and directs the issuance of Indiana dated the Authorizes and directs the issuance of Indiana dated the Authorizes JR. as Be it further remembered, the following marriage certificate was filed in my of I, RAYMOND L. RADER one thousand nine hundred and 87  State of Indiana, Groom RICHARD EARL JONES JR. and Bride SANDRA DENEEN HAMPTON of were by me united in marriage as authorized by a marriage license issued for were by me united in marriage as authorized by a marriage license issued for	Signed Action As Careful Follows T463  Subscribed and sworn to before me this day of 19 Gerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Cierk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court see issued by the clerk of the 19 January authorizing the joining together as husband and wife SANDRA DENEEN HAMPTON  fice, to-wit:  COATESVILLE County of HENDRICKS  COMITY State of IN HENDRICKS County, State of IN HENDRICKS
New Address 10 409 W. CAMISY RO. INDIANALUS  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, Clerk HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County Clerk  The State of Indiana dated the Authorizes and directs the issuance of Indiana dated the Authorizes and directs the issuance of Indiana dated the Authorizes JR. as Be it further remembered, the following marriage certificate was filed in my of I, RAYMOND L. RADER one thousand nine hundred and 87  State of Indiana, Groom RICHARD EARL JONES JR. and Bride SANDRA DENEEN HAMPTON of were by me united in marriage as authorized by a marriage license issued for were by me united in marriage as authorized by a marriage license issued for	Signed Address 10409 to Carchy File Address 15403  Subscribed and sworn to before me this day of 19 HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana. HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Cierk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS  See issued by the clerk of the 190 Authorizing the joining together as husband and wife not sand parties to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS  See issued by the clerk of the Circuit Court of HENDRICKS  ANDRA DENEEN HAMPTON  fice, to-wit:  thereby certify that on the 5th day of SEPT.  thereby certify that on the 5th day of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify that on the 5th Aday of SEPT.  thereby certify
Signed formal E To 409 W. CAMISY ED TRIDANALUS  Subscribed and sworn to before me this day of 19  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County County of authorizes and directs the issuance of Indiana dated the Authorizes and directs the issuance of Indiana dated the Indianal Groom RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County	Signed Condo Season Garage Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS  se issued by the clerk of the 19, authorizing the joining together as husband and wife and. SANDRA DENEEN HAMPTON  five, to-wit.  hereby certify that on the 5th day of SEPT. hereby certify that on the 5th day of HENDRICKS  COATESVILLE County of HENDRICKS  ALL COATESVILLE County, State of IN HENDRICKS  COATESVILLE County, State of IN HENDRICKS  COUNTY, State of IN HENDRICKS  COUNTY, State of IN HENDRICKS  MINISTER
Signed Actival Lange Lan	Signed Condo Season Garage Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS  se issued by the clerk of the 19, authorizing the joining together as husband and wife and. SANDRA DENEEN HAMPTON  five, to-wit.  hereby certify that on the 5th day of SEPT. hereby certify that on the 5th day of HENDRICKS  COATESVILLE County of HENDRICKS  ALL COATESVILLE County, State of IN HENDRICKS  COATESVILLE County, State of IN HENDRICKS  COUNTY, State of IN HENDRICKS  COUNTY, State of IN HENDRICKS  MINISTER

Form Prescribed By Indiana State Board of Health under Authority

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	343	
File_		
	8-17-87	-
	Date of Application	

Circuit Court

of I.C. 31-1-3-2 Effective July 1, 1977	DEMALE 2.18-97
7,10,00	FEMALE Medical Examination Report Dated 7-18-87
MALE Medical Examination Report Dated 7-18-87	Name of Physician Larry Lovall
Name of Physician Carnet Harris	ever procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement" and ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed	Name of Physician  Dever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-0 p (c. 5500,00)".  shall be fined in any sum not exceeding five hundred dollars (8500,00)".  MALE APPLICANT  Last	Name First
Name First Middle Francis	Date of Birth Month 25
Date of Birth Month 2 53	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R.	264 HVON HVONCE FROM THE TOURS IN
- 2001 Millet Francisco	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate  Judicial Decree
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?  Now Yes D
Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes	1. Are you now or have you every seeing the seeing
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease" No. Yes D
2. Are you afflicted with a transmissible disease?  No Yes   Yes	3. Are you related to the male applicant closer than second cousin." Not Yes D
A Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?  No Yes D  No Yes D
5. Are you now under the influence of a narcotic drug?	Are you now under the inflorence     List the full names of any dependent children.
6. List the full names of any dependent children.	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No□ Yes□
dependent children?  No Yes  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Ray mond Francis	8. Full name of father Harvey Walden
Residence of father (if deceased so state) Decea Sed	Residence of father (if deceased so state).
Birthplace of father (State or foreign country) UNKOCUN	Birthplace of father (State or foreign country) Todiana.
9. Full maiden name of mother Mar Ha. White	9. Full maiden name of mother Rita M. LISDY
Residence of mother (if deceased so state) Indianapolis, IN	Residence of mother (if deceased so state) Indiampolis, IN
Birthplace of mother (State or foreign country) Thai and	Birthplace of mother (State or foreign country) Indiana
State of Indiana.  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  State of Indiana,  HENDRICKS  State of Indiana,  I depose and state the information given in this application is true and correct.
Signed Laymond Francis	County of
New Address Same as above	Signed Darlene Keen
Subscribed and sworn to before me this. (1) day of AULUAT 1987	New Address Sane as above
MANU MANU RUDALL HENDRICKS	Subscribed and sworn to before me this day of bufflet, 19.50
Clerk Circuit Court	THAN JULL RUSSIL CHER HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS ss:	State of Indiana,
	County of HENDRICKS
Signed Father	Signed Father
Signed Mother	
Subscribed and sworn to before me this	Subscribed and account to
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COL	IRT. A marriage license having been refused to the above named parties, the
in Clary's Collice County Circuit	Court by waiting license having been refused to the above named parties, the
authorizes and directs the issuance	of a marrie and mental state of the marrie and me
RETURN OF MARRIAGE LIGHT	to the above named parties.
of Indiana dated the day of All Calab	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the HENDRICKS  Circuit Countries, 19.82, authorizing the joining together as husband and wife office to the DARLENE KEEN
Be it further remembered the Allond FRANCIS	, 19.80 authorizing the six of the standard will
I,JANICE_S. CHILEWSYT	and DARLENE KEEN  DARLENE KEEN  hereby certify that on the
one thousand in I	bue, to-wit:
State of Indiana, Groom RAYMOND EDANGE.	at Davis on the 17th day of August
DADI TILL	Of HENDER
County	HENDRICKS County, State of
Dated this17thday of NICUST	THENDRICKS  County, State of IN  That purpose by the Clerk of the Circuit Court of HENDRICKS  The County of HENDRICKS
, 198.	3.7
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ JANICE S. CHILEWSKI
with the laws of the State of Indiana this	Official Designation 1st DEPUTY CLERK
	17th day of AUGUST 1987

### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

No. 394

Effective July 1, 1977 HENDRICKS County 8-18-87 Date of Application MALE 8-10-87 Medical Examination Report Dated____ FEMALE Medical Examination Report Dated 8-10-97 Macc. Roller Name of Physician_ Name of Physician Mac C. Roller ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT Name Date of Birth Date of Birth Place of Birth (State or foreign country) Minnesota 2408 Smilh Indianapolis Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decre If answer is "yes", has the adjudication been remo If answer is "yes", has the adjudication been remove 2. Are you afflicted with a transmissible disease Are you afflicted with a transmissible disease 3. Are you related to the female applicant closer than secon you related to the male applicant closer than see you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No O Yes O No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father David E. Heir 8. Full name of father Richard C. Wisser Residence of father (if deceased so state) Maple wood, Minnesoda Residence of father (if deceased so state) Indianapolis, IN Birthplace of father (State or foreign country) Minnesota Birthplace of father (State or foreign country) Thirdis 9. Full maiden name of mother Patricia A, Neal 9. Full maiden name of mother Shorton L. Richa Residence of mother (if deceased so state) Haple wood, Minnesota Residence of mother (if deceased so state) Franklin, JM Kentucky Wisconsin Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)_ State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of .. CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of .... Signed. Subscribed and sworn to before me this......day of...... Subscribed and sworn to before me this _______day of ______, 19...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the day of da and PAMELA JO WISER Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 87.

State Of the State of Indiana, Groom. TERRY ALLEN HEIR of HENDRICKS County, State of IN and, Bride County, State of HENDRICKS

Were by many in the Cloud of the Circuit Count of HENDRICKS Signed /s/ NEAL E. PARTAIN AUGUST Dated this 22nd day of day of

Official Designation .... MINISTER

..... Circuit Court

# APPLICATION FOR MARRIAGE LICENSE

14 395 File_ Date of Application

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority  APPLICATION FOR INTERPRETATION FOR INTERPR	County Date of Application 198
Health under Authority  of I.C. 31-1-3-2  Effective July 1, 1977	214 5
Ellective	FEMALE Medical Examination Report Dated
MALE 8-13-87	141011 - (1. 11/12)
Medical Examination Report Dated	Name of Physician
Name of Physician Mohin Charles statement—Who	Name of Physician  Sever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "Faise scale on shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Last
Name First Middle Land And	Date of Birth Month Day Year 959
Date of Birth Month Day 1915-5	Place of Birth (State or foreign country)
Feb. 3	MARSON City Court
State of County, State	Residence Address State of R. R. State of State
Residence Address Street or B. R. Colty Polity Wind - In	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married Q OR	Forded By Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Surviville.
Other (Specify) Wishes Elec	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes D
Other (Specify)  No 2 Yes   No 3 Yes   No 4 Yes   No 4 Yes   No 5 Yes   No 6 Yes   No 7	1. Are you now or have you clear  If answer is "yes", has the adjudication been removed?  No□ Yes□
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No Yes D
3. Are you related to the female applicant closer than second cousin.	4. Are you now under the influence of intoxicating liquor? No Yes O
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No  Yes	5. Are you now under the influence of a narcotic drug? No Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	- leageld france cox
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Global Edward Janigan	8. Full name of father Robert Oliva Minison
Residence of father (if deceased so state) Al Clased	Residence of father (if deceased so state) Snownship m
Birthplace of father (State or foreign country) Kansks City, M.	Birthplace of father (State or foreign country)
marini Pucha 1 100h	Quelithe Month. Hann
9. Full maiden name of mother Parallel Reserve Merry	9. Full maiden name of mother Action Company of the Policy of Company of the Comp
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)  State of Indiana,  I denote and state the information given	Birthplace of mother (State or foreign country)
County of HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS  SAN: I depose and state the information given in this application is true and correct.
Lany Mirchael Kamia	I In
New Address 1422 Stafford Rd. Plainfield for	Signed Signed Pol
Subscribed and sworn to before me this 2 day of 1111111 1981	New Address 1922 Staffer to tample
May And Pull Cont HENDRICKS	Subscribed and sworn to before me this day of day of
Clerk Circuit Court	Dilly Just Curt HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONCENSE
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
partition distribution and the second of the	signs, state facts which render the consent of the other parent unnecessary
State of Indiana.  County of HENDRICKS ss:	State of Indiana,
91	County of HENDRICKS
Signed Father	Signed
Signed	-8-6-6
Subscribed and sworn to before me this	
Clerk	Subscribed and sworn to before me thisday of
	Clerk
HENDRICKS County ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance	RT. A marriage license having been refused to the above named parties, the Court by written order issued and filed
DIOMETER	Bo incerise to the phone
Be It Remembered, there was filed in my office a many	SE AND MARRIAGE CERTIFICATE  ense issued by the clerk of the state of
of Indiana dated the	SE AND MARRIAGE CERTIFICATE  ense issued by the clerk of the HENDRICKS Circuit Court  al. 19
Be it further remembered, the following	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the HENDRICKS Circuit Court  , 19 , authorizing the joining together as husband and wife office, to-wit:  hereby certify that on the
I, WILLIAM E. KNACK was filed in my	office, to-wit.
one thousand nine hundred and 87	hereby certify that
State of Indiana, Groom LARRY MICHARI	at Cm day of AUGUST
and, BrideTEDECA	CHURCH OF CUIDERT OF MARION
- a marriage as authorized t	Unity, State of
Dated this 29th day of AUGUST, 19 8	r that purpose by the Clark
19 8	7 HENDRICKS
Filed and recorded in	Signed /S/ WITTER
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ WILLIAM E. KNACK Official Designation PASTOR
Indiana this	PASTOR

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County 396

MALE	Date of Application
Medical Examination Report Dated 8-7-87	FEMALE
Name of Physician David Weinskel	Medical Examination Report Dated 8-7-87
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	Name of Physician David Weinskel
MALE APPLICANT	rever procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle	FEMALE APPLICANT
Date of Birth Month Day Denis	Name First Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
New York	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County, State
Previous Marital Status Never Married OR	31 S. Avenue Reacon New York
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Drivers Light	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes O	Other (Specify) Drivers License
If answer is "yes", has the adjudication been removed? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Yes O	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Yes   Yes   No Yes
3. Are you related to the female applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?  No. Yes   No. Yes
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	
dependent children? No Ves C	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.  8. Full name of father ADDIOC DEDIS	compliance with any court order or orders issued for their support.
8. Full name of father MINUTE UCITS	8. Full name of father Jessie B, Bowen
Residence of father (if deceased so state) UST DUTY, ATY	Residence of father (if deceased so state) Dan Ville, IM
Birthplace of father (State or foreign country) HOITE	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alberte D Cantave	9. Full maiden name of mother RUH A. Steinkamp
Residence of mother (if deceased so state) WSf bury, NV	Residence of mother (if deceased so state) Develoged
Birthplace of mother I State or foreign country Hout	Todism
State of Indiana,	State of Indiana
County of HENDRICKS and the internation is true and correct.	County of HENDRICKS   sa: I depose and state the information given in this application is true and correct.
Signed far ORC	Signed Elembra Al Bruse
New Address 31 SOUTH AVE - BEALOW P.9. 120508	New Address 31 SouthAve. Beacon, N(/1250)
Subscribed and sworn to before me this 20 day of August 1982	Subscribed and sworn to before me this ZO day of Aufut, 19.80
MANUEL DAMA PULANIII HENDRICKS	Many for Russel Clerk HENDRICKS Circuit Court
Gerk Circuit Court	- Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana. HENDRICKS } **:	State of Indiana, HENDRICKS ss:
County of	County of the Co
Signed Father	Signed
Signed Mother	Signed Mother
Subscribed and sworn to before me this day of	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T A marriage license having been refused to the above named parties, the
HENDRICKS	urt by written order issued
in Clarks Office authorizes and directs the issuance of	f a marriage license to the above named parties.
	THE REPORT OF CERTIFICATE
RETURN OF MARKIAGE LICENSE	se issued by the clerk of the
Be It Remembered, there was filed in my office a marriage treen of Indiana dated the day of day of	, 198, authorizing the joining together as husband and wife
and the same of th	nu
Be it further remembered, the following marriage certificate was filed in my o	ffice, to-wit:  nereby certify that on the 22nd day of AUGUST  nereby certify that on the County of HENDRICKS,
, EDWIN R. ALLENDER	County of HENDRICKS,
one thousand nine hundred and 87	DUTCHESS County, State of NEW YORK
State of Indiana, Groom MARC ANTOINE DENIS  and, Bride ELIZABETH ANN BOWEN of	DUTCHESS County, State of NEW YORK COUNTY, State of NEW YORK
were by me united in marriage as authorized by a marriage license issued for t	hat purpose by the Clerk of the Circuit Court of
County County	
Date 11: 20th AUGUST 19 87	/s/ EDWIN R. ALLENDER
그는 사람들이 살아보는 사람들이 가장 아니는 사람들이 되었다.	ORDAINED CLERGY
Filed and recorded in accordance with the laws of the State of Indiana this	24th day of AUGUST , 19.87
and recorded in accordance with the laws of the State of Indiana this	Sized May Jane Rusel LENDRICKS Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By Indiana State Board of Health under Authority  APPLICATION FOR HENDRIC	MARRIAGE BY S-21-87  CKS County Date of Application
of LC. 31-1-3-2 Effective July 1, 1977	
	FEMALE Medical Examination Report Dated
MALE Medical Examination Report Dated  8-20-87	Name of Physician . H. Drupple
Medical Examination C. H. Impple	noever procures the issuance of a license to marry by any false statement, representation or pretense
Name of Physician.	noever-procures the issuance and income applicant
shall be fined in any sum on	FINALE AFF DICART
MALE APPLICANT	Name Poles Day Jones
Day Year	Date of Birth
3 30 55	Place of Birth (State or foreign country)  Street or R. R. City County State
Place of Birth (State or foreign country)  Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Residence Address Street of R. B. Shaple.	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Very Marriage Ended By: Death Divorce Annulment Divorce
Last Marriage Ended By: Death Divorce Annulment Divorce Indicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Other (Specify)
Other (Specify) No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?  No Yes   3. Are you related to the male applicant closer than second cousin?  No Yes   No Yes
3. Are you related to the female applicant closer than second cousin?  No X Yes  No X Yes  No X Yes	4. Are you now under the influence of intoxicating liquor?
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No Yes	5. Are you now under the influence of a narcotic drug? No Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	III whose we gave
	Matthew W. Jones
The Control of the Co	
7. Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above dependent children?  No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8 Full name of father It dry day fair / laftfett	8. Full name of father And The Thing I glade a
Residence of father (if deceased so state) Mache. It'd	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Saran Miles 1/0811	9. Full maiden name of mother for wette him Walker
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.  County of HENDRICKS  as: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS  sa: I depose and state the information given in this application is true and correct.
Signed & Dell I mell	CIBARBARA LO
Now Address 1707 Pierce Dr P/El	Signed
Subscribed and sworn to before me this A day of day of	New Address
Mary Court Planel HENDRICKS	Subscribed and sworn to before me this day of 19
Clerk Circuit Court	11 Cark HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana.	
County of HENDRICKS	State of Indiana,
Signed	County of HENDRICKS ss:
Signed	SignedFather
Mother	SignedMother
day of	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LIGHT	
HENDRICKS LICENSE ISSUED BY ORDER OF COUL	RT. A marriage li
authorizes and directs the issuance  RETURN OF MARRIAGE LICENS	RT. A marriage license having been refused to the above named parties, the court by written order issued
Programme and directs the issuance	of a marriage license to the characteristics and most
Be It Remembered, there was filed in my office a manufacture	SE AND MARRIAGE CERTIFICATE  tinse issued by the clerk of the HENDRICKS  Circuit Court  The state of the HENDRICKS  Circuit Court
of Indiana dated the day of day of	and BARBARA L. JONES  BEAND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  to gether as husband and wife  BARBARA L. JONES
Be it further remembered, the following marriage certification	and 1987, authorizing the joining together as husband and wife
RONALD PRILLIMAN	office, to-wit:
State of Indiana Communication No.	mse issued by the clerk of the HENDRICKS Circuit Court  , 1987, authorizing the joining together as husband and wife and BARBARA L. JONES office, to-wit:  hereby certify that on the 30th day of AUGUST at MOORESVILLE , County of MORGAN of MARION County of IN
and, Bride NOELL L. NIGHBERT	at MOORESVILLE day of AUGUST
were by me united in marriage as outher of	at MOORESVILLE , County of MORGAN , County of IN.
Dated this 26th	that purpose by the Clerk of the Circuit Court of HENDRICKS  MORGAN  County of MORGAN  County, State of IN  HENDRICKS  HENDRICKS  HENDRICKS
Dated this 26th day of AUGUST, 19 87	that purpose by the Clerk of the Circuit Court of HENDRICKS  The County of IN The Court of HENDRICKS
, 19 87	C: .
rued and recorded in accordance with the laws of the State	Signed /s/ RONALD PRILLIMAN Official Designation MINICOLUMN
State of Indiana this	Official Designation MINISTER  1st SEPTEMBER 27
Filed and recorded in accordance with the laws of the State of Indiana this	Signed SEPTEMBER , 19 87
	Signed Clerk  HENDRICKS Circuit Court
	TIENDRICKS Circuit Com

1 Are you related to the 4. Are you now under to 5. Are you now ander to

If answer is "veil 1 in compliance with an 8 Full name of father. Residence of father III 9. Full maider name of n

Are you required by a dependent children

CONSENT OF PARE

.Circuit Court

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

398

HENDRICKS

... Circuit Court

ile	
	8-21-87
	Date of Application

MALE Medical Examination Report Dated 8-14-87	FEMALE Date of Application
Name of Physician William A. Duncan	Medical Examination Report Dated 8-14-87
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who	Transition Physician Correction 17. 15 uncar
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	ever procures the issuance of a license to marry by any false statement, representation or pretense
First Middle	FEMALE APPLICANT
Bernard Ray Porter	Name First
Date of Birth Month Day Year	Date of Birth Month Coleen Thompson
Place of Birth (State or foreign country)	Year Year
Residence Address Street or R. R. City County State	DOM:
Residence Adultes Residence Adultes State REA BOX 85 A Danville Hen FU	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	PR2 Boy 85A DANVIlle Hen IN.
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
August last	Date of birth verified by: KBirth Certificate UJudicial Decree
Other (Specify) William Milkse /	Other(Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves -	
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No Page Yes	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	The state of the s
7. Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Burnard Ray Porter	8. Full name of father Wayney W. Thompson
Bridge and to the self deceased as state) Alcohole	Belle Seel . On
Residence of father (if deceased so state)  Outlook  Diff	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Leve Suite, SA
9. Full maiden name of mother Julit Eller Mylrs	9. Full maiden name of mother Jayce Callen Jarrett
Residence of mother (if deceased so state) Menting will	Many ill &
Residence of mother (in deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS    I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Section 1   Section 2
County of	
Signed Bernard R. Porter St.	Signed Sanman Thompson
New Address 367 NORTH ST. Danville	New Address 35 TB NOOTK St
	Subscribed and sworn to before me this. 2 day of Muguet., 19 8
Subscribed and sworn to before me this day of Alle Alle 1987.	Subscribed and sworth of the subscribed and su
My fase Mosel Clerk HENDRICKS Circuit Court	Milly Jan Ellesell Clerk HENDRICKS Circuit Court
10	TO STATE OF CHARMAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana	State of Indiana, HENDRICKS } ss:
State of Indiana, County of HENDRICKS ss:	County of Section 1
ounty of	Signed Father
Signed Father	Mother
Signed Mother	Signed
Subscribed and sworn to before me thisday of19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	Il and the share remed parties the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above hanged parties, the
HENDOUGKS (AMERICA)	OHFL DV WITCEN OLGO
	a minera license to the above named parties.
M.L.A. autilitizes and direction of the state of the stat	SE AND MARRIAGE CERTIFICATE HENDRICKS
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE  nse issued by the clerk of the
of Indiana dated the day of My Man	, 19 S, authorizing the joining together as husband and wife
of Indiana dated the day of Muguest	and SHANNON C. THOMPSON
Be it further remembered, the following marriage certificate was filed in my of the control of t	hereby certify that on the 22nd day of HENDRICKS
1)	County of
one thousand nine hundred and 87	UENDRICKS County, State of
State of Indiana, Groom	that purpose by the Clerk of the Circuit Court of
were by me united in marriage as authorized by a marriage license issued for	
D-1	7 /s/ CHRIS E. WINK
Dated this 22nd day of AUGUST 198	Signed MINISTER  Official Designation MINISTER
	Official Designation

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

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

FEMALE

File_ 8-21-87
Date of Application

8-18-87

399

No.

	Medical F.Xallillatton
MALE 8-18-87	Medical Examination Report Dated 8-18-87  Name of Physician Ronald Stege moller
MALE Medical Examination Report Dated  8-18-87  Report Dated  Steep, molley	Name of Physician
Name of Physician Ronald Swag "Palse statement - Who	ever procures the issuance of a ficense to find
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Name of Physician  iever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
MALE APPLICANT	Name First Sue Stanley
Name First Middle MacPherson	Date of Birth Month Day Year
Date of Birth Month Day (9	Pinth (State or foreign country)
8 14	Short of R R City County
Connecticutt County State	Residence Address Street of R. R. Danville Hen Tu
Residence Address PRI BOY 37AA Street or R. R. City HEN FN	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Boded By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate  Judicial Decree	
Other (Specify)	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  NOT Yes D
No Yes I	1. Are you now or have you evel.  If answer is "yes", has the adjudication been removed?  No□ Yes□
If answer is "yes", has the adjudication been removed?  No Yes  No Yes	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease:	3. Are you related to the male applicant closer than second cousin? No. Yes D
3. Are you related to the female applicant closer than second cousin:	4. Are you now under the influence of intoxicating liquor? No Yes D
4. Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic drug?  Note Yes D
Are you now under the influence of a narcotic drug?     List the full names of any dependent children.	6. List the full names of any dependent children.
a. Loss toll right telement or any organization	
	7. Are you required by any court order or orders to support the above
<ol> <li>Are you required by any court order or orders to support the above dependent children?</li> </ol> No □ Yes □	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.  8 Full name of father Robert Odis Stonley
8. Full name of father Stephen Albert MacPherson	8. Full name of father RODEY & CONS STORMEY  Danville IN.
Residence of father (if deceased so state) Lizton II.	Residence of father (II deceased so state)
Birthplace of father (State or foreign country) California	Birthplace of father (State or foreign country) Indiana
B. Full maiden name of mother Susan Lynne Keller	9. Full maiden name of mother Wanda Aileen Keck
Residence of mother (if deceased so state) Lizton In.	Residence of mother (if deceased so state) Danville, IV.
Birthplace of mother (State or foreign country) Indiana	Todiana
and anymore or annually to also or for eight country)	25 April 19
County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
Signed have Marchine	Simula Connie Stanley
New Address 194 North Cross	SISTERIOR STATE OF THE CONTRACT OF THE CONTRAC
Subscribed and sworn to before me this 2/ day of Quant 1987	New Address 44 NOOTH COSS
mary Jane Russell Gerk HENDRICKS Circuit Cont	Subscribed and sworn to before me this. 2 day of August, 1987
Clerk Circuit Court	Mary Jane, Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONGRAM
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
parties and anticome anticome and anticome and anticome and anticome and anticome anticome and anticome anticome anticome anticome and anticome ant	signs, state facts which render the consent of the other parent unnecessary
State of Indiana.  Granty of HENDRICKS as:	State of Indiana,
The second secon	HENDRICKS
	County of HENDRICKS ss:
Signed	
Signed Mother	Signed Robert Or Stanling Father
Father Mother	Signed Robert Or Stanley Father Signed Mother
Signed Father  Subscribed and sworn to before me this day of	Signed Father  Signed Mother  Subscribed and sworn to before me this 2 day of Quant 1987
Signed Mother Subscribed and sworn to before me this day of 19	Signed Robert Or Stanley Father Signed Mother Subscribed and sworn to before me this 2 day of Quality 1987
Signed  Subseribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	Signed Robert Or Stanley Father  Signed Mother  Subscribed and sworn to before me this 2 day of August 1987  Mary Jane Russell Clerk
Signed  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	Signed Robert Or Stanley Father Signed Mother Subscribed and sworn to before me this 2 day of August 19.87  Mary Jane Russell Clerk
Signed  Signed  Mother  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  HENDRICKS  County  authorizes and directs the issuance	Signed Robert O Stanley Father  Signed Mother  Subscribed and sworn to before me this 2 day of Quagust 1997  Marriage license having been refused to the above named parties, the ourt by written order issued age wawer and filed
Signed  Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  HENDRICKS County	Signed Refer To Signed Mother  Subscribed and sworn to before me this 2 day of August 1987  The Published RT. A marriage license having been refused to the above named parties, the ourt by written order issued age waver and filed of a marriage license to the above named parties.
Signed  Mother  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  HENDRICKS  County  authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  All Remembered, there was filed in my office a marriage license.	Signed Refer Or Stands Father  Signed Mother  Subscribed and sworn to before me this 2 day of Quaguat 19.87  The RT. A marriage license having been refused to the above named parties, the ourt by written order issued aga waver and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE
Signed  Mother  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  HENDRICKS  County  authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  All Remembered, there was filed in my office a marriage license.	Signed Refer Or Stands Father  Signed Mother  Subscribed and sworn to before me this 2 day of Quaguat 19.87  The RT. A marriage license having been refused to the above named parties, the ourt by written order issued aga waver and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE
Signed  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  HENDRICKS  County  authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  RETURN OF MARRIAGE LICEN  Father  Mother  Clerk  Complete IF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Father  Mother  Clerk  Complete IF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  Authorizes and Authorizes and Authorizes and Authorizes ISSUED, BY ORDER OF COU  AUTHORIZED AND AUT	Signed Refer Or Signed Mother  Subscribed and sworn to before me this 2 day of Quant 1987  Mary Jane Russell Clerk  RT. A marriage license having been refused to the above named parties, the ourt by written order issued and wave and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Inse issued by the clerk of the HENDRICKS Circuit Court 1927, authorizing the joining together as husband and wife
Signed  Signed  Mother  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COUNTY  HENDRICKS  County  authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  of Indiana dated the  day of August  KEVIN MacPherson  Be it further remembered, the following marriage certificate was filed in my  I,  P. MICHAEL  Mother	Signed Referred Mother  Subscribed and sworn to before me this 2 day of August 19.87  The RT. A marriage license having been refused to the above named parties, the ourt by written order issued age waver and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Inse issued by the clerk of the HENDRICKS Circuit Court of the August 19.87, authorizing the joining together as husband and wife and CONNIE STANLEY
Signed  Mother  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COU  HENDRICKS  County  authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  of Indiana dated the  day of  KEVIN MacPherson  Be it further remembered, the following marriage certificate was filed in my  eme thousand nine hundred and	Signed Refer Or Stands Father  Signed Mother  Subscribed and sworn to before me this 2 day of August 1987  The Public Clerk  RT. A marriage license having been refused to the above named parties, the ourt by written order issued age waver and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Inse issued by the clerk of the HENDRICKS Circuit Court and 1927, authorizing the joining together as husband and wife and office, to-wit:
Signed  Signed  Mother  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COUNTY  HENDRICKS  County  authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  of Indiana dated the  day of August  KEVIN MacPherson  L. P. MICHAEL THORNBURG  one thousand nine hundred and  87  State of Indiana, Groom  KEVIN MacPherson  KEVIN MacPherson  RETURN OF MARRIAGE LICENSE  RETURN	Signed Refer Or Signed Mother  Subscribed and sworn to before me this 2 day of Quant 1987  The RT. A marriage license having been refused to the above named parties, the ourt by written order issued age wave and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE mase issued by the clerk of the HENDRICKS Circuit Court and filed office, to-wit:  Authorizing the joining together as husband and wife office, to-wit:  hereby certify that on the 29th day of AUGUST
Signed  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COUNTY  HENDRICKS  County  authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  RETURN OF MARRIAGE LICEN  Father  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  Authorizes and directs the issuance  RETURN OF MARRIAG	Signed Refer Or Subscribed and sworn to before me this 2 day of Quant 1987  The RT. A marriage license having been refused to the above named parties, the ourt by written order issued and wife of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE mase issued by the clerk of the HENDRICKS Circuit Court and find office, to-wit:  Authorizing the joining together as husband and wife office, to-wit:  A hereby certify that on the 29th day of AUGUST HENDRICKS.
Signed  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COUNTY  HENDRICKS  County  authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  RETURN OF MARRIAGE LICEN  findiana dated the  day of day of day  KEVIN MacPherson  Be it further remembered, the following marriage certificate was filed in my  ene thousand nine hundred and  87  State of Indiana, Groom  KEVIN MacPHERSON  KEVIN MacPHERSON  KEVIN MacPHERSON  KEVIN MacPHERSON	Signed Refer Or Signed Mother  Subscribed and sworn to before me this 2 day of Ougust 1987  RT. A marriage license having been refused to the above named parties, the ourt by written order issued age waver and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE mse issued by the clerk of the HENDRICKS Circuit Courant and parties, authorizing the joining together as husband and wife office, to-wit:  hereby certify that on the 29th day of AUGUST County of HENDRICKS
Signed  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COUNTY  HENDRICKS  County  authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  RETURN OF MARRIAGE LICEN  Aday of August  KEVIN MacPherson  Be it further remembered, the following marriage certificate was filed in my  I, P. MICHAEL THORNBURG  ene thousand nine hundred and  State of Indiana, Groom  KEVIN MacPHERSON  And, Bride  CONNIE STANLEY  Were by me united in marriage as authorized by a marriage license issued for	Signed Reference Signed Mother  Subscribed and sworn to before me this 2 day of Quaguat 1987  The RT. A marriage license having been refused to the above named parties, the ourt by written order issued age wave and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Inse issued by the clerk of the HENDRICKS Circuit Court and office, to-wit:  CONNIE STANLEY  Connected Mother Standard Age of August Au
Signed  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COUNTY  HENDRICKS  County  authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  RETURN OF MARRIAGE LICEN  Aday of August  KEVIN MacPherson  Be it further remembered, the following marriage certificate was filed in my  I, P. MICHAEL THORNBURG  ene thousand nine hundred and  State of Indiana, Groom  KEVIN MacPHERSON  And, Bride  CONNIE STANLEY  Were by me united in marriage as authorized by a marriage license issued for	Signed Reference Signed Mother  Subscribed and sworn to before me this 2 day of Quaguat 1987  The RT. A marriage license having been refused to the above named parties, the ourt by written order issued age wave and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Inse issued by the clerk of the HENDRICKS Circuit Court and office, to-wit:  CONNIE STANLEY  Connected Mother Standard Age of August Au
Subscribed and sworn to before me this day of 19	Signed
Subscribed and sworn to before me this day of 19	Signed
Subscribed and sworn to before me this day of 19	Signed Robert O Signed Mother  Subscribed and sworn to before me this 2 day of August 1987  The Third RT. A marriage license having been refused to the above named parties, the ourt by written order issued age wave and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court made issued by the clerk of the HENDRICKS Circuit Court and office, to-wit:  And CONNIE STANLEY  Alereby certify that on the 29th day of AUGUST HENDRICKS County, State of HENDRICKS County, State of IN HENDRICKS County, State of IN HENDRICKS County, State of IN HENDRICKS  That purpose by the Clerk of the Circuit Court of HENDRICKS  Signed /S/ P. MICHAEL THORNBURG  Official Designation MINISTER
Subscribed and sworn to before me this day of 19	Signed Robert O Signed Mother  Subscribed and sworn to before me this 2 day of August 1987  The Third Subscribed and sworn to before me this 2 day of August 1987  RT. A marriage license having been refused to the above named parties, the ourt by written order issued age wave and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE mose issued by the clerk of the HENDRICKS Circuit Court and Office, to-wit:  And CONNIE STANLEY  CONNIE STANLEY  CHENDRICKS County of HENDRICKS  HENDRICKS County, State of IN HENDRICKS  That purpose by the Clerk of the Circuit Court of HENDRICKS  Signed /S/ P. MICHAEL THORNBURG  Official Designation MINISTER  1st day of May of May of August THORNBURG
Subscribed and sworn to before me this day of 19	Signed Robert Signed Mother  Subscribed and sworn to before me this 2 day of Quagnot 1987  The RT. A marriage license having been refused to the above named parties, the ourt by written order issued agree and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Inse issued by the clerk of the HENDRICKS Circuit Court  and office, to-wit:  CONNIE STANLEY  Chereby certify that on the 29th day of AUGUST  AUGUST  AUGUST  AUGUST  County of HENDRICKS  County, State of IN  That That State of IN

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

400

HENDRICKS

Circuit Court

TIENDRIC	
MALE	County 8-21-8 Date of Application
Medical Examination Report Dated 8-17-87	FEMALE
Name of Physician	Medical Examination Report Dated 8-14-87
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement, Wa	Name of Physician Laggato
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Wh shall be fined in any sum not exceeding five hundred dollars (8500,00)".  MALE APPLICANT	oever procures the issuance of a license to marry by any false statement, representation or pretens
Name First 1 Middle	FEMALE APPLICANT
Date of Birth Month Month Day Day Dardur	Name First Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Day Taton
A.	Place of Birth (State or foreign country)
Residence Address Street of R. R. City County State	Residence Address Street of R
Previous Marital Status Never Married P OR	44 S. Street of R. R. City County State
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Other (Specify)	Date of birth verified by: Birth Certificate  Judicial Decree
I. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	Other(Specify)
If answer is "yes", has the adjudication been removed? No U Yes U	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No TYes D	If answer is "yes", has the adjudication been removed?  No Yes C  Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?  4. Are you now under the influence of intexicating liquer?  No D year  No D year	3. Are you related to the male applicant closer than second cousin?  No Yes C
No. 1886	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug?     No Yes      No Yes	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	
dependent children' No□ Yes□	7. Are you required by any court order or orders to support the above dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Schand Arange	compliance with any court order or orders issued for their support.
Vana of	8. Full name of father fames of Falon
1	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother force of willinger	9. Full maiden name of mother Tail Mamburo
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
County of HENDRICKS I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Bas: I depose and state the information given in this application is true and correct.
x yout of specimen	Doid a Divers
Signed LKI A Shores	Signed Signed
New Address	New Address
Subscribed and sworn to before me this day of May 19.82.	Subscribed and sworn to before me this day of HENDRICKS
Many and Gerk HENDRICKS Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
igns, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
state lacts which render the consent of the other parent unnecessary	
State of Indiana, HENDRICKS	State of Indiana, HENDRICKS County of
	Signed
SignedFather	Signed Mother
Signed Mother	Subscribed and sworn to before me this
ubscribed and sworn to before me this day of	Subscribed and sworn to before me and
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
HENDRICKS Country Con	urt by written order issued
nauthorizes and directs the issuance of	f a marriage license to the above named parties.
	THE PRINCE CERTIFICATE
Be It Remembered, there was filed in my office a marriage licen.	se issued by the clerk of the
Be It Remembered, there was filed in my office a marriage license of Indiana dated the gibb day of Splinker	, IFICH ANN PATON
MICHAEL ANTHONY CAPDNER	To a to wit!
e it further remembered, the following marriage certificate was filed in my of the HAROLD L. LEININGER	ereby certify that on the13thday ofSEPT.
HAROLD L. LEININGER  ne thousand nine hundred and  A CARDNER	ttBROWNSBURG, County of HENDRICKS,
tate of Indiana, Groom MICHAEL ANTHONY GARDINER	County State of IN
nd, Bride	HENDRICKS HENDRICKS
ere by me united in marriage as authorized by a marriage license issued for	
ated this 14th day of SEPT. 19.87	Signed /s/ HAROLD L. LEININGER
day of	Official Designation MINISTER

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

Indiana State Board of Health under Authority of LC. 31-1-3-2

Effective July 1, 1977

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

FEMALE

No		
File		
	1	

Medical Examination Report Dated MALE Name of Physician ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". Medical Examination Report Dated. MALE APPLICANT Date of Birth Place of Birth (State or foreign country) Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: D Birth Certificate Dudicial Decree Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes O No Yes Are you now or have you ever been adjudged to be of unsound mind. If answer is "yes", has the adjudication been removed? No Tyes D No Yes 2. Are you afflicted with a transmissible disease? If answer is "yes", has the adjudication been removed No Yes No Yes 3. Are you related to the male applicant closer than second cousin cted with a transmissible disease No D Yes D No Yes 4. Are you now under the influence of intoxicating liquor No Yes D No Yes 5. Are you now under the influence of a narcotic drug? No Yes 6. List the full names of any dependent children Are you required by any court order or orders to support the above No Yes D No Ves dependent children If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support 8. Full name of father_ Residence of mother (if deceased so state) Residence of mother (if deceased so state). Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS HENDRICKS County of .. HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent upp signs, state facts which render the consent of the other parent unnecessary. State of Indiana. HENDRICKS State of Indiana, **HENDRICKS** County of .... Signed... Signed..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 28 th very Be it further remembered, the following marriage certificate was filed in my office, to-wit: LARRY HESSON hereby certify that on the 28th day of AUGUST State of Indiana, Groom MICHAEL K. CALVERT at DANVILLE , County of HENDRICKS and, Bride SUSAN GRACE MAHAN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Signed /s/ LARRY R. HESSON Official Designation.....JUDGE SUPERIOR COURT 2

Signed Many Jane

# WE CHOCKSTOCKS

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICE. HENDRICKS ___County

ENSE	File	
	8-27.87	
	Date of Application	_
		_

402

State of Indiana
County of HENDRICS

CONSENT OF PARENTS P

.. Circuit Court

orm Prescribed By diana State Board of APPLICATION	HENDRICKS County Date of Application
diana man man man man man man man man man	HENDRICKS County Date of Application
ffective July 1, 1977	FEMALE Medical Examination Report Dated
7-1-7	2. Assay
MALE Medical Examination Report Dated	Name of Physician  ement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  First Middle Last
Name of Physician	ement-Whoever procures the issuance of a license to marry
OUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "Faise satisfies hundred dollars (\$500,00)".	FEMALE APPLICANT
APPLICANT	Name Name
Middle Co. Mr. Mr.	Date of Birth Month
Day Year	Place of Birth (State or foreign country)
ite of puru	D. P. City & County Series
City	State Residence Address Holland. Plan.
sidence Address Street or R. R. Janton Ind	Previous Marital Status: Never Married OR
revious Marital Status: Never Married OR	Divorce Annument
Death Divorce Annument	Date of birth verified by: Birth Certificate Judicial Decree
ate of birth verified by: Birth Certificate Judicial Decree	Other (Specify) Dr. Ale be of unequed mind?
Other (Specify)	1 Are you now or have you ever been adjudged to be of dissolid miles
Are you now or have you ever been adjudged to be of unsound mind:	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?	Ves D 2 Are you afflicted with a transfer
	3. Are you related to the man appropriating liquor?
at a mineral marking liquor?	4. Are you now under the influence of a narcotic drug?  No Yes 5. Are you now under the influence of a narcotic drug?
Are you now under the influence of a narcotic drug?	6. List the full names of any dependent children.
List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above No□ Yes□
dependent children?	No Yes dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof the	hat you are in  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in  compliance with any court order, or orders issued for their support.
compliance with any court order or orders issued for their support.	8. Full name of father
Full name of father the to the total	Residence of father (if deceased so state) higher than Manga
Residence of father (if deceased so state)	Tourself of the
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Doutly H. Whyth	9. Full maiden name of mother
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS    Sas: I depose and state the inform in this application is true and the information in the application is true and the information in	nation given and correct.  State of Indiana, HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
Signed + Forsest Earl Summer	signed & Elinabeth A. Hoad
Signed J. J. Market Sudden Land State Stat	Shough Plainter
	37
MORE PERSONAL HENDRICKS	HENDRICKS CONTROLLED
Clerk	Circuit Court Clerk Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only	
signs, state facts which render the consent of the other parent unnecessary	
	signs, state facts which relider the consent of the other parent
State of Indiana.	
County of HENDRICKS	State of Indiana, County of HENDRICKS }ss:
Signed	
Signed	Father Signed Fath
	Mother Signed Moth
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER	R OF COURT. A marriage license having been refused to the above named parties,
TENDRICKS County	Court by written order issued and fi
authorizes and directs	the issuance of a marriage license to the above named parties.
RETURN OF MARRIA	AGE LICENSE AND MARRIAGE CERTIFICATE  marriage license issued by the state of the above named parties.
of Indiana dated the	MAGE LICENSE AND MARRIAGE CERTIFICATE  marriage license issued by the clerk of the HENDRICKS Circuit Co
FORDER P. day of	marriage license issued by the clerk of the HENDRICKS Circuit Co
BOYD J. SELLERS	hereby certify that on the 18th day of SEPT.
one thousand nine hundred and	hereby certify that
STORMER'S	TENDRICING.
County. oy a marriage licer	rese issued to County, State of County, State of
Dated this 18th day of SEPT.	HENDRICKS HENDRICKS
	, 1987
Filed and recorded in accordance with the laws of the State of I	Signed /s/ BOYD J. SELLERS Official Designation
the laws of the State of I	Official DesignationMINISTER

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

Mu

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

403

MALE Medical Examination Report Dated 8-15-87	Pate of Application  FEMALE
(0)	Medical Examination Report Dated Que 15, 1987
Name of Physician James Black MW.	
OUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement, My	Name of Physician pres Black MtD.
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	PEMALE ADDITIONS
Name First Middle Platt	Name First Middle Last
Date of Birth Day Year 1964	Date of Birth Month, Marie Janke
1 (Contract foreign country)	Day Year
Alcago Lee	Place of Birth (State or foreign country)
Residence Address Street of R. R. City County State	Residence Address Street or R. R. City County State
	- Grownshing In.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate  Judicial Decree
D Other (Specify) Nuvers dicense	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Other(Specify)
If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Wes O	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin? No Ves O	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No Tyes D	3. Are you related to the male applicant closer than second cousin?  No ☐ Yes ☐  4. Are you now under the influence of intoxicating liquor?  No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?  No Yes U
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	and dependent controls.
	The same of the sa
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support	compliance with any court order or orders issued for their support.
Full name of father	8. Full name of father 1 overt 6 father ha
Residence of father (if deceased so state) Drownshing on.	Residence of father (if deceased so state) Adamapoles,
Birthplace of father (State or foreign country) West Vugenia	Birthplace of father (State or foreign quuntry) Sudiana,
Detan M Setter	9. Full maiden name of mother Alama M. 4 Mehappy
Full maiden name of mother / Charge 10.	( Indianapolia)
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) West Vergenia	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS    sa: I depose and state the information given in this application is true and correct.	State of Indiana.  HENDRICKS  Bas: I depose and state the information given in this application is true and correct.
County of All All All All All All All All All Al	1) M/2 60
Signed John 11. Flor	Signed I thrue I fante
New Address Same	New Address Dame
20 Munust 81	Subscribed and sworn to before me this 28 day of July , 195
Subscribed and sworn to before me this. A day of	Maris Come Russell Clerk HENDRICKS Circuit Court
Mary Janu Russell Clerk HENDRICKS Circuit Court	- Harry June 1 June 1
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, or this applicant hereby give consent uppercentage
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
tate of Indiana.	State of Indiana. HENDRICKS
county of HENDRICKS Seattle of Indiana, HENDRICKS	County of
Father	Signed
Signed	Signed
Signed Mother	Subscribed and sworn to before me thisday of 19
Subscribed and sworn to before me thisday of 19	Subscribed and sworn to before the annual subscribed and
	having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the and file court by written order issued
HENDRICKS COUNTY	Court by written order issued
n county and directs the issuance	of a marriage license to the above hamed parties.
authorizes and directs the last	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Course issued by the clerk of the
	All Distriction of the control of th
The 714 manufactor there are filed in my office a marriage	the niging the joining together as hasound and any
Indiana dated the day of day	DONNA MARIE JANAE
JOHN ALAN PLOTT	office, to-wit. SEPT.
e it further remembered, the following marriage certificate was filed in the	hereby certify that on the County of HENDRICKS
e it further remembered, the following marriage certificate was filed in my carriage certificate was filed in my carriage.	at DANVILLE Control State of IN
thousand nine hundred and	of HENDRICKS IN
tate of Indiana, Groom JOHN ALAN PLOTT  nd, Bride DONNA MARIE JANKE of issued for	MARION County, State of HENDRICKS
id, Bride DONNA MARIE JANKE of	that purpose by the Clerk of the Circuit Court of
nd, Bride DONNA MARIE JANKE of marriage as authorized by a marriage license issued for county.	that parps
ounty.	Signed/s/LARRYRHESSON
oated this 9th day of SEPT., 1987.	
	Official Designation SEPT. , 1987
filed and	Official Designation JUDGE SEPT. , 1987  10th day of SEPT. Cleri Signed HENDRICKS Circuit Cour

Form Prescribed By Indiana State Board of

Health under Authority of I.C. 31-1-3-2

Effective July 1, 1977

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

File. -8-8-

8-15-8-

Date of Application

FEMALE Medical Examination Report Dated. MALE Name of Physician_ Medical Examination Report Dated ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense all QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense all QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense all QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense all QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement." shall be fined in any sum not exceeding five hundred dollars (\$500,00) CRANK Last First MALE APPLICANT BALSLEY Middle Day Month Date of Birth Place of Birth (State or foreign country) Street or R. R. County Residence Address Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: 

Birth Certificate

Judicial Decree Lass Marriage Ended By: Death O Divorce Annulment O Date of birth verified by: 

Birth Certificate 

Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes No Yes 1. Are you now or have you ever been adjudged to be of unsound mind If answer is "yes", has the adjudication been removed? No Yes D No Yes If answer is "yes", has the adjudication been removed 2. Are you afflicted with a transmissible disease? No X Yes No Yes afflicted with a transmissible disease 3. Are you related to the male applicant closer than second cousin? No A Yes No Yes Are you related to the female applicant closer than second cousing 4. Are you now under the influence of intoxicating liquor? No Yes D No Yes Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Yes D No Y Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. ist the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No Tyes D dependent children? No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father Residence of father (if deceased so state) Birthplace of father (State or foreign country 9. Full maiden name of mother_ Residence of mother (if deceased so state Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) State of Indiana. State of Indiana, HENDRICKS County of. New Address Sam Subscribed and sworn to before me this HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one We, the parents, of this applicant hereby give consent for this marriage. If only one paren signs, state facts which render the consent of the other parent unnecessary... signs, state facts which render the consent of the other parent unnecessary..... State of Indiana. HENDRICKS State of Indiana, HENDRICKS County of .... sheeribed and sworn to before me this Subscribed and sworn to before me this......day of...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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..... of Indiana dated the. September, 19 8%, authorizing the joining together as husband and wife BRIAN EDWARD BALSLEY Be it further remembered, the following marriage certificate was filed in my office, to-wit: ANNE BLISS CRANKSHAW one thousand nine hundred and ...... hereby certify that on the .......4th .....day of ......SEPT. State of Indiana, Groom BRIAN EDWARD BALSLEY of HENDRICKS County, State of IN IN ..... at DANVILLE , County of HENDRICKS and Bride ANNE BLISS CRANKSHAW HENDRICKS County, State of HENDRICKS HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ...... Dated this 4th day of SEPT. , 19.87... Filed and recorded in accordance with the laws of the State of Indiana this...... Signed /s/ LARRY R. HESSON Official Designation JUDGE SUPERIOR COURT II HENDRICKS CO. 8th day of SEPT.

Signed Alan

MALE

and, Bride

.. Circuit Court

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

-County

MALE Date of Application Medical Examination Report Dated____ FEMALE Medical Examination Report Dated. Name of Physician. Name of Physician P. Botisto ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT Date of Birth Place of Birth (State or foreign country) Residence Address Previous Marital Status: Never Married O OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes If answer is "yes", has the adjudication been removed' No□ Yes□ If answer is "yes", has the adjudication been removed No T Yes 2. Are you afflicted with a transmissible disease? No Yes 2. Are you afflicted with a transmissible disease? No Y Yes 3. Are you related to the female applicant closer than second cousin? No Yes 3. Are you related to the male applicant closer than second cousin No Yes 🗆 Are you now under the influence of intoxicating liquor? No Yes 4. Are you now under the influence of intoxicating liquor? No Yes 5. Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No Yes 6. List the full names of any dependent children 6. List the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above dependent children No Yes No O Yes O If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in 8. Full name of father___ 8. Full name of father. Residence of father (if deceased so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country). Residence of mother (if deceased so state) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country State of Indiana, HENDRICKS State of Indiana, I depose and state the information given in this application is true and correct. HENDRICKS County of .... CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of .... Signed .... Signed .. Subscribed and sworn to before me this _______day of ______, 19.____, Subscribed and sworn to before me this ______day of ______, 19...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 4 day of September , 1987, authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: STEVEN LYNN CLOSE I, ......GEORGE THOMAS BURTON hereby certify that on the hereby certification that hereby certificatio were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County. 87 ...., 19..... Signed....../s/ GEORGE THOMAS BURTON.... ...day of ..... Dated this ..... Official Designation PASTOR 

Signed Many Jane

.....Clerk ... Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

406 No. File_ 8-31-87 Date of Application

2 Are you a

.. Circuit Court

Form Prescribed By Indiana State Board of Indiana I	MARRIAGE 23-31-87
Health under Authority HENDRICH	County Date of Application
of I.C. 311101 1. 1977 Effective July 1. 1977	FEMALE Detect 8-31-92
MALE 8-31-97	Medical Examination Report Dated
Madical Examination Report Dated	Name of Physician Charles Jupple
Name of Physician Charles Impole	over procures the issuance of a license to marry by any false statement, representation or pretense
OUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who	ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED, LC. 31-1-30-3 pt Company State of the Answered Mark (\$500,00)", shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	First Middle
Middle / Deculo	Name Long Diagre Lookso
Charles Day Year	Date of Birth 72
Date of Birth Month	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R. (City (County) (KS ))	RRI WATER STATE TO THE TOTAL TO THE STATE OF
RIK I DISTORTED IN THE STATE OF	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment   Annulment
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate  Judicial Decree	Date of birth verified 05.
	Other(Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
No 2   les -	If answer is "yes", has the adjudication been removed?  No U Yes U
No. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?  No Yes   3. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?  No Yes   4. Are you now under the influence of intoxicating liquor?  No Yes   Yes  Yes
4. Are you now under the influence of intoxicating liquor.	5. Are you now under the influence of a narcotic drug?  No Yes D
Are you now under the influence of a narcotic drug?      No	6. List the full names of any dependent children.
e. Lies the this manus or any department that	
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children? No □ Yes □	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.  8. Full name of father RAIDD R. CODOSSA.
8. Full name of father COF D. Brown	(1:1,:11, 11)
Residence of father (if deceased so state) C(Q, VTQQ, //V	Residence of father (if deceased so state) Style Sulle,
Birthplace of father (State or foreign country) Krntuky	Birthplace of father (State or foreign country)
9. Full maiden name of mother Sara F. Uhinscott	9. Full maiden name of mother Odbra D. Kobinson
Residence of mother (if deceased so state) (Ry 100)	Residence of mother (if deceased so state) Shirt Sville, //
Birthplace of mother (State or foreign country) TO ANA	Birthplace of mother (State or foreign country) Troinna
State of Indiana.  HENDRICKS    I depose and state the information given in this application is true and correct.	State of Indiana,  HENDRICKS    Sa: I depose and state the information given in this application is true and correct.
	County of HENDRICKS in this application is true and correct.
Signed Charles & Brown	Signed Louis & 40 pages
New Address & BOX 339 CLAYTON	New Address R 1 Box 339 Clayton
Subscribed and sworn to before me this 3/ day of August 1987.	Subscribed and sworn to before me this day of Allud 1900.
Clerk HENDRICKS Circuit Court	Many Jane Rusself Gerk HENDRICKS Circuit Court
CONSENT OF BARENTS BARRIES BARRIES	Jerk William Charles
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana.  County of HENDRICKS } ss:	Shell of Y. V.
County of TENDRICKS 88:	State of Indiana, County of HENDRICKS ss:
Signed Father	
Signed	SignedFather
Subscribed and sworn to before me thisday of19	SignedMother
	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LIGHTON	Clerk
HENDRICKS LICENSE ISSUED BY ORDER OF COUR	TT. A marriage license having been refused to the above named parties, the purt by written order issued.
in Clarks office authorizes and directs the issuance of RETURN OF MARRIAGE LICENS.	T. A marriage license having been refused to the above named parties, the purt by written order issued. age waives and filed of a marriage license to the above named parties, the
authorizes and directs the issuance of	of a mani-
Be It Remembered these RETURN OF MARRIAGE LICENSE	E AND
of Indiana dated the 31	E AND MARRIAGE CERTIFICATE  use issued by the clerk of the HENDRICKS Circuit Court  und HORE HORE JORGEN
Be it further remember BROWN AUGUST	1987
the tollowing	LULIDOM TANK THE STATE OF THE S
one thousand nine hundred and	bute, to-wit:
State of Indiana, Groom	day of SEPT.
County as authorized by	
Dated this	at GOOD SHEPHERD BAPTIST CHURCH, County of MORGAN Of HENDRICKS County, State of IN that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 31st day of AUGUST	HENDRICKS HENDRICKS
Filed and, 1987	C:
and recorded in accordance with the laws of the	Signed /s/ EVERETT BARNARD
the State of Indiana this	Official Designation PASTOR PASTOR
Filed and recorded in accordance with the laws of the State of Indiana this	Signed SEPT 19.87
	Signed SEPT , 19.87 Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

406 8-31-87 Date of Application

Form Prescribed By Indiana State Board of APPLICATION FOR	8-3/87
Indiana State Board of Health under Authority HENDS	RICKS County Date of Application
Effective July 1, 1977	FEMALE Papert Dated 8-3/-82
0.2100	Medical Examination Report Dates
MALE Medical Examination Report Dated  6-3/8/	Name of Physician Charles Supple
Name of Physician Clarles Inpple	Whoever procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—	Whoever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	Name First Niddle Last
First Middle   RENVID	Date of Birth Month Day Year
Date of Birth Month Day Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	THAT CITY
Residence Address Street or R. R. City County State	Residence Address Street or R. R. Shirswille Hendricks M
R.R. Box 339 (layton) Helloniks	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: A Birth Certification	Other (Specify)
Other (Specify) Nor Yes	Are you now or have you ever been adjudged to be of unsound mind?  No Yes O
If answer is "yes", has the adjudication been removed?	
Are you afflicted with a transmissible disease?	at the state of th
Are you related to the female applicant closer than second cousin?	
4. Are you now under the influence of intoxicating liquor:	
5. Are you now under the influence of a narcotic drug:	6. List the full names of any dependent children.
6. List the full names of any dependent children.	
- 40,000	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No□ Yes	□ dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support.  Full name of father COTI R. Brown	8. Full name of father Ra/Db R. Lopossa.
Residence of father (if deceased so state) (10 V ton, /N	Residence of father (if deceased so state) Stik Sville, IN
Birthplace of father (State or foreign country)	Tadiana
Com T Uhlaced	Birthplace of father (State or foreign country)  PobloSco
Full maiden name of mother 210 F. Udill SCOTT	9. Full maiden name of mother (1)   10   10   10   10   10   10   10
Residence of mother (if deceased so state) (I(A) TOY) // (I	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)  State of Indiana,
County of HENDRICKS   I depose and state the information give in this application is true and correct	ct. County of HENDRICKS   ss: I depose and state the information given in this application is true and correct.
Signed Charles & P.	
New Address L. Box	
Subscribed and sworn to before me this	my C
Mary force Russell go I. Ralot	h R. hopossa , hereby give my c
	ter; LORI DIANE LOPOSSA
CONSENT OF PARENTS, PARENT OR GUARDIAN INVOICE USE	
We, the parents, of this applicant hereby give consent marry CH	ARLES E. BROWN.
gns, state facts which render the consent of the other	
	Kalsh K 2 sposse
	20th . s Aug
Subscribed	and sworn to before me this 28th day of Lug-
tate of Indiana,	
ounty of SS:	Janet Silis
Signed	/Notary Public
Signed	My Commission
bscribed and sworn to before me thisday	
	Subscribed and sworn to before me thisday of
OMPLETE IF MARRIAGE LICENSES	Clerk
HENDRICKS COUNTY ISSUED BY ORDER OF COL	URT. A marriage license having been refused to the above named parties, the Court by written order issued.
Clerks office authorizes and directs the issuance  RETURN OF MARRIAGE LICEN	URT. A marriage license having been refused to the above named parties, the Court by written order issued. age waives and filed se of a marriage license to the above named parties.
DEFENSE and directs the issuance	e of a marriage license to the above panel
Be It Remembered the MARRIAGE LICEN	NCE AND TO
Indiana dated the 31 day of NICHOT	cense issued by the clerk of the HENDRICKS Circuit Court
tomorrea, the tollowing	uulnorizing the initial to the head and and wy
EVERETT BARNARD marriage certificate was filed in my	andLORILOROSCA
thousand nine hundred and	hand
te of Indiana, Groom	day of SEPT.
why as authorized by	County, State of
ed thisday of AUGUST, 198	r that purpose by the Clark to County, State of IN
AUGUST, 19. o	07
ed and recorded in and	Signed
ed and recorded in accordance with the laws of the State of Indiana this	Official Designation PASTOR
Indiana this	Official Designation PASTOR  8th day of CERTA
	SERT 19 97

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HENDRICKS

.Circuit Court

# APPLICATION FOR MARRIAGE LICENSE

406 8-3187

.. Circuit Court

Health under Authority	LICATION FOR	MARRIAGE LICETON	8-3 Date of	of Application
of I.C. 31-1-3-2 Effective July 1, 1977				** ** Princation
		FEMALE Medical Examination Report Dat	ed_ 8-3/-82	
MALE Medical Examination Report Dated  6-3/8	97	Name of Physician Charles	Jupple	Contract Contract
Medical Examination Report Date August		Name of Physician	y any false statement.	representation or
Name of Physician Clarles Jupple  ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 presenting five hundred dollars to	scribed "False statement-Who	pever procures the issuance of a ficense to find		or pretense
shall be fined in any sum not exceeding five hundred by	\$500,00)".	FEMALE		
MALE APPLICANT	Last	Name First	Diane	Last
Name First Middle Edward	Brown	Date of Birth Month	Day	Year
Date of Birth Month Day	Year (09	Place of Birth (State or foreign country)	- 1	12
Place of Birth (State or foreign country)	(U)	1/1/1/4	na City	County
Residence Address Street or R. R. City	County, State	Residence Address Street or R. R.	Shlesville	Hendricks IN
R.R. I Box 339 (layton)	HENVIICKS /M	Previous Marital Status: Never Married OR		
Previous Marital Status: Never Married OR		Last Marriage Ended By: Death Divorce	Annulment 🗆	
Last Marriage Ended By: Death Divorce Annulment		Date of birth verified by Birth Certificate	Judicial Decree	
Date of birth verified by: Birth Certificate  Judicial Decree				
Other (Specify)	V -	Other (Specify)  1. Are you now or have you ever been adjudged to be	ne of unsound mind?	W. W
1. Are you now or have you ever been adjudged to be of unsound mind?	Nor Yes -	Are you now or have you ever been adjudged to the lift answer is "yes", has the adjudication been rem		No Yes D
If answer is "yes", has the adjudication been removed?	No Yes	If answer is yes, has the adjusted as a life answer is yes. Has the adjusted as a life answer is yes. Has the adjusted as a life answer is yes. Has the adjusted as a life answer is yes. Has the adjusted as a life answer is yes. Has the adjusted as a life answer is yes. Has the adjusted as a life answer is yes. Has the adjusted as a life answer is yes. Has the adjusted as a life answer is yes. Has the adjusted as a life answer is yes. Has the adjusted as a life answer is yes. Has the adjusted as a life and the adjusted as a life and the adjusted as a life answer is yes. Has the adjusted as a life and the adju		No Yes D
2. Are you afflicted with a transmissible disease?	No Yes	Are you related to the male applicant closer than	second cousin?	No Yes 🗆
3. Are you related to the female applicant closer than second cousin?	No No Yes □	4. Are you now under the influence of intoxicating		No Yes D
<ul><li>4. Are you now under the influence of intoxicating liquor?</li><li>5. Are you now under the influence of a narcotic drug?</li></ul>	No Yes	5. Are you now under the influence of a narcotic dr	ug?	No Yes D
6. List the full names of any dependent children.		6. List the full names of any dependent children.		The second second
7. Are you required by any court order or orders to support the above		7. Are you required by any court order or orders to	support the above	of transmission of
dependent children?	No Yes	dependent children?		No □ Yes □
If answer is "yes", it is required that this Application be accompanied by s	satisfactory proof that you are in	If answer is "yes", it is required that this Applicat		isfactory proof that you are in
compliance with any court order or orders issued for their support.  8. Full name of father COLL D. Brown		compliance with any court order or orders issued	for their support.	
di- I IN		8. Full name of father Ra (ph) R. Cof	Lesville 11)	
Residence of father (if deceased so state) (QVTO), //V		Residence of father (if deceased so state)	ovinc, in	
Birthplace of father (State or foreign country)		Birthplace of father (State or foreign country)	narana	
9. Full maiden name of mother are to uninsott		9. Full maiden name of mother Och D.	Kobinson	
Residence of mother (if deceased so state)		Residence of mother (if deceased so state)	rsville, M	
Birthplace of mother (State or foreign country)		Birthplace of mother (State or foreign country)	ndana	
State of Indiana, County of HENDRICKS  S8: I depose and s in t	state the information given	State of Indiana,	. I depose and sta	te the information given
Signed Morles E				
New Address L BOX	- Nodra	100-550	hana	har after my consent
Subscribed and sworn to before me this	I, Deara	LOPOSSA	, rere	by give my consent
TUDY JULE KILLSELL CIE	my danahter	C, WORL DIANE	= LOPOS	SSA
COMPANY OF THE PARTY OF THE PAR			11/10/1	The second second
CONSENT OF PARENTS, PARENT OR GUARDIAN	marry (HA	RIES E. BROWN	· ·	
We, the parents, of this applicant hereby give consent				
signs, state facts which render the consent of the other			DONKA	Lopessa
	Cubanalla	<u> </u>	201	1087
	Subscribed ar	nd sworn to before me t	his do da	y of aug. 190
				0 011.
State of Indiana, HENDRICKS ss:			Janet &	1. allan
County of ALNDRICKS S8:	/	7	Nota	ry Public
Signed			My Com	mission Expirate
Signed			111	
ubscribed and sworn to before me thisday			0	where is some of the latest to be seen the
	·	Subscribed and sworn to before me this	day of	, 19
OMPLETE LE MADDIGE	Clerk			Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY HENDRICKS County County	Y ORDER OF COURT	A		
Clerks of 1: 00	ut Cou	rt by weitte	ed to the above r	named parties, the
an additionizes an	d directs the issuance of	a manni	iver	and filed
Be It Remembered the	MARRIAGE LICENSE	AND	arties.	
f Indiana dated the	office a marriage license	e issued by the	LIDBICKS	
Fe It Remembered, there was filed in my f Indiana dated the	AUGUST	to 87	NDRICKS	Circuit Court
CHARLES BROWN  e it further remembered, the following marriage certif  EVERETT BARNARD  ne thousand nine hundred and 87	ficate was 61-1and	d, 19.07, authorizing the jo	ining together as	husband and wife
EVERETT BARNARD  see thousand nine hundred and 87 tate of Indiana, Groom CHARLES BROWN	was flea in my offi	ice, to-wit: LOPOSSA		
tate of Indiana Creene		reby certify that on the 5th	SEPT	
nd, Bride CHARLES BROWN	Nat	GOOD SHEPHERD BARTIST CHURC	ay of SEFI.	
ounty			nty State of	- which T
ere by me united in marriage as authorized by a marriage at authorized by a marriage at authorized by a marriage at this	The state of the	at purpose by the Clerk of the Circuit Con	urt of HE	NDRICKS
₩₩	5UST, 198.7		ar t 0/	
iled and recorded in accordance with the laws of the St		Signed /s/ EVERETT		the state of
with the laws of the St	tate of Indiana this	ficial Designation PASTOR  8th day of	BARNARD	***************************************

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE Effective July 1, 1977 HENDRICKS _County MALE Date of Application Medical Examination Report Dated FEMALE Medical Examination Report Dated Name of Physician_ Name of Physician_ ALL QUESTIONS MUST BE ANSWERED. Ly. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT Name Middle Date of Birth Place of Birth (State or Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes O 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes O If answer is "yes", has the adjudication been removed! No T Yes If answer is "yes", has the adjudication been removed? No O Yes O 2. Are you afflicted with a transmissible disease? 2. Are you afflicted with a transmissible disease? No Yes D 3. Are you related to the female applicant closer than second cousin 3. Are you related to the male applicant closer than second cousin No Yes 4. Are you now under the influence of intoxicating liquor? 4. Are you now under the influence of intoxicating liquor? No Yes ou now under the influence of a narcotic drug? 5. Are you now under the influence of a narcotic drug? No Yes 6. List the full names of any dependent children 6. List the full names of any dependent children

No T Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their sy 8. Full name of father / Wall Residence of father (if deceased so state). Birthplace of father (State or foreign country) Residence of mother (if deceased so state). Birthplace of mother (State or foreign country). HENDRICKS New Address /19N. Mapi CONSENT OF PARENTS, PARENT OR GUARDIAN

7. Are you required by any court order or orders to support the above

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

HENDRICKS County of ... Mother Subscribed and sworn to before me this _______day of ______, 19...... Are you required by any court order or orders to support the above

No T Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Residence of father (if deceased so state)

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

State of Indiana, HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS Signed. 

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

authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, theye was filed in my office a marriage liceuse issued by the clerk of the..... of Indiana dated the 5th day of September , 19.87, authorizing the joining together as husband and wife and TERESA SIMS Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 87 at ROACHDALE BAPTISH CHURCH, County of PUTNAM and, Bride TERESA SIMS OF PUTNAM County, State of IN HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County. Signed /s/ MORRIS MATT

Dated this 5th day of SEPT. , 19 87 ... Official Designation MINISTER

Filed and recorded in accordance with the laws of the State of Indiana this...... 14th

SEPT. , 19 87 Cle ....day of ..... Signed Many James

# APPLICATION FOR MARRIAGE LICENSE

County

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

HENDRICKS

File. Date of Application

Circuit Court

Medical Examination Report Dated FEMALE Medical Examination Report Dated_ Name of Physician_ ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT . Last Date of Birth Place of Birth (State or fore Date of Birth Place of Birth (State or foreign Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: 

Birth Certificate

Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind No B Yes D No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D If answer is "yes", has the adjudication been removed No Yes If answer is "yes", has the adjudication been removed? No D Yes D 2. Are you afflicted with a transmissible disease No Yes No W Yes D 3. Are you related to the male applicant closer than second cousing 2. Are you afflicted with a transmissible disease? No Ves 3. Are you related to the female applicant closer than second cousin No D Yes D 4. Are you now under the influence of intoxicating liquor No Yes Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug No D Yes D No Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children List the full names of any dependent children. 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No D Yes D dependent children No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for compliance with any court order or orders issued for their suppor 8. Full name of father___ Residence of father (if deceased so state) Residence of father (if deceased so state) Birthplace of father (State or foreign co Birthplace of father (State or foreign country) 9. Full maiden name of mother_ Residence of mother (if deceased so state). Residence of mother (if deceased so state). Birthplace of mother (State or foreign country) HENDRICKS Subscribed and sworn to before me this HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN nts, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary...... signs, state facts which render the consent of the other parent unnecessary..... State of Indiana, HENDRICKS County of .... HENDRICKS County of .... Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued..... .....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the 5th day of Apt Be it further remembered, the following marriage certificate was filed in my office, to-wit:

DAWN DEE O'NEILL , 19. I, authorizing the joining together as husband and wife FRANK E. NORDBY (?)

hereby certify that on the one thousand nine hundred and ..... State of Indiana, Groom GREGG R. TRAVIS Of HENDRICKS 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 Signed /s/ FRANK E. NORDBY (2) Official Designation CLERGYMAN

MALE
Medical Examination Report Dated_

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No	409	
File		

Date of Application

.Circuit Court

Medical Examination Report Dated	LAME I	FEMALE	of Application
Name of Physician	100 to 10	Medical Examination Report Dated	September 1985
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed	l "Falson et al	Name of Physician	And the second of
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed shall be fined in any sum not exceeding five hundred dollars (\$500,000 MALE APPLICANT	n".	pever procures the issuance of a license to marry by any false statement.	
Name First Middle			epresentation or pretense
Malph G. FI	etcher	Name First Middle	
Date of Bittin	Year SS	Date of Birth Month	Ennis
Place of Birth (State or foreign country)	ALL SHOT WHEN	Place of Birth (State or foreign country)	Year 53
Residence Address Street or R. R. City Cour	nty State	01.4	
KCI box 2191 Fotboro		Residence Address Street or R. R. City	County State
Previous Marital Status: Never Married OR	State Labour Bright	Previous Marital States 1	
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Total of you	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D	Trends Sabult second
		Date of birth verified by: Birth Certificate Judicial Decree	The same of the same
Other (Specify)		0 0	
1. Are you now or have you ever been adjudged to be of unsound mind?	No Yes 🗆	Other (Specify)	Section No.
If answer is "yes", has the adjudication been removed?	No□ Yes□	Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes" has the above.	No Yes
2. Are you afflicted with a transmissible disease?	No Yes 🗆	If answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?	No Yes
3. Are you related to the female applicant closer than second cousin?	No Yes□	Are you related to the male applicant closer than second cousin?	No X Yes D
Are you now under the influence of intoxicating liquor?      Are you now under the influence of a narcotic drug?	No Yes 🗆	4. Are you now under the influence of intoxicating liquor?	No O Yes
6. List the full names of any dependent children.	No Yes 🗆	5. Are you now under the influence of a narcotic drug?	No O Yes O
		6. List the full names of any dependent children.	street and a large
	Control of the last of the las		
The state of the s	THE STATE OF		
7. Are you required by any court order or orders to support the above dependent children?	V	7. Are you required by any court order or orders to support the above	the of the latest decision in the
If answer is "yes", it is required that this Application be accompanied by satisfact	No □ Yes □	dependent children?	No□ Yes□
compliance with any court order or orders issued for their support.	ory proof that you are in	If answer is "yes", it is required that this Application be accompanied by sat	isfactory proof that you are in
8. Full name of father Ralph Analyse Ho	reher	compliance with any court order or orders issued for their support.  8. Full name of father Thanks & Company of the court	Deine 3
Residence of father (if deceased so state)	nd	I hall	J. O. M.
Birthplace of father (State or foreign country)		Residence of father (if deceased so state)	And n
2 . M. J. V	CHOOKE	Birthplace of father (State or foreign country)	11014
9. Full maiden name of mother Allah Magla 1	2000	9. Full maiden name of mother They	M (aldwell
Residence of mother (if deceased so state)		Residence of mother (if deceased so state)	elected.
Birthplace of mother (State or foreign country)		Birthplace of mother (State or foreign country)	The second second
State of Indiana,  HENDRICKS ss: I depose and state the in this application is	ne information given	State of Indiana, HENDRICKS as: I depose and state in this application.	te the information given ion is true and correct.
County of this application	true and correct.	0	on is true and correct.
Signed I Tafah E, thelite		Signed & aficia S. Esc	W.D.
New Address RR / Jamestoun	IN	New Address Dans	***************************************
Subscribed and sworn to before me this day of day of	1987	Subscribed and sworn to before me thisday of	1 1987
Man Jane R Navel O HENDRICKS	S Circuit Court	Man Jane Rhasell gerk HEND	RICKS Circuit Court
Clerk	Circuit Court	The state of the s	
CONSENT OF PARENTS, PARENT OR GUARDIAN	THE RESIDENCE	CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage.	. If only one parent	We, the parents, of this applicant hereby give consent for this mars	riage. If only one parent
igns, state facts which render the consent of the other parent unnecess		signs, state facts which render the consent of the other parent unn	
state facts which render the consent of the other parent unnecess	al y		************
State of Indiana,	and the state of the state of	State of Indiana, HENDRICKS ss:	
County of HENDRICKS ss:	- PANET	County of	
Signed	Father	Signed	Father
	Mother	Signed	Mother
Signed		Subscribed and sworn to before me thisday of	19
Subscribed and sworn to before me this			Clerk
	Clerk	ANGEL ST. T. ST. ST. ST. ST. ST. ST. ST. ST.	
COMPLETE IF MARRIAGE LICENSE ISSUED BY O	RDER OF COUR	T. A marriage license having been refused to the above	named parties, the
			and filed
n	rects the issuance o	I a marriage	
	DRIAGE LICENS	E AND MARRIAGE CERTIFICATE  HENDRICKS  The second by the clerk of the the the second by the clerk of the the the second by the clerk of the	Circuit Court
Be It Remembered, there was filed in my offi	ice a marriage licen	se issued by the clerk of the	
Be It Remembered, there was filed in my offi f Indiana dated theday of	Sept-	, 19 authorizing the joining together a	nusoana ana wije
PAIDU E ELEMCHED			
RALPH E. FLETCHER  e it further remembered, the following marriage certificate	e was filed in my o	ffice, to-wit:  Ath certify that on the 4th day of SEPT.	***************************************
HAROLD SEARS		BROWNSBURG County of HE	NDRICKS ,
thousand nine hundred and 87		County, State of	IN
atte of Indiana, GroomRALPH-E. FLETCHEF	₹	BOONE County, State of	IN ,
tate of Indiana, Groom	of	that nurpose by the Clerk of the Circuit Court of HE	NUKICKS
of me united in marriage as authorized by a marriage	license issued for		
ounty.  ated this 4th day of SEPT.	10.87		***************************************
day of SEFI.	barrell .	MINISTER	
A PROPERTY LANGUE AND A PROPERTY LANGUE AND ADDRESS OF THE PARTY AND AD		a+h day of	
'iled and recorded in accordance with the laws of the State	of Indiana this	Since Many Clark Phanel HENDRICK	S C C

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

410 No._ File_

APPLICATION FOR A	S County Date of Application
HENDRICK  1.6C 30: 1-3-2  Montpoor July 1: 0977	
	FEMALE Medical Examination Report Dated  8-25-87
MALE Medical Examination Report Dated	e Physician Glenn W. Baker
Marina de Physician	Name of Physician  ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
Name on a regression of the ANSWERED LC 31-1-3-6 prescribed "False statement - Who	FEMALE APPLICANT
LL QUENTIONS MENT BE ANSWERED IC STOROGO (STOROGO).  All he figure or are sum not exceeding far hundred dollars (STOROGO).  MALE APPLICANT	Name First Last
ma final Middle Mc1300	Date of Birth Month Day Year 70
to of Birth Day Year	Bight (State or foreign country)
one of Birth (State or furnism country)	Street or R. R. City County State
County State	5) S. GRADE BOWN COURSE
Tale E. 50th Indianapolis Na 101	Previous Marital Status: Never Married OR
Principle Marrial Station Never Married C OR	Previous Marital Status.  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
to Macringo Einfeel By: Death D Divorce Annulment D	
V Drivers License	Other (Specify) Divers License  Other (Specify) Divers License  No Yes D
to be of unaound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?  No Yes   Yes   No Yes
If someon in "you" has the adjustication been removed."	2 Are you afflicted with a transmissible disease? No Yes D
Are you afflicted with a transmissible disease. No X Yes -	3. Are you related to the male applicant closer than second cousin?
Are you related to the female applicant closer than second cousin?  No. Yes.	4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes
Acre you now amine the influence of a narcotic drug?	6. List the full names of any dependent children.
List the full names of any dependent children.	Ennifer Nicol Armstrong
	Christian Armstrong
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If assumer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of factor. Houseld B. Nelson	8. Full name of father Paul G. Portuga
Residence of father of facesased so states Ottumura, Jawa	Residence of father (if deceased so state) Decea SEQ
Birthglace of father (State or foreign country). Towa-	Birthplace of father (State or foreign country) Indiana
Full maiden name of mother Hartha Crither	9. Full maiden name of mother Opal L. Holerson
Residence of mother ill decreased so state). Ottomwa, Towa.	Residence of mother (if deceased so state) Browns burg, IN
Birthglians of mother citizate or foreign country). Touch	Birthplace of mother (State or foreign country).
hair of Indiana.  HENDRICKS  as: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
Soth W. Wilcon	Marcy Q armstrong
51 S. Grant Brown buy	New Address 515 Chart St Brownsh
tallower thank and severe to before me this day of September 1989.	Subscribed and sworn to before me this day of September, 189).
Thay for Russell derk HENDRICKS Circuit Court	MANY SAME RUSSELL GLERK HENDRICKS Circuit Court
SNEENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
for the parents, of this applicant hereby give consent for this marriage. If only one parent gens, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
late of Indiana.	
busing all MENDRICKS } **:	State of Indiana, County of HENDRICKS ss:
Signed Father	
Signad Mother	Signed.
absorbed and eworn to before me this day of . 19	o g neg
Clerk	Subscribed and sworn to before me this day of Clerk
HENDRICKS County	RT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance	Court by written order issued and filed of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE  ense issued by the court
I Indiana deted the	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the HENDRICKS Circuit Court
SETH WAYNE NELSON	and HENDRICKS Circuit Court  Wife  HENDRICKS Circuit Court  Circuit Court  Court  Circuit Court  Cou
CARL H. DINON	and NANCY JO ARMSTRONG
9.7	certify that an Al-
tate of Indiana, Groom. SETH WAYNE NELSON	
nd, Bride NANCY JO ARMSTRONG	of MARION County of HENDRICKS  County, State of IN
imadu.	HEND D. T. C.
betted this lith day of SEPT. 19.1	HENDRICKS County, State of IN That purpose by the Clerk of the Circuit Court of HENDRICKS
illed and recorded in accordance with the laws of the s	Signed /s/ CARL H. DIXON
of the State of Indiana this	Signed /s/ CARL H. DIXON  Official Designation CLERK TREASURER  22nd day of SEPT., 1987  Signed Clerk
	Signed Many Clerk
	Signed Clerk  Signed Clerk  HENDRICKS Circuit Court

Are you now or have you ever the If answer is "yes" has the adjud-Areyou afflicted with a transmi

4 Are you now under the influence § Are you now under the influence 6 List the full names of any depen

> If answer is "yes", it is required Birthplace of father i State or fore

Are you required by any court in dependent children

Residence of mother is f deceased s Birthplace of mother i State or fore State of Indiana,

County of HENDRICKS

CONSENT OF PARENTS, PAI

tiens, state facts which render

State of Indiana,
HENDRICK

Signed Signed Subscribed and sworn to before . COMPLETE IF MARRI HENDRICKS

Be It Reme I Indiana dated the

CEATE ON ns thousand nine hundred State of Indiana, Groom Coasty. bed this 13th

Foed and recorded in acco

..Clerk

.Circuit Court

HENDRICKS

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

one parel

_ Fithe Mother

rties, the

and filed

meit Court

RICKS

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

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

No._ 411

Effective any a	
MALE Medical Examination Report Dated	FEMALE Date of Application
Name of Physician	Medical Examination Report Dated 8-19-87
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—V	Name of Physician
shall be fined in any sum and exceeding the habitred donars (\$500,00)".  MALE APPLICANT	ter procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle Last	Name FEMALE APPLICANT
Date of Birth Month Day Year	Les in Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Ald.	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	- 5305 W. 1000 & B' Dung
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify)	0 0
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes C	Other (Specify)
If answer is "yes", has the adjudication been removed?  No □ Yes □	No. Yes D
2. Are you afflicted with a transmissible disease? No Y Yes	If answer is "yes", has the adjudication been removed?  No Ves C  2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No Yes C	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor? No Yes	4. Are you now under the influence of intoxicating liquor?
<ul> <li>Are you now under the influence of a narcotic drug? No Yes C</li> <li>List the full names of any dependent children.</li> </ul>	5. Are you now under the influence of a narcotic drug? No Yes
o. Dist off the last	6. List the full names of any dependent children.
	- Mary
	- land
	Davie
7. Are you required by any court order or orders to support the above dependent children?  No □ Yes □	7. Are you required by any court order or orders to support the above dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	No C Tes C
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Makes	8. Full name of father John H. Vandersagg
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Ruth Mary Workter	9. Full maiden name of mother and the Jevis lowly
Residence of mother (if deceased so state) and also and	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	2.1
State of Indiana,	Birthplace of mother (State or foreign country)  State of Indiana.  HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
County of HENDRICKS ss: in this application is true and correct.	County of Signed
New Address Same	New Address.
Subscribed and sworn to before me this day of Sect. 19	Subscribed and sworn to before me this day of 190
Many Jane Amellark HENDRICKS Circuit Court	May Jane Knall Gerk HENDRICK'S Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	the consent of the other parent unnecessary.
and the constitution of th	
	State of Indiana.
State of Indiana, County of HENDRICKS ss:	State of Indiana, HENDRICKS County of
Father	SignedFather
Signed Father	Signed Mother
Signed Mother	day of 19
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before the time
Clerk	
	URT. A marriage license having been refused to the above named parties, the  Court by written order issued
in	e of a marriage mean
authorizes and directs the issues	NSE AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  cense issued by the clerk of the
RETURN OF MARKIAGE LICES	NSE AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  cense issued by the clerk of the  , 19, 19, authorizing the joining together as husband and wife
of Indiana dated the	cense issued by the clerk of the
ROBERT A VACNAK	andLESLIE A. BUSH
be it further remembered, the following marriage certificate was filed in m	and LESLIE A. BUSH y office, to-wit: hereby certify that on the 13th day of SEPT. at INDIANAPOLIS , County of MARION
CRAIG OVERMVER	TNDTANAPOLIS County of
State of Late	ofHENDRICKS
vere by me united in license issued f	or that purpose by the Clerk of the Circuit Court of HENDRICKS
County.  Dated this 13th day of SEPT. 19	
	Official Designation MINISTER , 19.87

# 

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

412 No._ File_ 9-2-87 Date of Application

State of the state of

.... Circuit Court

rm Prescribed By diana State Board of APPLICATION FOI	R MARKINGS  9-2-87  Date of Application
HENDI  LC 31-1-3-2 fective July 1, 1977	2100
	FEMALE Medical Examination Report Dated  9-1-87
MALE Deted	a Physician E. J. O 131(U)
Medical Examination Report Dated	Name of raysectors
Name of Physician	Whoever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
	FEMALE APPLICANT
MALE APPLICANT	Name Territ Lee Bross
MALE APPLICATE Last Court Kovici	Date of Birth Month 12 Pay Year 59
e of Birth Month B	Place of Birth (State or foreign country)
ce of Birth (State or foreign country)	Street or R. R. City County State
City County	22/ E. PICHININ
9055 N. S.R. Not Brainsony	Previous Marital Status: Never Married OR
evious Marital Status: Never Married OR	Previous Marital Status.  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
at Marriage Ended By: Death Divorce Annulment Le of birth verified by: Birth Certificate Judicial Decree	
te of Dirin verines sy	Other (Specify) Drivers License
Other (Specify) No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes V
Are you now or have you ever been adjudged to be of unsound himself.  No Yes	If answer is "yes", has the adjudication been removed:
If answer is "yes", has the adjudication been removed?  No Yes  Are you afflicted with a transmissible disease?	Z. Are you allocat closer than second cousin?
No last the female applicant closer than second cousin?	3. Are you related a state of intervious in the state of intervious intervious in the state of intervious int
Are you now under the influence of intoxicating liquor?	No N
Are you now under the influence of a narcotic drug:	6. List the full names of any dependent children.
List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above
Are you required by any court order or orders to support the above dependent children? No □ Yes	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are	e in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.  8. Full name of father Charles M. Burns, Tr.
Pull name of fasher 11110 111	8. Pullhame of take
Residence of father (if deceased so state) Brownship, IN	Tadiam
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Siria Tasich	9. Full maiden name of mother that the limit of the limit
Residence of mother (if deceased so state) Brown Sturg, IN	Residence of mother (if deceased so state) Trollono polis
Birthplace of mother (State or foreign country) Tradia na	Birthplace of mother (State or foreign country) Kentucky
New Address 22/ FRANKLIN Brownsbull Subscribed and sworn to before me this. 2 day of Siplim big., 192  Clerk HENDRICKS Circuit Co  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parents	Subscribed and sworn to before me this 2 day of SIPHMAN 1980  Durt Clerk HENDRICKS Circuit Cour  CONSENT OF PARENTS, PARENT OR GUARDIAN
gns, state facts which render the consent of the other parent unnecessary	
	The consent of the other parent uniteressary
Itate of Indiana, HENDRICKS } ss:	State of Indian
Sounty of TENDRICKS	State of Indiana, County of HENDRICKS ss:
Signed	ther
Signed Mot	Signed
subscribed and sworn to before me this	Signed
. 19	Subscribed and sworn to before me thisday of19
COMPLETE IF MARRIAGE LICENSES	Cle
HENDRICKS COUNTY ISSUED BY ORDER OF (	COURT. A marriage license having been refused to the above named parties, the court by written above named parties and the court by written above named parties are the court by written above named parties.
outles:	COURT. A marriage license having been refused to the above named parties, the court by written order issued and file and a marriage license to the above named parties, the court by written order issued and file and file and the court by written order issued and file and the court by written order issued and file and the court by written order issued and file and the court by written order issued and file and the court by written order issued and file and the court by written order issued and file and the court by written order issued and file and the court by written order issued and file and the court by written order issued and file and the court by written order issued and file and the court by written order issued and file and the court by written order issued and file and the court by written order issued and file and the court by written order issued and the court by written order is the court by written or
day of	Licente of the Clerk of the Circuit Color
Be it further remembered ALEX CVETROVICH	te license issued by the clerk of the HENDRICKS Circuit Con
RADMILO STOWN Rate was filed in	and
me thousand nine hundred and	hereby certify 1
State of Indiana, Groom NEW	at SE SEPT.
and, Bride TERRI BURNS	HENDRICKS SERBIAN ORTHODOX County of MARION
sere by me united in marriage as authorized by a	at ST. NICHOLAS SERBIAN ORTHODOXCounty of MARION  of HENDRICKS County, State of IN  ed for that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 12th day of SPET.	1987
Need and recorded in accordance with the laws of the State of Indiana t	Signed /s/ RADMILO STOKICH Official Designation PRIEST
State of Indiana t	his 21st day of

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County MALE Date of Application Medical Examination Report Dated. FEMALE Medical Examination Report Dated 9-1-80 Name of Physician. Name of Physician Garnet ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT First Middle FEMALE APPLICANT Date of Birth Residence Address Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease No Yes Are you related to the female applicant closer than second cousin? No Yes you related to the male applicant closer than second cousin Are you now under the influence of intoxicating liquor? No Yes you now under the influence of a narcotic drug? you now under the influence of a narcotic drug Matthew D. Snude Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father Dood Land 8. Full name of father William N. Long Residence of father (if deceased so state) Residence of father (if deceased so state) Crowfords ville, // Birthplace of father (State or foreign country) Illinois Birthplace of father (State or foreign country) Traigno 9. Full maiden name of mother Geneva, B. Pennock 9. Full maiden name of mother Grace E. Trby Residence of mother (if deceased so state) Crawfords willow Residence of mother (if deceased so state) Describe, 14 Indiana Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS I depose and state the information given in this application is true and correct. New Address 1895 Sycamore Lane CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary signs, state facts which render the consent of the other parent unnecessary..... State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of..... County of .... Signed.... Signed.... Signed .... Subscribed and sworn to before me this ______day of ______, 19.____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed HENDRICKS authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, LARRY MELVIN hereby certify that on the 18th day of SEPT. one thousand nine hundred and 87 at PROFIDENCE CHRISTIAN CHURCH, County of MONTGOMERY, State of Indiana, Groom LARRY D. LOVALL 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 County. Dated this 18th day of SEPT. , 1987 ... Signed ... /S/ LARRY MELVIN Official Designation.....MINISTER 

Signed Many

HENDRICKS

....Circuit Court

# APPLICATION FOR MARRIAGE LICENSE

9-2-82

Form Prescribed By Indiana State Board of HENDRICKS Date of Application County Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 FEMALE Medical Examination Report Dated MALE Medical Examination Report Dated Name of Physician_ ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00) MALE APPLICANT First Middle Place of Birth (State or foreign country) hrainin Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Birth Certificate Judicial Decree Date of birth verified by: Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Other (Specify). No Yes 1. Are you now or have you ever been adjudged to be of unsound mind No T Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed No Yes 2. Are you afflicted with a transmissible disease? No Yes No Yes D Are you related to the male applicant closer than second cousing Are you afflicted with a transmissible disease: No Yes D Are you related to the female applicant closer than second cousi 4. Are you now under the influence of intoxicating liquor? No Yes No Yes Are you now under the influence of intoxicating liquor? No Yes [ 5. Are you now under the influence of a narcotic drug No Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children ist the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No Yes D dependent children No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support 8. Full name of father KCDC D. WIV Dappy 8. Full name of father____ Residence of father (if deceased so state) Planticol Birthplace of father (State or foreign country) 9. Full maiden name of mother Patricia Residence of mother (if deceased so state) Poin Feld Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country)_ State of Indiana. State of Indiana, I depose and state the information given in this application is true and correct. I depose and state the information given in this application is true and correct. Signed Pamula ann Rully New Address 1503-B Spring Tree Ct. Subscribed and sworn to before me this. Mary mare HENDRICKS Trany Jane Russile HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent e, the parents, of this applicant hereby give consent for this marriage. If only one signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary..... HENDRICKS State of Indiana, County of ... HENDRICKS County of.... Signed.... Signed .... Subscribed and sworn to before me this ______day of_____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 3-Day Wall 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..... of Indiana dated the day Be it further remembered, the following marriage certificate was filed in my office, to-wit:

PAMELA ANN LILLY HENDRICKS hereby certify that on the 5th day of SEPT. State of Indiana, Groom THOMAS F. BEDSOLE at PLFD. County of HENRICO County, State of VIRGINIA at PLFD County of HENDRICKS County of HENDRICKS HENRICO County, State of VIRGINIA HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Signed /s/ STEPHEN K. WHITE Official Designation MINISTER Signed Manual

.. Circuit Court

Form Prescribed By Indiana 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	415		
File		Marin B.	
	9-2-5	27	

MALE Parent Poted	FEMALE Date of Application
Medical Examination Report Dated	Medical Examination Report Dated 9-2-87
Name of Physician	Name of Physics David R Man and
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-fi prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Maile of Physician Duvid B. Haggard
ALL QUESTIONS in the statement of the st	exer, procures the issuance of a license to marry by any false statement, representation or pretense
First Middle	FEMALE APPLICANT
David Thomas More	Name First Middle Last
Date of Birth Year	Date of Birth Month Ann Patrick
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)  Day Year 64
Residence Address Street or R. R. City County State	Indiana
218 W. Carker Plainfield Hen To	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	The second secon
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by:
Do Other (Specify) Drivers License	
Other (Specify) Other (Specify	other(Specify) Drivers License
If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Yes	If answer is "yes", has the adjudication been removed?  No□ Yes□
3. Are you related to the female applicant closer than second cousin? No Y Yes	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No Yes	<ul> <li>3. Are you related to the male applicant closer than second cousin? No SQ Yes □</li> <li>4. Are you now under the influence of intoxicating liquor? No SQ Yes □</li> </ul>
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father John Richard Moore	8. Full name of father Robert Pale Patrick
Residence of father (if deceased so state) Moore SVille IN.	Residence of father (if deceased so state) Indiana
Michigan	Birthplace of father (State or foreign country) Findiana
Floir Kothrine Kolan	9. Full maiden name of mother Magaret Irene Case
9. Full maiden name of mother	Di-'oc Id Tio
Residence of mother (if deceased so state) Mooresville, IN.	Residence of mother (if deceased so state) Plainfield, TIS.
Birthplace of mother (State or foreign country) Michigan	Birthplace of mother (State or foreign country) Indiana
State of Indiana.  HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  ss: I depose and state the information given in this application is true and correct.
County of	
Signed Monon Mone	Signed Yatricia Unn Tatrice
New Address Same	New Address SAMe
Subscribed and sworn to before me this 2 day of Aptember, 1987.	Subscribed and sworn to before me this 2 day of Deptember, 1987
Mary gave Russell Clerk HENDRICKS Circuit Court	mary Jane Russell Clerk HENDRICKS Circuit Court
mary gane Russell Gerk HENDRICKS Circuit Court	
COVERNMENT OF THE PROPERTY OF CHARMAN STREET, THE PROPERTY OF	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which relies
	State of Indiana,
State of Indiana, Country of HENDRICKS ss:	State of Indiana, HENDRICKS County of
county of	Signed
Signed Father	SignedMothe
SignedMother	Signed
Subscribed and sworn to before me thisday of 19	Subscribed and sworn to before me this
Clerk	Viet Control of the C
	heen refused to the above named parties, th
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been relused to an and file
HENDRICKS County	RT. A marriage license having been reduced
in authorizes and directs the issuance	
AUTHORISE MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Councerse issued by the clerk of the
RETURN OF MARKING DE	SE AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Courseissued by the clerk of the  authorizing the joining together as husband and wif
of Indian	, 19, authorizing the foliating together.
Be It Remembered, there was filed in my office a marriage lice of Indiana dated the	and PATRICIA ANN PATRICA
DAVID THOMAS MOUNTE was filed in my	office, to-wit:
	County of PUTNAM
I,	at
one thousand nine hundred and 87  State of Indiana, Groom DAVID THOMAS MOORE and, Bride PATRICIA ANN PATRICK of were by the second state of indiana is sued for	HENDRICKS County, State of IN
and, Bride DARDICIA ANN PATRICKof	he the Clerk of the Circuit Court of HENDRICKS
State of Indiana, Groom	r that purpose by the Clerk of the
County.	7 Signed /s/ PAUL TAYLOR
Dated this 19th day of SEPT. 19.0	Signed
	MINISTER
	Official Designation MINISTER , 19.87
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER , 19.87

APPLICATION FOR MARRIAGE LICENSE

File_ Q-3-87
Date of Application

.Circuit Court

416

Form Prescribed By Indiana State Board of APPLI	CATION FOR	MARRIAGE 22	9-3-87
Health under Authority	HENDRICK	County	Date of Application
Effective July 1. 1977		FEMALE Papert Dated	8-14-87
MALE DIV		Medical Examination Report Dates	Nea
Dated Dated		f Physician	
Medical Examination Report Dated  Name of Physician  ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescrit ALL QUESTIONS MUST BE EXCEEDING five hundred dollars (850)	Who	over procures the issuance of a license to marry by any false s	tatement, representation or pretense
MUST BE ANSWERED, I.C. 31-1-3-6 prescrit	ped "False statement—Who	FEMALE APPLICA	NT
	CHO S	First	Last
MALE APPLICANT	Last	Name Regardes Male	Dendmeyer
Name Sirat Synn	Year 52	Date of Birth	60
Date of Birth Month	50	Place of Birth (State or foreign country)	
Place of Birth (State or foreign country)	County State	Residence Address Street or R. R. City	County State
Residence Address Street of R. R. D. P. H.	builty	2345 Nova 27.	
1000	)	Previous Marital Status: Never Married  OR  Last Marriage Ended By: Death Divorce Annulment C	
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment		Date of birth verified by: Birth Certificate Judicial De	cree
Date of birth verified by: Birth Certificate Judicial Decree		Date of officer control	
1. P. D. W.		Other (Specify)	1 mind2
Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?	No ♥ Yes □	Are you now or have you ever been adjudged to be of unsound	l mind? No Yes □ No □ Yes □
Are you now or have you ever been adjudged to be  If answer is "yes", has the adjudication been removed?	No Yes	If answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?	No X Yes O
Are you afflicted with a transmissible disease?	No Yes	Are you afflicted with a transmission disease.      Are you related to the male applicant closer than second cousing the s	
3. Are you related to the female applicant closer than second cousin?	No ☐ Yes ☐	Are you related to the male applicant     Are you now under the influence of intoxicating liquor?	No Yes D
4. Are you now under the influence of intoxicating liquor?	No Yes	Are you now under the influence of a narcotic drug?	No Yes 🗆
5. Are you now under the influence of a narcotic drug?		6. List the full names of any dependent children.	
6. List the full names of any dependent children.			
		7. Are you required by any court order or orders to support the	above
7. Are you required by any court order or orders to support the above dependent children?	No□ Yes□	dependent children?	No U Yes U
If answer is "yes", it is required that this Application be accompanied by sati	sfactory proof that you are in	If answer is "yes", it is required that this Application be accom	
compliance with any court order or orders issued for their support.	12/2/2/2/	compliance with any court order or orders issued for their su	sport. Soud mours
8. Full name of father Question William	700000	8. Full name of facile	to Down
Residence of father (if deceased so state)		Residence of father (if deceased so state)	siele sing,
Birthplace of father (State or foreign country)		Birthplace of father (State or foreign country)	. N. M.
9. Full maiden name of mother Doles Mal Tat	es	9. Full maiden name of mother Sharley W	w Betty
Residence of mother (if deceased so state)		Residence of mother (if deceased so state)	up Ind.
Birthplace of mother (State or foreign country)		Birthplace of mother (State or foreign country)	nd.
	te the information given	State of Indiana,	pose and state the information given
County of In this applicati	ion is true and correct.	County of HENDRICKS	his application is true and correct.
Signed & Jury of Hold		Signed X X Anda Y	M. Desdnuger
New Address 22/4 WANESSA Dr.	INDPS Int.	New Address 2314 Ivase	11a Ws Chaples
Subscribed and sworn to before me this	pt. 19	Subscribed and sworn to before me this day day	vor Scot 1987
11/02 Jane Russell Gerk HEND	ORICKS Circuit Court	Man Co a fraid	HENIDDICKS
	- Court	The fore I was a clerk	Circuit court
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marr		We, the parents, of this applicant hereby give consent f	or this marriage. If only one parent
signs, state facts which render the consent of the other parent unn	ecessary	signs, state facts which render the consent of the other	
		and the consent of the other	parent uniteessati
State of Indiana,			
County of HENDRICKS 88:		State of Indiana, County of HENDRICKS ss:	
Signed		County of TENDRICKS	
Signed	Father	Signed	FatherFather
	Mother	Signed	Mother
day of	19	Subscribed and sworn to before me thisds	
			Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY	Y ORDER OF COLU	DT A	
COMPLETE IF MARRIAGE LICENSE ISSUED BY HENDRICKS County	OF COUL	ourt by written order issued	the above named parties, the
authorizes an	d directs the issuance	ourt by written order issued of a marriage license to the above named parties.	and filed
DETERMINA		marriage license to the above named parties	
of Indiana dated the	office a marriage lice	SE AND MARRIAGE CERTIFICATE  nse issued by the clerk of the HENDRIC	
	1.	The clerk of the	.KS Circuit Court
of Indiana dated the	ficate	and Phone	together as husband and wife
THE PARTY OF THE P	, and the meg	omce. to-and .	
one thousand nine hundred and 87  State of Indiana, Groom TERRY L. HOLDE and, Bride RHONDA M. SENDMEYER		office, to-wit:  hereby certify that on the 30th at DNAVILLE	SEPT.
and Bride TERRY L. HOLDE	N	at DNAVILLE day of	entry of HENDRICKS
State of Indiana, Groom		ofHENDRICKS	ate of
were by me united in marriage as authorized by a marr County.  Dated this	rage license icon 1	MARION County, St	tate of TN
Dated this 3.0th day of SEPT	issued for	that purpose by the Clerk of the Circuit County, S	HENDRICKS
SEPT.	, 198	7	
			CELL
Filed and recorded in accordance with the laws of the S	tate of Indiana	Official Designation CLERK OF HENDRIC	3555
	this	30th day of SEDM	KS-COUNTY
			Clerk
		V	HENDRICKS Circuit Court

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

HENDRICKS

... Circuit Court

MALE	
Medical Examination Report Dated	FEMALE Date of Application
Name of Physician	Medical Examination Report Dated 9-28-87
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who	Dever prompts the investment of the second
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (8500,00)".  MALE APPLICANT	ares the issuance of a license to marry by any false statement, representation or pretense
Name First Middle	FEMALE APPLICANT
Martin Copeland	Name First Middle Last
Vate of Sittle	Date of Birth Month Due Makarauskas
Place of Birth (State or foreign country)	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Residence Address Street or R. R. City County State	Place of Birth (State or foreign country)
Same	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	and at Barrell
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Se fin	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Dr. Lie).	Other (Specify) DI - Lie.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No 🕽 Yes 🗆	2. Are you afflicted with a transmissible disease? No Yes 🗆
3. Are you related to the female applicant closer than second cousin? No X Yes	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No Yes   5. Are you now under the influence of a narcotic drug?  No Yes   Ves	4. Are you now under the influence of intoxicating liquor? No R Yes
5. Are you now under the influence of a narcotic drug? No 💆 Yes 🗆 6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent entitlers.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	
dependent children?	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders assued for their support.	compliance with any court order or order in full factors
8. Full name of father Robert Belling Topeland	8. Full name of father Rabest Sevent Makaranakas
Residence of father (if deceased so state) Rowley W. Corslina	1 200 00 + 1
	Residence of father (if deceased so state) Telling 1/100000000000000000000000000000000000
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother of the Valle Wells	9. Full maiden name of mother Day James William
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Rollas Layas
Birthplace of mother (State or foreign country) Alarida (2) or Lad.	00
	Differentiace of mother (bease of foreign country)
County of HENDRICKS  sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
will an Olo	Signed & Lobin Sue Makaranskas New Address
Signed X Vine M. Cyroland	Signed A Signed A Signed Signed Signed A Signed
New Address SAME	
Subscribed and sworn to before me this day of Sept 1987	Subscribed and sworn to before me this day of Sept. 1987
Man Jane Presell Gerk HENDRICKS Circuit Court	Man Care Result Clerk HENDRICKS Circuit Court
Clerk	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary.
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which fender the constant
	State of Indiana.
State of Indiana, County of HENDRICKS } ss:	State of Indiana, HENDRICKS County of
County of	
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me this day of	Subscribed and sworn to before me thisday of
	Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
DENDRICK	HIPT DV WITCEH OLGER AND
authorizes and directs the issuance o	1 a marriage
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage week	authorizing the joining together as husband and wife
of Indiana dated the 8 day of Sept.	, 19, authorizing the years
TITLICATION IN CODET AND	
Be it further remembered, the following marriage certificate was filed in my o.  I,	hereby certify that on the12thday ofSEPT.
" WILL TAM D HINDDTONG	County of MANGETP
thousand nine hundred and	HENDRICKS County, State of
Office of Indiana C	Country State of
State of Indiana, Groom VINCENT M. COPELAND  and, Bride ROBIN S. MAKARAUSKAS of Vere by	HENDRICKS HENDRICKS
of the united in manifest and have a marriage license tosate	
D-4 10 87	, /s/ WILLIAM P. HENDRICKS
Duled this	Signed
Dated this 8th day of SEPT., 19.87.	SignedMINISTER

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

# APPLICATION FOR MARRIAGE LICENSE

314 File_ Date of Application

Form Prescribed By Indiana State Board of Health under Authority  APPLICATION FOR I	MARRIAGE County Date of Application
of I.C. 31-1-3-2 Effective July 1, 1977	FEMALE Medical Examination Report Dated  8-15-87
MALE Medical Examination Report Dated	& Physician C. M. Jovella
Name of PhysicianWhose part - Whose pa	Name of Physician  bever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement	FEMALE APPLICANT
MALE APPLICANT	Name First J Madate P Last
Name First Middle Fidler	Day Year Month Day
Date of Birth Month Day Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign Fountry)	City County
Residence Address Street or R. R. City County State	Residence Address Street of R. R. State
6595 St. 42 Martinoville	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Mussiage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
	Other (Specify) M. Ala
Other (Specify) Dr. Ru. No 4 Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes  If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Yes   No Yes  No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No
No Parent afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?  No A Yes□  3. Are you related to the male applicant closer than second cousin?  No Yes□
3. Are you related to the female applicant closer than second cousin?	4. Are you now under the influence of intoxicating liquor?  No Yes
4. Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic drug?
Are you now under the influence of a narcotic drug?      Royal Tes      Royal Tes      Royal Tes      Royal Tes	6. List the full names of any dependent children.
6. List the full names of any dependent	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?  No Ves U  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father fares Alfred tidler	8. Full name of father Richard Lee Frank
Residence of father (if deceased so state) Mostingfill and.	Residence of father (if deceased so state) lautow lad
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Mayoul Dru King	9. Full maiden name of mother Wouds of Cheston
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, I depose and state the information given
Signed X J. Mthoy Jule	County of HENDRICKS Signed X Melisa   Rock   New Address & Box 306 Clayton On 46/18
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of day of the property
CONSENT OF PARENTS, PARENT OR GUARDIAN	CHER
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS	
County of HENDRICKS ss:	State of Indiana, County of HENDRICKS } ss:
SignedFather	
Signed	Signed Father
Subscribed and sworn to before me thisday of, 19	Signed
	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE 1999	Clerk
HENDRICKS COUNTY COUNTY	URT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance	URT. A marriage license having been refused to the above named parties, the Court by written order issued
DEMILITAR	marriage license to the above named parties
Be It Remembered, there was filed in my office a manife	NSE AND MARRIAGE CERTIFICATE  cense issued by the clerk of the HENDRICKS  Circuit Court
day of Dente	circuit Court
Be it further remembered, the following many	, 1987, authorizing the joining together as husband and wife
The state of the s	y office, to-mit.
one thousand nine hundred and 87	y office, to-wit:  MELISA J. PROCK  hereby certify that on the 12th day of SEPT.  at BETHEL FAITH TEMPLE  of MORGAN  MORGAN
and Reide Groom JAMES A. FIDLER	at BETHEL FAITH TEMPLE day of MARION
were by me united in MELISA J. PROCK	at BETHEL FAITH TEMPLE day of SEPT.  MARION  of MORGAN County of HENDRICKS
County. County.	of MORGAN County of HENDRICKS  That purpose by the Clerk of the Circuit Court of HENDRICKS  The county of HENDRICKS  The county of HENDRICKS  The county of HENDRICKS  The county of HENDRICKS
Dated this 12th day of SEPT. 19.8	or that purpose by the Clerk of the Circuit Court of HENDRICKS
Filed and recorded in accordance with the	Signed /s/ STERLING PROCK
the laws of the State of Indiana this	Official Designation MINISTER
	-5.GL+ day of
	Signed SEPT Clerk HENDRICKS Circuit Court
	HENDRICKS Circuit Court

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

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE Effective July 1, 1977 HENDRICKS 9-4-87 County Date of Application MALE Medical Examination Report Dated FEMALE Medical Examination Report Dated. Name of Physician_ Name of Physician Genily Mel. Cea ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: D Birth Certificate Dudicial Decree Other (Specify)_ Other (Specify). 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes [ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D If answer is "yes", has the adjudication been removed? No T Yes If answer is "yes", has the adjudication been removed No O Yes O 2. Are you afflicted with a transmissible disease? No Yes D 2. Are you afflicted with a transmissible disease 3. Are you related to the female applicant closer than second cousin? No Yes 3. Are you related to the male applicant closer than second you now under the influence of intoxicating liquor? ou now under the influence of intoxicating liquor No Yes 5. Are you now under the influence of a narcotic drug? No Yes D 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. 6. List the full names of any dependent children 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes No Yes D If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their supp Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS HENDRICKS County of ... Signed Marvin & Oterleson Ja.

New Address BI Box 500 Clay ton FN. Subscribed and sworn to before me this. CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS State of Indiana, ss: HENDRICKS County of ..... Subscribed and sworn to before me this......day of...... Subscribed and sworn to before me this _______day of ______, 19...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County......Court by written order issued..... authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the day of CHRISTINA M. FIELDS

MARVIN D. HENDERSON JR.

CHRISTINA M. FIELDS MARVIN D. HENDERSON JR. and CHRISTINA M. FIELDS Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 87

State of the state of t and, Bride CHRISTINA M. FIELDS of HENDRICKS County, State of IN HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County. Signed /s/ MICHAEL D. ABBOTT County. Dated this 12th day of SEPT. , 19 87 ... Official Designation......PASTOR

Signed Many Jane Rusell

.....Clerk .... Circuit Court

# APPLICATION FOR MARRIAGE LICENSE

420 No .-File_ 9-4-87

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Are you required to any oppendent considerer Times of the core compliance with any con-§ Fol came of latter.

CONSENT OF PART

.. Circuit Court

HENDRICKS

Form Prescribed By	CATION FOR M.	ARRIAGE DIS	9-4	
Health under Authority	HENDRICKS	County	Date o	of Application
of LC 31-1-3-2 Effective July 1, 1977		FEMALE Papart I	8-28-85	7 Juliane
			Jaleu	
MALE Report Dated		a Disercician David	D. Magga	ra
Male Medical Examination Report Dated  Name of Physician  ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescri		Name of 1 a license to marr	y by any false statement,	representation or pretense
Name of Physician	bed "False statement-Whoeve	er procures the issuance of a fire	A DOLLA NA	
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-13-6 prescribed in any sum not exceeding five hundred dollars (850) shall be fined in any sum not exceeding five hundred dollars (850).	);((0)".	FEMAL	E APPLICANT  Middle	
shall be fined in any sum not MALE APPLICANT	Last	Name Elizabeth	Ann	markey
Name AFires Achuth	Warrier	Date of Birth Month	Day 24	Year lo H
Day	Year 60	(State or foreign country)		- 07
Date of Bursh		D B	City	County State
Place of Birth (State or foreign country) Kerala	(India)	Residence Address Street or R. R	prainfield	Hen. IN.
Residence Address Street or R. R. City Apt 29 Court Eigh Towers, 3-Rent	rewed. Kingston _	Never Married O	R	
	Sampica	Ended By Death Divorce	Annulment S	Page 101
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment		Date of birth verified by: Birth Certificate	☐ Judicial Decree	The Canada
Date of birth verified by:   Birth Certificate   Judicial Decree		Date of birth version	License	
Deliver I in Proce		Other (Specify) Drivers	DICENISC	
Other (Specify) Privers License	No ✓ Yes □	1. Are you now or have you ever been adjudged	i to be of unsound mind?	No Yes
1. Are you now or have you ever been adjudged to be of unsound mind?	No □ Yes □	If answer is "yes", has the adjudication been	removed?	No□ Yes□
If answer is "yes", has the adjudication been removed?	No Yes	2. Are you afflicted with a transmissible diseas	e?	No Yes D
2. Are you afflicted with a transmissible disease?	No Yes -	3. Are you related to the male applicant closer	than second cousin:	No V Yes O
Are you related to the female applicant closer than second cousin?     Are you now under the influence of intoxicating liquor?	No ♥ Yes □	4. Are you now under the influence of intoxical	ic drug?	No Yes D
5. Are you now under the influence of a narcotic drug?	No Yes -	5. Are you now under the influence of a narcot		110/2 165
6. List the full names of any dependent children.		6. List the full names of any dependent childre		
		7. Are you required by any court order or orde	ers to support the above	and the same and
<ol> <li>Are you required by any court order or orders to support the above dependent children?</li> </ol>	No □ Yes □	dependent children?		No □ Yes □
If answer is "yes", it is required that this Application be accompanied by sai	isfactory proof that you are in	If answer is "yes", it is required that this App		atisfactory proof that you are in
compliance with any court order or orders issued for their support.	Achuth Warrier	compliance with any court order or orders is	Mac Key	
8. Full name of latines 15 Boll Stevling	Apartments	8. Full name of father ON 11 .		Tal
Residence of father (if deceased so state) 38 Peddor Road	Bombay 26 - INDIA	Residence of father (if deceased so state)	Plainfield,	+10.
Birthplace of father (State or foreign country) INDIA.		Birthplace of father (State or foreign country)	+nd ian	2
9. Full maiden name of mother Thekkemen anguth So	within Poduval	9. Full maiden name of mother Doro-	thy Ann	Came
			Plainfield,	Fn.
Residence of mother (if deceased so state) Same.		Residence of mother (if deceased so state)	Indian	
Birthplace of mother (State or foreign country) INDIA		Birthplace of mother (State or foreign country		
State of Indiana.  HENDRICKS  as: I depose and string this application in this application.	ate the information given ion is true and correct.	State of Indiana, HENDRICKS	ss: I depose and s in this applica	tate the information given ation is true and correct.
1 1 1 2 ani		C) *	1 11 0	\.
Signed Apt. 29 Courtleigh	Towers	Signed	la Contleigh T	overs 3 Rentre
New Address & Rentre w Rd. King	iston 10. SAMAZKA	New Address		mares
Subscribed and sworn to before me this	ptender 1987	Subscribed and sworn to before me this	day of De	ptember, 19 8
Mary Jane Russell Clerk HEN	DRICKS Circuit Court	mary Jane Russel		
			The state of the s	
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR	GUARDIAN	
We, the parents, of this applicant hereby give consent for this ma	rriage. If only one parent	We, the parents, of this applicant hereby		arriage. If only one pare
signs, state facts which render the consent of the other parent un				
		signs, state facts which render the conse	nt of the other parent u	nnecessary
				**** **********************************
				***************************************
State of Indiana. HENDRICKS } ss:		State of Indiana,		
County of		County of HENDRICKS	> ss:	
Signed	Father		)	
Signed		Signed		Fathe
Subsected and array to be	Mother	Signed		Moth
day of	19	Subscribed and sworn to before me this		
The state of the s	Clerk			al-
COMPLETE IF MARRIAGE LICENSE ISSUED	V OPPE			
COMPLETE IF MARRIAGE LICENSE ISSUED F	ORDER OF COUR	r. A marriage license having been	refused to the above	ve named parties, th
in authorises		art by written order issued	refused to the upo	and file
	The state of	a marriage license to the		
mr at Remembersh it	THE LICENCE	C AND MALE		
- J The second water the / 10 - 1		tooked by the clerk of the	HEINDRICKS	Circuit Cou
of Indiana dated the	acto	Der 10.87		October on
Be it further remembered, the following marriage cert  NULLIAM W. HATCHEL  one thousand nine hundred and	ificate mas 61a	nd ELIZADEBU	the joining together	as husbana and ac
WILLIAM W. HATCUP	neas filea in my o	fice, to-wit:	IARKEY	
and, Bride ELIZABETH ANN MARKEY	WARRIER	ofBOMBAYMALARASHTRA HENDRICKS that purpose by the Clerk of the Civil	County of	THE TA
were by me united in marriage as authorized by a mar-	riage Eof	HENDRICKS	County, State of	···INDIA·····
a manage	ruge acense record		County, State of	HENDRICKS
Dated this 24th day of OCT.	10.87	the Circ	uit Court of	THE STATE OF THE S
	10	****		
Filed and recorded in accordance with the law.		Signed/S+WILLI	AM-W. HATCHEL	
Filed and recorded in accordance with the laws of the	State of Indiana this	Official DesignationMINISTER		

Signed WA

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## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

No	421	
File		

	County 9-4-87
MALE Medical Examination Report Dated	FEMALE Date of Application
	Medical Examination Report Dated 8-24-87
Name of Physician	
MUST BE ANSWERED IC 31-1-2-6 prompt 1-2-0	Name of Physician . E. Mackey
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	
Name First Middle Last	Name First
Name James Hndrew Jones  Day Year	Kimborley Middle Last
Date of	Date of Birth Month Day Year
Place of Birth (State or foxeign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. Gity County State	
2111 Caresta Mr. Hot 272 Indep Herby	Residence Address Street or R. R. City County State Hand
Previous Marital Status: Never Married OR	mater. 1
Last Marriage Ended By: Death Divorce Annulment Divorce	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by.	Date of birth verified by: A Birth Certificate U Judicial Decree
Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes	Other (Specify)
1. Are you now or have you cot	1. Are you now or have you ever been adjudged to be of unsound mind?
	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Yes O	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No Yes -	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor? No Yes	4. Are you now under the influence of intoxicating liquor? No Y Yes
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children? No□ Yes□
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Janua R. Jores	8. Full name of father Clarakee & William
Residence of father (if deceased so state) Blog Sund,	Residence of father (if deceased so state) West for Ind.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Bounce B. Dhorphale	9. Full maiden name of mother Dances D. Jucker
Same	Residence of mother (if deceased so state) Moganille Ind.
Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS	State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.
County of	County of
and W. lanes	Signed X Kemberley K. Walls
Signed A. A. California	New Address Same as alone
New Address Dame us Juroue	78 400 V
Subscribed and sworn to before me this day of Soph 19 19	Subscribed and sworn to before me this
Gerk HENDRICKS Circuit Court	Clerk Circuit Court
VELV	THE RESERVE THE PARTY OF THE PA
CONSENT OF PARENTS PARENT OF CHARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which reduce the constant
State of Indiana.	State of Indiana, HENDRICKS ss:
County of HENDRICKS 58:	County of
County of	Signed Father
Signed Father	Signed
Signed Mother	Signed
	Subscribed and sworn to before me thisday of, 19
Subscribed and sworn to before me thisday of, 19	Clerk
Clerk	I the shows named parties the
COMPANY OF COMP	RT. A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COOL	RT. A marriage license having been recommended and filed court by written order issued
HENDRICKS County C	of a marriage license to the above named parties.
in	OI A MALLACE CEPTIFICATE
A APPIACE LICENS	SE ALL
Re We wanted the same fled in my office a marriage lice	ense issued by the cierr of the ining the joining together as husband and wife
of Indiana	, 1987, authorizing the James
of Indiana dated the Ath day of	KIMBERLY RENEE WILLS
DAMES ANDREW SONES - fled in my	office, to-wit.
	hereby certify
DAVID BERTHOLD	and
thousand nine hundred and	HENDRICKS
State of Indiana, Groom JAMES ANDREW JONES and, Bride KIMBERLY RENEE WILLS of were by me united in marriage as authorized by a marriage license issued for County.	of HENDRICKS County, State of IN  HENDRICKS County, State of HENDRICKS  r that purpose by the Clerk of the Circuit Court of HENDRICKS
and, Bride KIMBERLY RENEE WILLS of	that murpose by the Clerk of the Circuit Court of
were by me united in marriage as authorized by a marriage license issued for	that purpose
County.	7 Signed/s/ DAVID BERTHOLD
Dated this 12th day of SEPT. 19.87	Signea
	Official Designation 1987
	15th day of Clerk
Filed and recorded in accordance with the laws of the State of Indiana this	15th day of SEPT. Clerk Signed HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

422 9-8-87

Form Prescribed By Indiana State Board of Date of Application HENDRICKS _County Health under Authority of LC 31-1-3-2 Effective July 1, 1977 Medical Examination Report Dated. FEMALE Denn Name of Physician___ ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,000". MALE MALE APPLICANT Thacker Last comer Date of Birth ichae Place of Birth (State or foreign country) State Hen Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment C us Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: D Birth Certificate Dudicial Decree Drivers Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D No Yes If answer is "yes", has the adjudication been removed? No Yes D No Yes No Yes 2. Are you afflicted with a transmissible disease? answer is "yes", has the adjudication been removed No Yes 3. Are you related to the male applicant closer than second cousin No Yes afflicted with a transmissible disease No A Yes No Yes D Are you now under the influence of intoxicating liquor? No Yes 5. Are you now under the influence of a narcotic drug? No Yes D No A Yes List the full names of any dependent children. List the full names of any dependent children Are you required by any court order or orders to support the above No D Yes D Are you required by any court order or orders to support the above No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. Dean Michael 8. Full name of father Derry Romer Mooresville, FN Residence of father (if deceased so state) Indiana Birthplace of father (State or foreign country) olsen Browns burg, Residence of mother (if deceased so state) Indiana Birthplace of mother (State or foreign country) I depose and state the information given in this application is true and correct. State of Indiana, depose and state the information given n this application is true and correct. HENDRICKS HENDRICKS County of .. HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent igns, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS HENDRICKS County of ... Signed. Signed .... shorribed and sworn to before me this Subscribed and sworn to before me this ......day of ...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 of Indiana dated the... Left., 1957, authorizing the joining together as husband and wife JAMES MICHAEL ROMER Be it further remembered, the following marriage certificate was filed in my office, to-wit: and MARY A. THACKER THOMAS E. FREEMAN hereby certify that on the 12th day of SEPT. one thousand nine hundred and ... State of Indiana, Groom. JAMES M. ROMER at MONROVIA , County of MORGAN of HENDRICKS County, State of IN MARY A. THACKER of MORGAN County, State of HE were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... Signed ...../s/ THOMAS E FREEMAN Official Designation MINISTER Signed Many Care Republicks

County of HENDRICKS

..... Circuit Court

142 142 MA NA

12 12 MAN

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	423
File	

MALE Medical Examination Report Dated	Date of Application
	FEMALE Medical Examination Report Dated 9-31-87
Name of Physician	Name of Physician Salamada
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Wh shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	oever procures the issues of t
MALE APPLICANT	Il southe issuance of a license to marry by any false statement, representation or pretens
Name First Middle Last	Name FEMALE APPLICANT
Date of Birth Month Ray Year	First Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Residence Address Street or R.R. City County State	Place of Birth (State or foreign country)
State State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married NOR	The marian to
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Dadio	
1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes	R Other (Specify) Dr. Kw.
If answer is "yes", has the adjudication been removed?  No  Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes C
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No Yes D	3. Are you related to the male and the male
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of intoxicating liquor?  No Yes
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	No Yes
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father holds . No Wesse	8. Full name of father Course of orders issued for their support.
Residence of father (if deceased so state)	Residence of father (if deceased so state) Poland Ind.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Lane Q. Magas	
Residence of mother (if deceased so state)	9. Full maiden name of mother 1 (1990) (1990)
000	Residence of mother (if deceased so state) The Shad.
Birthplace of mother (State or foreign country)  State of Indiana,	Birthplace of mother (State or foreign country)
County of HENDRICKS   Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    I depose and state the information given in this application is true and correct.
of the second	Emily 1. Chorles
Signed A Section Control of the Section Contr	Signed Si
New Address Same As Asour	New Address.
Subscribed and sworn to before me this day of 1997.	Subscribed and sworn to before me this
1) long Jane Russell Gerk HENDRICKS Circuit Court	Mary Jane Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS PARENTS	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS } ss:
County of HENDRICKS \$ **:	County of
SignedFather	Signed Father
Signed Mother	Signed
subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
	Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
HENDRICKSCou	ert by written order issued
authorizes and directs the issuance of	a marriage needs to
Be It Remembered, there was filed in my office a marriage licens	the issued by the clerk of the decision of the
Be It Remembered, there was filed in my office a marriage licens f Indiana dated the day of	, 19.0.7, authorizing the following together
GERALD R. DE WEEGE	The same of the sa
william R. CLAYTON	ereby certify that on the18thday of SEPT
ne thousand nine hundred and 87 at the state of the state	t PLFD. , County of HENDRICKS ,
tate of Indiana, Groom GERALD R. DE WEESE	HENDRICKS County, State of TN
nd, Bride EMILY N. RHODES of	HENDRICKS County, State of HENDRICKS
of me united in marriage license issued for the	at purpose by the Clerk of the Circuit Court of
ated this18thday of	Signed /S/ WILLIAM
0	ficial Designation PASTOR SEPT. , 19.87
iled and recorded in accordance with the laws of the State of Indiana this	23rd day of Sherry HENDRICKS Clerk
accordance with the days of the start	HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

424 File_ 9-8-87 Date of Application

CONSENT OF PAREN

.Circuit Court

orm Prescribed By diana State Board of selfb under Authority  APPLICATION FOR IN HENDRICK	S County Date of Application
ealth under Authority LC. 31-1-3-2 ffective July 1, 1977	
The state of the s	FEMALE Medical Examination Report Dated    1
MALE Medical Examination Report Dated  8-19-87	Register Prodley Hamrick
Medical Examination Report Formick	Name of Physician  ever.procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
Name of Physician   157400   10   31-1-3-6 prescribed "False statement—Whose	ever procures the issuants
LL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed all be fined in any sum not exceeding five hundred dollars (\$500,00)".	First Middle Last
MALE ATT DISCUSSION Last	Name Marion Spar
ame First Middle Brooks	Date of Birth Month
ate of Birth Month 22	Place of Birth (State or foreign country)
lace of Birth (State or foreign country)	Residence Address Street or R. R. City County State
sidence Address Street or R. R. City County State	Q±1, KOX III-H
7051 B. Hariner Way John 1905	Previous Marital Status: Never Married OR
revious Marital Status: Never Married OR	Previous Marital Status.  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
ast Marriage Ended By: Death Divorce Annulment Late of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by:
	Other (Specify) Drivers License
Other (Specify) Drivers License No Yes -	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
Are you now or have you ever been adjudged to be of unsound mind?  No Yes	If answer is "yes", has the adjudication been removed?  No Yes  No Yes
If answer is "yes", has the adjudication been removed?  No O Yes   Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?  No Yes   No Ye
Are you related to the female applicant closer than second cousin?	3. Are you related to the influence of intoxicating liquor?  4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of intoxicating liquor?	5. Are you now under the influence of a narcotic drug?  Now Yes
Are you now under the influence of a narcotic drug?	6. List the full names of any dependent children.
List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above
Are you required by any court order or orders to support the above No Yes dependent children?	7. Are you required by any court of determining the second of the second
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support.	8. Full name of father Charles R. Mosley
Full name of father Tol	Residence of father (if deceased so state) Pillsboro, TN
mendeline of lease (if december 1)	-d:n0
Birthplace of father (State or foreign country) Triang	Birthplace of father (State or foreign country) World II
Full maiden name of mother AM A. Fitzpotrick	O. H. L. T. I
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) INICONQ	Birthplace of mother (State or foreign country)  State of Indiana,  I depose and state the information given
County of HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
Signed Michael F. Brooks	Signed Marian J. Mosley
New Address 70518 Mariner Way, Indianapolisto	
Subscribed and sworn to before me this. BLA day of SLPHMBN , 1980.	Subscribed and sworn to before me this day of Sipheman, 1897.
MANY MAL LULLI Clerk HENDRICKS Circuit Court	Mary Jare RUSSEL Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signa, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS } ss:	State of Indiana,
County of The Tourist San	County of HENDRICKS 88:
Signed Father	Signed Father
Signed	Signed
Subscribed and sworn to before me thisday of19	Signed
	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LIGHT	Cles
HENDRICKS COUNTY ISSUED BY ORDER OF COU	JRT. A marriage license having been refused to the above named parties, the
in	Court by written order issuedand file
135447166	of a marriage license to the
of at Remembered there are all MARKINGE LICEN	SE AND MARRIAGE
of Indiana dated the	SE AND MARRIAGE CERTIFICATE  cense issued by the clerk of the HENDRICKS  Circuit Cou
Be it further remarks the MICHAEL P. D.	cense issued by the clerk of the HENDRICKS Circuit Countries, 19. authorizing the joining together as husband and wind wind and wind and wind and wind wind wind wind wind wind wind wi
1. BROOKS.	and
one thousand nine hundred and	hereby certify the
State of Indiana, Groom	w office, to-wit:  MARION JANE MOSLEY  hereby certify that on the 19th day of SEPT-  at PITTSBORO , County of HENDRICKS
and, Bride MARION BROOKS	of , County of HENDRICAN
were by me united in marriage as authorized by	at PITTSBORO
Dated this 19th day of SEPT. , 1987	7
100.	
rued and recorded in accordance with the laws of the State	Signed /s/ GEORGE A. PURNELL  Official Designation MINISTER  23rd day of SPET. , 19.87
State of Indiana this	23rd day of SPET
	Signed Spet Cle

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

MALE	Date of Application
Medical Examination Report Dated	FEMALE
Name of Physician	Medical Examination Report Dated 9-4-90
	Name of Physician Patricia Cackorski
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,000".  MALE APPLICANT	pever procures the issuance of a license to marry by any fellows.
MALE APPLICANT	
Name First Middle Last	Name FEMALE APPLICANT
Date of Birth Month Day Year	/ Last Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Irdiana	Place of Birth (State or foreign country) 40
Residence Address Street or R. R. City County State  RCA 108  Cooksville Herdricks (A)	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	1440 Parama Avenue Tradiamodis Marien IN
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Drivers License	Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	1 Are you soul or b
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V
2. Are you afflicted with a transmissible disease? No X Yes 🗆	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?  No Yes   Yes	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No Yes   5. Are you now under the influence of a narcotic drug?  No Yes   Yes   Yes	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?  No Yes   6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
O. List the late that the late	6. List the full names of any dependent children.
	THE STATE OF THE PARTY OF THE P
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No 🗆 Yes 🗆	dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Office Alichols	compliance with any court order or orders issued for their support.  8. Full name of father. John With
Namiad	Number
	Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Tenessee	Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Bobbic Kinsler	9. Full maiden name of mother Daisy Bell
Residence of mother (if deceased so state) Deceased	Residence of mother (if deceased so state) Coates wille, IN
Birthplace of mother (State or foreign country) Temessee	Birthplace of mother (State or foreign country) Indiana
	Birtiplaceof mother (State of Toreign Country)
County of HENDRICKS  Sas: I depose and state the information given in this application is true and correct.	Oddity of management
Bord & Witten	Signed Lucille Ford
New Address BOX 208 Coalesvelled	New Address / HOO Panama av
E Cot on	
Subscribed and sworn to before me this day of Old 190.	1
Mary Jan Russell Gerk HENDRICKS Circuit Court	Mary Jane Ruddle Glerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	Guest of Indiana
State of Indiana, County of HENDRICKS } **:	State of Indiana, HENDRICKS County of
ounty of	SignedFather
Signed Father	
Signed Mother	Signed
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Clerk
	license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	ourt by written order issued
in.	)I a mazz
Be It Remembered, there was filed in my office a marriage the	authorizing the joining together as husband and wife
of Indiana dated the day of Siptim of	LUCILLE FORD
Be it further remembered, the following marriage certificate was filed in my of the marriage certificate was f	hereby certify that on the 10thday of NOV.
I,MARYLEECOMER one thousand nine hundred and 8.7. State to the state of t	at DANVILLE , County of IN
State of Land	of
DILETON FARL WILL	County State of
and, Bride	that purpose by the Clerk of the Circuit Court of
Can be united in marriage as authorized by a marriage troub	
aug of	JUDGE
Filed and recorded in accordance with the laws of the State of Indiana this	12th day of NOV.
rued and recorded in accordance with the laws of the State of Indiana this	12th day of NOV.  Signed Many Jane Arabl HENDRICKS Circuit Court
	Circuit Court

APPLICATION FOR MARRIAGE LICENSE

No	426		
File	St. County of		
	9-9-87		

Form Prescribed By

ndivaria State Bioard of HENDRICK Graphs Authority	County Date of Application
f LC: 31-1-3-2 Offiction July 1: 1977	FEMALE 2 + Dated 8-21-87
	Medical Examination Report Dated 8-21-87  Medical Examination Report Dated Report Repo
MALE Medical Examination Report Dated	f Dhyglclan
Name of Physician	over procures the issuance of a license to marry by any false statement, representation or pretense
THE STRONG MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement - Who	Name of Physician ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
HALL QUESTIONS MUST BE ANSWERED. I.C. 17 1500 (1977)  thall for flored in any sum not exceeding five hundred dollars (8500,00).  MALE APPLICANT	Name First Middle Last
Middle // TT	Day Year
Same Recar Kandelph Wenter	Date of Birth Mooring 29 1968
Dute of Birth Month 4 /969	Place of Birth (State or foreign country)
Place of Birth (Stage or Europe Country) Indiana County Stage	Residence Address Street or R. R. City County State  Residence Address Street or R. R. Hendricks State
Exilipage Allerone Breet or R. R. Posterville lett. In.	Previous Marital Status: Never Married OR
Married OB	Ended By Death Divorce Annulment
Previous Marrial Status: Never Married OR  Last Marriage Ended By: Death D Divorce D Annulment D	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth serified by Birth Certificate   Judicial Decree	
& Arineis Lie - Pucture	Other (Specify)
No Yes	1. Are you now or have you ever been seen seen seen seen seen seen seen
If answer is "yes" has the adjudication been removed?  No Yes	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin?
A. Are you related to the female applicant closer than second cousin:	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of intoxicating liquor?  No Yes   No	5. Are you now under the influence of a narcotic drug?  No Yes D
6. List the full names of any dependent children	6. List the full names of any dependent children.
Shawn Edristan Landolph Schofer	Shown Christian Kandolph Schope
Rec /yr.	age/yr.
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?
quibauquat sprighture,	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If asswer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any coup order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Duase Q. Daniel	8. Full name of father Frank Schafer
Residence of father (if deceased so state) Contiguity In.	Residence of father (if deceased so state) Clayton, in.
Birthplace of father Chate or foreign country.	Birthplace of father (State or foreign country) Indiana
& Full marker rame of mother Margaret N. Hance	9. Full maiden name of mother Wanda Buis
Besidence of mather of deceased so state, low leaville In.	Residence of mother (if deceased so state) Belle Union, In.
Luis Les	Residence of mother (II deceased so state)
Birthglace of mother State or foreign country	Birthplace of mother (State or foreign country)  State of Indiana,  I depose and state the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS   sa: in this application is true and correct.
signed Octor R. Laniel	Signed Hanny M. Schooles
New Address Same as above	New Address Same as above
Subscribed and sworn to before me this 9 day of Supy. 1987	Subscribed and sworn to before me this 9 day of Sept. 1987
Thary Jane Rusself derk HENDRICKS Circuit Court	mary Jane Rusself Clerk HENDRICKS Circuit Court
	Gerk Glerk
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
	3
State of Indiana. Life Process	
County of HENDRICKS } M:	State of Indiana, County of HENDRICKS ss:
Signed	
Signed	Signed Father
Subscribed and sworn to before me this day of	Signed Mother
19	Subscribed and sworn to before me thisday of
Clerk	Clerk
HENDRICKS LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
County	Court by written order issued
the issuance	of a marriage ligance to the
Be M Remembered, there was filed of MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE  ense issued by the classic court.
of Indiana dated the 14th was filed in my office a marriage lic	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the HENDRICKS  Circuit Court
OSCAR R. DANIEL IT	ense issued by the clerk of the HENDRICKS Circuit Court  , 19 7, authorizing the joining together as husband and wife and TAMMY M. SCHAFFR
A. ALLAN HAPPAN arriage certificate was filed in	and TAMMY M. SCHAFER
one thousand nine hundred and 87	hereby contic
State of Indiana, Groom OSCAR D	hereby certify that on the 25th day of SPET.  at COATESVILLE , County of HENDRICKS
and, Bride TAMMY M. SCHAPPP	of County of HENDRICKS
were by me united in marriage as authorized by	HENDRICKS County, State of IN
Durand this 25th	that purpose by the Classic County, State of
day of SEPT. 19	37 HENDRICKS
	*******
Filled and recorded in accordance with the laws of the State of Indiana this	Signed /s/ A. ALLAN HARLAN Official Designation MINISTER
State of Indiana this	1st days

HENDRICKS

.. Circuit Court

lst....

B (other Specific) T que tan uses or units son l'answer is "yes" has il Are you afflicted with a 3. Are you related to the fe 4. Are you now under the 3 Are you now under the l

compliance with any co E Full name of father Birthplace of father Sta 9 Full maiden name of mo

Are you required by any dependent children If answer is "yes" it is n

CONSENT OF PAREN

State of Indiana.

County of HENI

Circuit Court

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

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No	427	
File		

County MALE Date of Application Medical Examination Report Dated 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 Name of Physician_ MALE APPLICANT FEMALE APPLICANT Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound min-If answer is "yes", has the adjudication been removed? No Yes No D Yes D If answer is "yes", has the adjudication been re-No Yes 2. Are you afflicted with a transmissible disease Are you related to the female applicant closer than second cousin? No W Yes Are you related to the male applicant closer than second No Yes D Are you now under the influence of intoxicating liquor? No Yes O No Yes D 5. Are you now under the influence of a narcotic drug? List the full names of any dependent children 6. List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No□ Yes□ No TYes D If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any count order or orders issued for their support Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given in this application is true and correct. HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary signs, state facts which render the consent of the other parent unnecessary...... State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of ..... County of. Father Signed. Signed. Mother Signed. Subscribed and sworn to before me this. Subscribed and sworn to before me this ______day of _____, 19...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... ...., 19£7, authorizing the joining together as husband and wife of Indiana dated the 14 day of Sept. KATHY LYNNE WILSON RICHARD WAYNE SETTLES Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, GEORGE PLASTUER

One the george plastuer day of the george plastuer of the george plastu , County of HENDRICKS one thousand nine hundred and 87 at ..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County. Signed...../s/..GEORGE..PLASTUER.... Dated this 10th day of OCT. 19.87 Official Designation MINISTER ...14th ......day of ...... Filed and recorded in accordance with the laws of the State of Indiana this..... ....Clerk HENDRICKS

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

File_

Circuit Court

Form Prescribed By Indiana State Board of APPLICAT	TION FOR M	IARRIAGE	9-9-87
Health under Authority	HENDRICKS	SCounty	Date of Application
Effective July 1, 1977		FEMALE Benert Dated	9-3-87
		FEMALE Medical Examination Report Dated	1001
MALE Medical Examination Report Dated		Name of Physician	
Name of Physician  ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "Fa		propures the issuance of a license to marry by any latse sta	tement, representation or pretense
Name of Physician	alse statement-Whoev	PEMALE APPLICAN	T
		First Middle	li Last
MALE APPLICANT	Last	Name / racy.	2 Delegar
Name Anthony Clan Dill	ear	Date of Birth Month	19/16
Date of Birth Month Day	966	Place of Birth (State or foreign country)	146
Place of Birth (State or foreign country)		Residence Address Street of R. R. City	County State
Street or R. R. City County	State	1604 Belly St map	0 46203
7935 N. 650E Brawnshuere	7	Previous Marital Status: Never Married OR	I will will be set to the
Previous Marital Status: Never Married OR		Maniago Ended By: Death Divorce Annulment	
Last Marriage Ended By: Death Divorce Annulment		Date of birth verified by: Birth Certificate Judicial Decre	and the second second
Date of birth verified by: Birth Certificate  Judicial Decree			
Other(Specify)		Other (Specify)  Are you now or have you ever been adjudged to be of unsound managed to be of u	nind? No 🖰 Yes 🖸
Are you now or have you ever been adjudged to be of unsound mind?	No 4 Yes	Are you now or have you ever been all answer is "yes", has the adjudication been removed?	No□ Yes□
If answer is "yes", has the adjudication been removed?	No Ves No Ves	2. Are you afflicted with a transmissible disease?	No D Yes D
2. Are you afflicted with a transmissible disease?	No Yes No Yes	Are you related to the male applicant closer than second cousing	No D Yes D
3. Are you related to the female applicant closer than second cousin?	No Ves D	4. Are you now under the influence of intoxicating liquor?	No 🗗 Yes 🗆
4. Are you now under the influence of intoxicating liquor?	No 🗹 Yes 🗆	5. Are you now under the influence of a narcotic drug?	No V Yes D
5. Are you now under the influence of a narcotic drug?		6. List the full names of any dependent children.	
6. List the full names of any dependent children.			
		and a support the sh	ove.
<ol><li>Are you required by any court order or orders to support the above dependent children?</li></ol>	No □ Yes □	7. Are you required by any court order or orders to support the ab dependent children?	No□ Yes□
If answer is "yes", it is required that this Application be accompanied by satisfactory	proof that you are in	If answer is "yes", it is required that this Application be accompa	nied by satisfactory proof that you are in
compliance with any court order or orders issued for their supports		compliance with any court order or orders issued for their supp	ort.
8. Full name of father Aurille & lack		8. Full name of father Sulf Tushi	n e
Residence of father (if deceased so state)		Residence of father (if deceased so state)	
Birthplace of father (State or foreign country)		Birthplace of father (State or foreign country)	-
Chi abith High	been less	Aug	me Milson
9. Full maiden name of mother		9. Full maiden name of mother	1
Residence of mother (if deceased so state)		Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country)  State of Indiana,		Birthplace of mother (State or foreign country)	2
Subscribed and sworn to before me this day of HENDRICKS	CA ROWNSBURG	Signed Signed New Address Al Sully Subscribed and sworn to before me this day	L Lilyan St. Bymnibu 1987
Gerk MENDRICKS	Circuit Court	I pery quet marlock	HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. It		We, the parents, of this applicant hereby give consent for	this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	у	signs, state facts which render the consent of the other p	
	***************************************	the consent of the other p	arent unnecessary
			***************************************
			***************************************
State of Indiana,			
County of HENDRICKS ss:		State of Indiana,	
		County of HENDRICKS	
Signed.	Father	Signed	Father
Signed	Mother		***************************************
Subscribed and sworn to before me this		Signed	
		Subscribed and sworn to before me thisday	of, 19
COMPLETE IF MARRIAGE TO	Clerk		Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY OR HENDRICKS County	DER OF COUR'	T. A marriage liames	, , , , , , , , , , , , , , , , , , ,
inCounty	Cor	T. A marriage license having been refused to the urt by written order issued	above named parties, the
authorizes and dire	ects the issuance of	f a marriage liesenstate	and nied
DEMILIPAT		the above named parties	
of Indiana dated the			S Ginavit Court
Re it further ANTHONY BLACK	<b>.</b>	1987	Circuit Cont
PICHARD PARTIES TERMINATED IN THE PROPERTY OF	was filed ina	ndTRACV Types	jether as husband and wy
D. MCCHEE	, and may of	Ince to and	***************************************
State of Indiana C	}	hereby certify that on the 3rd day of day of	OCT.
one thousand nine hundred and 8.7.  State of Indiana, Groom ANTHONY ALAN BALCK and, Bride TRACY LYNN GIBSON were by me united in marriage as authorized by a marriage h	(	at BETHESDA BAPTIST CHURCH	a of PENDRICKS
were by me united in TRACY LYNN GIRSON		HENDRICKS Country	of IN
County	of	HENDRICKS County, Stat	to of
Dated thisday ofOCT.	issued for t	that purpose by the Clerk of the Circuit C.	HENDRICKS
OCT.	, 1997	one Circuit Court of	
	0 /		
Filed and recorded in accordance with the laws of the State of	of India	Official Designation ASSOC. PASTOR	Ε
	, Indiana this	13th day of	***************************************
		Signed Man OCT.	, 1987 Clerk

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No	429	
File_	A Company	

HENDRICKS

.... Circuit Court

HENDRICKS County 9-9-87 Date of Application MALE Medical Examination Report Dated. FEMALE Medical Examination Report Dated_ 8-28-87 Name of Physician_ Name of Physician Timothy Nichols ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT learwaters Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Fnolvana Residence Address County 419 S. Norfolk Indpis 1493 S. 525 W State Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes O 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No T Yes If answer is "yes", has the adjudication been removed? No Yes 2. Are you afflicted with a transmissible disease? No Y Yes 2. Are you afflicted with a transmissible disease No Yes No Yes D Are you related to the female applicant closer than second cousin Are you related to the male applicant closer than second cousin No Yes No Yes D Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. 6. List the full names of any dependent children Kelly Renee Carrier Jason Matthew Chambers Lori Jann Chambers Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No Yes O If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. compliance with any court order or orders issued for their support. Full name of father James Oscar Clear waters Paul Brooks Full name of father James Speedway In. panville, IN. Residence of father (if deceased so state) **Fndiana** Tennessee Birthplace of father (State or foreign country). Birthplace of father (State or foreign country)_ Eldena Nelson 9. Full maiden name of mother Lora Kathleen Danville, IN. deceased Residence of mother (if deceased so state)_ Indiana Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)_ State of Indiana, HENDRICKS State of Indiana, I depose and state the information given in this application is true and correct. HENDRICKS Signo Lenda Sue Carrier Signed Mark Melsen Cle amating New Address 419 S. Horfall Jadple, In 46241 New Address 419 5. Norfolk alneys In Subscribed and sworn to before me this 9 day of Sept - 1987. mary Jane Russell mary gave Russell CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary...... State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of ... County of ... Father Mother Subscribed and sworn to before me this......day of...... Subscribed and sworn to before me this _______day of ______, 19.____. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued waiver of time (3-day) and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 9th day of SEPT., 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 _____9th ___day of _____SEPT. one thousand nine hundred and 87 TN

State of TANNE RUSSELL AT DANVILLE , County of HENDRICKS , State of Indiana, Groom.

MARK NELSON CLEARWATERS of MARION County, State of IN and, Bride LINDA SUE CARRIER of HENDRICKS

Were 1 Signed /s/ MARY JANE RUSSELL Dated this 9th day of SEPT., 19.87.... 

APPLICATION FOR MARRIAGE LICENSE

STATE OF INDIANA

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

Date of Application HENDRICKS _County 9-4-87 FEMALE Medical Examination Report Dated.

An as main

.Circuit Court

MALE Medical Examination Report Dated	Name of Physician End Clark
Name of Physician  LL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever a statement of the saw sum not exceeding five hundred dollars (\$500.00)".	er procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement = White sta	FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-30 ptc. shall be fined in any sum not exceeding five hundred dollars (8500,00)".  MALE APPLICANT	Name First Middle Last
Middle	Date of Birth Month Day Year
Wade Day Year	Place of Birth (State or foreign country)
Date of Birth	The second second
Place of Birth (State or foreign country)  Street or R. R. City County State	Residence Address Street or Ko. R. State
Residence Address Street or R. R. City and plr and plr	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Maniere Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Other (Specify) Drivers License
Other (Specify) No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  No Yes  No Yes  No  Yes  No  Yes  No  Yes  No  No  Yes  No  No  Yes  No  No  No  Yes  No  No  No  No  No  No  No  No  No  N	If answer is "yes", has the adjudication been removed?  No Yes  No Yes
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?  No X Yes   3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin? No. 7 Yes D
No of Yes -	4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes
5. Are you now under the influence of a narcotic drug?	Are you now under the influence of any dependent children.      List the full names of any dependent children.
6. List the full names of any dependent children.	b. Dist the sale
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.  8. Full name of father Renaud D. Deerr
8. Full name of father Charles to Several Control of the Charles o	No. C. H. T.V.
Residence of father (if deceased so state)	Residence of father (if deceased so state) 1010 100, 170
Birthplace of father (State or foreign country)	Birthplace of father (State of Total gricoland)
9. Full maiden name of mother Magazett Jane Bisley	9. Full maiden name of mother Lois E. Ward
Residence of mother (if deceased so state) Lindals, Sal	Residence of mother (if deceased so state) Plainfield, DV
Birthplace of mother (State or foreign country) England	Birthplace of mother (State or foreign country) Indiana
County of HENDRICKS  Sas: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  as: I depose and state the information given in this application is true and correct.
Wh Oll	ounts of
Signed The Signed Signe	Signed 1997 Y
New Address 1109 Canterbury & S.	New Address 1109 Contex bury Sq. South
Subscribed and sworn to before me this day of HENDRICKS	Subscribed and sworn to before me this 9th day of Sept 1989
Clerk HENDRICKS Circuit Court	Many Jane Russell Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF BARRANGE BARRANGE OF SWARMS
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	
	signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, LIFA IDDIGUE	
County of HENDRICKS } ss:	State of Indiana, County of HENDRICKS
SignedFather	
Signed	Signed Father
Subscribed and sworn to before me thisday of	Signed Mother
, 19	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LIGHWAY	Clerk
HENDRICKS COURT ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
inCo	ourt by written order issued and filed
DEMINIS	a marriage license to the above named parties
day of	Circuit Com
Be it further remembered, the following	and
JAMES B	office, to-wit. IAMMY LYN DEERR
one thousand nine hundred and 87	hereby certify that on the 19th day of SEPT:  at BLOOMINGOTN , County of MARION
State of Indiana, Groom WADE DAVID COOK	at BLOOMINGOTN County of MONROE  MARION County, State of IN
were by me with it.	of MARION County of MUNROL
County. County. County.	of MARION County of MONROE  HENDRICKS County, State of IN  that purpose by the Clerk of the County, State of HENDRICKS
were by me united in marriage as authorized by a marriage license issued for  Dated this 19th day of SEPT. , 19.87	that purpose by the Clerk of the Circuit Court of HENDRICKS
, 19.87.	*******
with the laws of the State of Indiana this	Signed /s/ JAMES E. GENTRY Official Designation PASTOR  5th day of OCT , 19.87
Title	Sth day of OCT 19.87

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

431

HENDRICKS

Circuit Court

	County 9-10-87
MALE Medical Examination Report Dated  TUNE	FEMALE Date of Application
	Medical Examination Report Dated 9-9-87
Name of Physician	Name of Physician Naix & Alexand
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Wayyar
ALL QUESTIONS MUST not exceeding five hundred dollars (\$500.00)".	ser, procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT  First Middle	FEMALE APPLICANT
Name First Middle Welson Last Welson	Name First Middle 1 Last
Date of Birth Month Day Year	Date of Birtin Clue Coa a Month
Place of Birth (State or foreign country)	Place of Pint 19 1955
Joone Co	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	- our william se Fift ( ains) In.
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Armi li	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Collins	Other (Specify) Welsel Gelice
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No Ves	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?  No Yes   6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.  Randall Wilson	6. List the full names of any dependent children.
marce ous	none
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Cawana II. Wasan	8. Full name of father Called Start
Residence of father (if deceased so state)	Residence of father (if deceased so state) / las Reference /
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Bullah Bunuce Brandon	All Full maiden name of mother Jessee Bartett
Laborator da	Residence of mother (if deceased so state)
Residence of mother (if deceased so state)	7/
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)  State of Indiana, The State of Indiana,
State of Indiana, HENDRICKS    Sa: I depose and state the information given this application is true and correct.	State of Indiana, HENDRICKS    State of Indiana, HENDRICKS   I depose and state the information given in this application is true and correct.
County of	Signed Relecca a Rhaton
Signed like MAGE TO COSE A TO THE	
New Address Col Wasty Men Styllen Holl	New Address 60 1 West Main St Plans
Subscribed and sworn to before me this day of Just 1987.	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
HENDRICKS	Mary Ser Sussell Clerk HENDRICKS Circuit Court
Mily fur Misall Clerk Circuit Court	1
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana, HENDRICKS
State of Indiana, County of HENDRICKS ss:	County of
Father	SignedFather
Signed	SignedMother
Signed	Subscribed and sworn to before me thisday of, 19
Subscribed and sworn to before me thisday of, 19,	Subscribed and sworn w better
Clerk	
	RT. A marriage license having been refused to the above named parties, the Court by written order issued and filed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	Court by written order issued 3 land walled and filed
in Clarks Affect authorizes and directs the issuance	Court by written order is to the above named parties.
in the riggs and directs the issuance	e of a marriage incense to the control of the contr
of Indiana dated the	DEBECCA A. RHOTON
TAMBENCE E WITSON	and REBECCA A. RHOTON day of SEPT.
D. LAWRENCE E. WILLSON to suge filed in my	day of SEPT.
	County of FIAD Lotterment,
thousand nine hundred and	of TN
State of Indiana, Groom LAWRENCE E. WILSON	HENDRICKS
and, Brideofof	that purpose by the Clerk of the Circuit Court of
were by me united in marriage as authorized by a marriage license issued for	or that purpose by the class
were by me united in marriage as authorized by a marriage license issued for	or that purpose by the ottoms,
and, Bride	or that purpose by the ottoms,

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

Form Prescribed By

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No	432
File_	
	9-10-87
	Date of Applicati

Indiana State Board of Health under Authority County of I.C. 31-1-3-2 Effective July 1, 1977 FEMALE Medical Examination Report Dated_ Name of Physician Medical Examination Report Dated_ ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense that he fired in any any act awarding five hundred dollars (\$500.00)". shall be fined in any sum not exceeding five hundred dollars (\$500,00) MALE APPLICANT Name Middle Date of Birth State Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate ☐ Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? No Yes D Are you afflicted with a transmissible disease No Yes 3. Are you related to the male applicant closer than second cousin Are you afflicted with a transmissible disease? No Yes D No Yes D Are you related to the female applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor No Yes D No Yes Are you now under the influence of intoxicating liquor? No Yes D 5. Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children List the full names of any dependent children. Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No T Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued Full name of father_ 8. Full name of father Chaple Residence of father (if deceased so state). Residence of father (if deceased so state) Birthplace of father (State or foreign country 9. Full maiden name of mother. Residence of mother (if deceased so state). Residence of mother (if deceased so state)___ Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country) State of Indiana. State of Indiana, **HENDRICKS** HENDRICKS County of. County of ..... New Address Da HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.. signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS State of Indiana, County of .... HENDRICKS County of Signed. Mother Signed .... Subscribed and sworn to before me this Subscribed and sworn to before me this ______day of______ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the day of day of specific issued by the clerk of the ROBERT M. HOBBS

ROBERT M. HOBBS Be it further remembered, the following marriage certificate was filed in my office, to-wit: MARTIN A. PETER & RICHARD HOBBS hereby certify that on the 15th day of SEPT. HELEN A. SHEELER one thousand nine hundred and 87

State of Indiana, Groom ROBERT M. HORRS at BROWNSBURG , County of HENDRICKS... of HENDRICKS County, State of IN and, Bride HELEN A. SHEELER were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ringe license in the HENDRICKS County, State of LINDRICKS

Signed....../s/.MARTIN A. PETER & RICHARD HOBBS Official Designation PRIEST & RICHARD HOBBS MINISTER & UNITED METHODIST MINISTER .....day of ..... SEPT. Signed Many C

Circuit Court

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

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## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

Effective July 1, 1977 HENDRICKS County Date of Application MALE Medical Examination Report Dated FEMALE Medical Examination Report Dated Name of Physician_ Name of Physician ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement representation or pretense MALE APPLICANT FEMALE APPLICANT Place of Birth (State or foreign country Residence Address Previous Marital Status. Never Married A OR Last Marriage Ended By: Death Divorce Annulment D Previous Marital Status: Never Married OR Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: P Birth Certificate Judicial Decree Date of birth verified by: 3 Birth Certificate Judicial Decree Other (Specify)_ Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed No Tes D If answer is "yes", has the adjudication been removed? No Yes 2. Are you afflicted with a transmissible disease? No Yes D 2. Are you afflicted with a transmissible disease No Yes 🗆 3. Are you related to the female applicant closer than second cousin? 3. Are you related to the male applicant closer than second cousin No Yes 4. Are you now under the influence of intoxicating liquor? No Yes D No Yes you now under the influence of intoxicating liquor 5. Are you now under the influence of a narcotic drug? No Yes 5. Are you now under the influence of a narcotic drug' 6. List the full names of any dependent children 7. Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No Yes O No Yes dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Residence of father (if deceased so state). Birthplace of father (State or foreign country) Residence of mother (if deceased so state) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country Birthplace of mother (State or foreign country)_ State of Indiana, HENDRICKS HENDRICKS County of ... Signed & Mark alan McCullough CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS Subscribed and sworn to before me this _______day of ______, 19.____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ... authorizes and directs the issuance of a marriage license to the above named parties. .....County... RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... certificate was flied in my office, to-wit:

______hereby certify that on the______day of____SEPT. Be it further remembered, the following marriage certificate was filed in my office, to-wit: MARK A. McCULLOUGH State of Indiana, Groom MARK A. MCCULLOUGH of HENDRICKS County, State of IN JACQUELINE MEANS Signed /s/ JACQUELINE MEANS SEPT. 19.87 Dated this ....

Official Designation PRIEST .....23.rd ......day of.

Signed....

19thay of.....

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

Indiana State Board of

Beacht under Authority

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County

No	434
File_	八年 安然 中国 医
1110	9-11-87
	Date of Application

Subscribed and sy

CONSENT OF P

State of Indian

..... Circuit Court

HENDRICKS

# 1C 30-1-52 Effective July 1, 1977 Medical Examination Report Dated MALE Name of Physician_ Medical Examination Report Dated ... ALL GUESTINGS MUST BE ANSWERED IC 31-1-3-6 prescribed False statement - Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT Place of Birth (State or foreign country Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended Sy: Death D Divorce Annulment D Date of birds werified by: D Birds Certificate D Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No D Yes D No T Yes D No X Yes 2. Are you afflicted with a transmissible disease? No To Yes 3. Are you related to the male applicant closer than second cousin? No Yes No Yes D 4. Are you now under the influence of intoxicating liquor? No Yes D No Yes 5. Are you now under the influence of a narcotic drug? No Yes No Yes 6. List the full names of any dependent children. 7. Are you required by any court order or orders to support the above If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support Residence of father (if deceased so state). Birthplace of father (State or foreign country) 9. Full maiden name of mother_ Residence of mother (if deceased so state). Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given in this application is true and correct. HENDRICKS HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the persents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary...... State of Indiana, HENDRICKS County of..... Subscribed and sworn to before me this ______day of _____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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
HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 18 Be it further remembered, the following marriage certificate was filed in my office, to-wit: , 1987, authorizing the joining together as husband and wife ANNA M. BERRY one thousand nine hundred and 87
Shale of Indiana, Grown DAVID J. SIDEBOTTOM hereby certify that on the 10th day of OCT. at PLFD. , County of HENDRICKS end, Brids ANNA M. BERRY of HENDRICKS County, State of IN County, State of HENDRICKS

13th

15th Signed /s/ BUDDY FEHRMAN Signed Many Jane R was

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

9-11-87

HENDRICKS

MALE Date of Application Medical Examination Report Dated. FEMALE Medical Examination Report Dated_ Name of Physician_ Name of Physician William Edward 3 ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretenses." MALE APPLICANT FEMALE APPLICANT Name Date of Birth Place of Birth (State or foreign country 11225 W. Washington Residence Address 11225 W. Washimton Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes -1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No T Yes If answer is "yes", has the adjudication been reme 2. Are you afflicted with a transmissible disease? No Yes 🗆 3. Are you related to the female applicant closer than second cousin? No Yes 🗆 Are you related to the male applicant closer than second co No Yes D you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children 6. List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. compliance with any court order or orders issued for their support. 8. Full name of father William A. Hopkins 8. Full name of father Vernon D. Hatfield Residence of father (if deceased so state) EvanSville, TN Residence of father (if deceased so state) Pain Scld, IN Birthplace of father (State or foreign country) Indiana Birthplace of father (State or foreign country) Wyoming 9. Full maiden name of mother Sylvia R. Flittner 9. Full maiden name of mother Dorothy J. Farguhar Residence of mother (if deceased so state) Plainfield, IN Residence of mother (if deceased so state) Evansuille, IN Birthplace of mother (State or foreign country) Kansas Indiana Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS - ss: I depose and state the information given in this application is true and correct. State of Indiana, HENDRICKS Signed Mancy Jane Halfield New Address Same as above Subscribed and sworn to before me this... Circuit Court Mary Jane Russell CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of ..... Subscribed and sworn to before me this..... Subscribed and sworn to before me this..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued .....authorizes and directs the issuance of a marriage license to the above named parties. .....County..... RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... .....and.....NANCY J. HATFIELD.... Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 19th day of SEPT. HENDRICKS HENDRICKS County, State of. one thousand nine hundred and ..... State of Indiana, Groom WILLIAM C. HOPKINS of .....County, State of ... Signed...../s/..GEORGE PLASTERER..... Dated this ..... Official Designation CLERGY 

Signed.....

No	194
File_	
	9 11 20

APPLICATION FOR MARRIAGE LICENSE Form Prescribed By Indiana State Board of Health under Authority HENDRICKS _County Date of Application of LC 31-1-3-2 Effective July 1, 1977 Medical Examination Report Dated_ FEMALE MALE Name of Physician ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". Medical Examination Report Dated_ MALE APPLICANT Name Date of Birth Place of Birth (State or Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: 

Birth Certificate 

Judicial Decree 1. Are you now or have you ever been adjudged to be of unsound mind No Yes D Other (Specify)_ No Yes If answer is "yes", has the adjudication been removed? 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D No Yes No Yes D If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease? No Yes No Yes D 3. Are you related to the male applicant closer than second cousin? Are you afflicted with a transmissible disease: No Yes Are you related to the female applicant closer than second cousing No Yes D 4. Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Yes No X Yes 5. Are you now under the influence of a narcotic drug? List the full names of any dependent children. 6. List the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No Yes O dependent children? No D Yes D If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support Residence of father (if deceased so state) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). State of Indiana. State of Indiana, County of ... County of .... HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent w signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS Signed.... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 19th day of SPET. one thousand nine hundred and State of Indiana, Groom LARRY R. WOLF at INDPLS. aay of MARION , County of MARION of MARION County, State of IN and, Bride CATHY F. JONES were by 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, State of IN County, State of IN County

Dated this 19th day of SEPT., 19.87....

Signed ______/s/_CLIFFORD E. WOODRUM Official Designation MINISTER

Signed Many HENDRICKS

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

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

Effective July 1, 1977 HENDRICKS -County Date of Application MALE Medical Examination Report Dated_ Medical Examination Report Dated Name of Physician. Name of Physician_ ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT Date of Birth Place of Birth (State or foreign Previous Marital Status: Never Married OR Previous Marital Status: Never Married DR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Cartificate Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree 1. Are you now or have you ever been adjudged to be of uns No Yes 1. Are you now or have you ever been adjudged to be of unsound mind No Yes D No Tyes If answer is "yes", has the adjudication been removed No O Yes O If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease? No TYes D 2. Are you afflicted with a transmissible disease 3. Are you related to the female applicant closer than second cousin? you related to the male applicant closer than second cousing 4. Are you now under the influence of intoxicating liquor? No Ves D 4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children 6. List the full names of any dependent children 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes dependent children? No Yes dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders is daw. D. Shot Residence of father (if deceased so state) Birthplace of father (State or foreign country)_ Birthplace of father (State or foreign country) Residence of mother (if deceased so state) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS I depose and state the information given PT RO PLFO M CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marria signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary...... State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of .... Signed. Subscribed and sworn to before me this _______day of ______, 19_____. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____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 HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... , 1987..., authorizing the joining together as husband and wife of Indiana dated the 16 day of September and SUSAN ANN SHOTKOWSKI Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 87 at INDPLS.

HEDNRICH State of Indiana, Groom RITCHEY P. JORDAN of HEDNRICKS County, State of IN and, Bride SUSAN ANN SHOTKOWSKI of HENDRICKS

were by men in the Clark of the Circuit Court of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County. Signed ...../s/ WILLIS R. HOWARD

Official Designation.....MINISTER.... ...day of .... OCT

HENDRICKS

... Circuit Court

26th.....

Dated this 16th day of SEPT. 19.87.....

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

Form Prescribed By Indiana State Board of

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File_ 9-14-87

Date of Application

d 1.C. 31-1-3-2 Effective July 1. 1977	FEMALE Medical Examination Report Dated  9-8-87
MALE	Name of Physician Stephen C. Heeger
Medical Examination Report Dated	Name of Physician
Name of Physician	ever procures the issuance of a license to marry by any tank state in the representation or pretense
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed. Paid thall the finied in any sum not exceeding five hundred dollars (\$500,00).	Name of Physician  ever procures the issuance of a license to marry by any false statement, representation or pretens  FEMALE APPLICANT  Middle
MALE APPLICANT	Name First Middle Mins
Name First Middle Lynn	Date of Birth Month 10 70
Dutie of Birth Month Q Year	State or foreign country)
E. of Mirch (State or foreign country)	Paridence Address Street or R. R. City County State
City County State	Ra box 321 mights low.
245 N. Vine Apt #5 Phintield Hen IN.	Previous Marital Status: Never Married OR
Previous Marital Status. Never Married OR	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Last Marriage Ended By: Death Divorce Annulment Divorce Bute of birth varified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate
Date of borth verified by: 9 ports Commen	Other (Specify)
□ Other (Specify) No Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
L. Are you now or have you ever been adjudged to be of unsound mind?  No  Yes    If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Yes  No Yes
No. 7 100	2. Are you afflicted with a transmissible disease?  No Yes  3. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you related to the female applicant closer than second cousin?  No Yes	Are you now under the influence of intoxicating liquor?  No Yes
Are you now under the influence of intexicating liquor?  No. 128  Vos.	5. Are you now under the influence of a narcotic drug? No Y Yes
5. Are you now under the influence of a narcotic drug?	6. List the full names of any dependent children.
6. List the fall names of any dependent children.	
to support the above	7. Are you required by any court order or orders to support the above
2. Are you required by any court order or orders to support the above No 10 Yes -	dependent children?  No. Yes  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	lieros with any court order or orders issued for their support.
* Full name of father Lawell Duay He Lynn	8. Full name of father Maurice Daniel Mims
Dlain Dald Ton	Residence of father (if deceased so state) Knights town TN.
Kenduay.	Kentroku
Birthglace of father (State or foreign country) Kentucky	Shirley Karen Aninlin
1. Full maiden name of mother Clay Francis Murray	9. Full maiden name of mother
Residence of mother (if deceased so state). Plaintield, In.	Residence of mother (if deceased so state) Knights town   Th.
Birthglace of mother (State or foreign country). Indiana	Birthplace of mother (State or foreign country) Fudiqua
HENDRICKS  I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Sa: I depose and state the information gives in this application is true and corrections.
Signed Donald C Rynns	Signed Christine Muns
New Address 245 N Vino St. apt 5	New Address
Bubmeribed and ewern to before me this. 14 day of ALPT 1987.	Subscribed and sworn to before me this day of Sept 190
Mary Jane Russell aerk HENDRICKS Circuit Court	mary Jane Russell Clerk HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary.	We, the parents, of this applicant hereby give consent for this marriage. If only one par
The distribution of the second	signs, state facts which render the consent of the other parent unnecessary
State of Indiana.  Gounty of HENDRICKS	State of Indiana,
Street	County of HENDRICKS ss:
Father	Signed Fa
Signed Mother Subsection 1	Signed Mo
Submeribed and sworn to before me this day of 19	Subscribed and sworn to before me this 14 day of Left 193
Clerk	
	I Thary Jane Russell
HENDRICKS County ORDER OF COU	URT. A marriage license having been refused to the above named parties,
authorizes and directs the	Court by written order issued and
RETURN OF MARRY	e of a marriage license to the above named parties.
Be It Remembered, there was filed in my office a marriage li	SE AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit (
day of Di	Circuit of the clerk of the Circuit
Be it further remembered, the following	and CHRISTINE MICHELLE MIMS
LOWELL D. LYNN	office, to-wit: CHRISTINE MICHELLE MIMS
The second secon	
Plants of B. B. S. S.	at PLFD. 19th day of SEPT.  At Ounty of HENDRICKS
and, Bride COI LYNN CHRISTINE MICHELLE MILLS	at PLFD. atty of HENDRICKS  of HENDRICKS County, State of IN
County.  Dated this  19th day of SEPT.  CHRISTINE MICHELLE MIMS  County SEPT.  19 8	HENDRICKS County, State of IN HENRY County, State of IN HENRY County, State of HENDRICKS
Dated this 19th	r that purpose by the Clerk of the Circuit Court of HENDRICKS
May of SEPT. 19.8	
wen and recorded in accordance with the laws of the State	Signed /s/.LOWELL D. LYNN  Official Designation PASTOR  28th day of SEPT. , 1987
of Indiana this	28th day of
	Signal (19.87, 19.87

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

# STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

HENDRICKS

... Circuit Court

MALE	
Medical Examination Report Dated	FEMALE Date of Application
Name of Physician	Medical Examination Report Dated 9-8-87
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (8500.00)".  MALE APPLICANT	Dever program to :
MALE APPLICANT	the issuance of a license to marry by any false statement, representation or pretense
Name First Middle	Name FEMALE APPLICANT
Brent W. Pruithan	First Mill
Pate of Diffe	Date of Rivity San S Marco
Place of Birth (State or foreign country).	Day Year
Residence Address Street or R. R. City County, State	Place of Birth (State or foreign country)
Residence Address . Works I Jud als. Hay State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	4114 D. Michidan & State County State
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Date of Dirth Country	Date of birth verified by: Birth Certificate Judicial Decree
Other(Specify)	C C.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	Other (Specify) Wh. Tw.
	1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □
NOT les	If answer is "yes". has the adjudication been removed?
110	2. Are you afflicted with a transmissible disease?
	3. Are you related to the male applicant closer than second cousin?
100	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug?     No A Yes      No A Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
The second secon	
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
dependent children?  No  Yes    If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Chalde Rass Parts.	compliance with any court order or orders issued for their support.
8. Full name of father Colonia Hay Fright	8. Full name of father William R. 11000
Residence of father (if deceased so state)	Residence of father (if deceased so state) The will be the Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	X to the
Maritia M. Bird	Birthplace of father (State or foreign country)
9. Full maiden name of mother Malling III ISMEN	9. Full maiden name of mother 11/4/20 11/11/11/19
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	
State of Indiana	Birthplace of mother (State or foreign country)
County of HENDRICKS I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  A  Bas: I depose and state the information given in this application is true and correct.
STX#	Winn Mana
Signed X July July Signed X	Signed 100000 1110000
New Address /4114 W Michigan Stan	New Address
Subscribed and sworn to before me this y day of Sept 1987.	Subscribed and sworn to before me this day of Sept
Substituted and swork to before the this Charles of the think of the t	Man Cane Russell Clerk HENDRICKS Circuit Court
Circuit Court	11 Oly Jane Russell Clerk Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
and the consent of the consent of the other	
	a-cat pounds
State of Indiana.  County of HENDRICKS }**:	State of Indiana, HENDRICKS
County of HENDRICKS	County of
Signed Father	SignedFather
Water 1	Signed
Signed	Subscribed and sworn to before me thisday of
Subscribed and sworn to before me thisday of	Subscribed and and
Clerk	AND THE RESERVE OF THE PARTY OF
	license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been related and filed
HENDRICKS	ourt by written order issue
in	I a marriage mean
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE HENDRICKS
RETURN OF MARKIAGE BIOLINE	se issued by the clerk of the
of Indiana dated the 1911 day of September.	, 1987, authorizing the joining together as husband and wife
of Indiana dated the 1911 day of SIRIM BRENT W. PRUITT a  Be it further remembered, the following marriage certificate was filed in my o	nd ALISSA S. MOORE
Be it further remembered, the following marriage certificate was filed in my o  I,	hereby certify that on the19thday of SEPT.
CHARLES EL CHON	County ofMARION
thousand nine hundred and 87	UFNDRICKS County, State of
DIENT W. PRUITI	County State of TN
and, Bride ALISSA S. MOORE were by me united in marriage as authorized by a marriage license issued for County.	that murpose by the Clerk of the Circuit Court of
of the united in marriage marriage marriage mense	
County.	Signed /s/ CHARLES ELSTON
Dated this 19th day of SEPT. , 1987	Signed /S/ CHARLES
Filed and recorded in accordance with the laws of the State of Indiana this	23rd day of Clerk
and recorded in accordance with the laws of the State of Indiana this	Signed Mary Jane Rivsell HENDRICKS Clerk

APPLICATION FOR MARRIAGE LICENSE

440 File_

9-15-87 Date of Application

2 Are you afflicted with

4. Are you now under the § Are you now under the & List the full names of

Are you required by a dependent children Hanswer's "yes" it is compliance with any

9. Full maiden name of s

State of Indiana. County of HE

Subscribed and sworn Mary Jan

CONSENT OF PAR

Form Prescribed By APPLICATION FOR I	County Date of Application
Health under Authority Health under Authority Effection July 1, 1971	THE STATE OF THE S
E Blackman cans	Medical Examination Report Dated  Medical Examination Report Dated  Name of Physician
MALE Medical Examination Report Dated	Name of Physician
Medical Examination	Name of Physician   Procures the issuance of a license to marry by any false statement, representation or pretense   FEMALE APPLICANT  First  Middle  Last
Name of Physician  Name of Physi	FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed and the finest in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	Name First Middle Last
MALE APPLICANT  Middle W. Wednes	Month Day Year
Name Gragory a. Year Year Josh	Date of Birth 30 105  Place of Birth (State or foreign country)
Dute of Burth 03 0	Residence Address Street or R. R. City County State
Place of Birth (State or foreign country) Indiana County State On Street of R. R. D. City Kndrick In	Same
Heritoran Adminson after a Liberty Henances	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married C OR	Previous Marital Status.  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Previous Marriago Ended By   Death   Divorce   Annulment	Date of birth verified by:
Date of booth verified by: a ports contained of the serified by the serified b	Other (Specify)
D and with Aller of the Vest	Are you now or have you ever been adjudged to be of unsound mind?  No Yes□  If answer is "yes", has the adjudication been removed?  No □ Yes□
1. Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  No  No  Yes  No  No  No  No  No  No  No  No  No  N	If answer is "yes". has the adjustment of the ad
If answer is "yes", has the adjudication been removed:  No D Yes D  No D Yes D	3. Are you related to the male applicant closer than second cousin?
3. Any your related to the female applicant closer than second cousin?	4. Are you now under the influence of intoxicating liquor?
4. Are you now under the influence of intoxicating liquor?  No W Yes   No W Yes	5. Are you now under the influence of a narcotic drug?  No Yes D  6. List the full names of any dependent children.
Are you now under the influence of a narrow.     List the full names of any dependent children.	6. List the run names of any deposition
	7. Are you required by any court order or orders to support the above
2. Are you required by any court order or orders to support the above No  Yes	dependent children?
dependent children."  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
compliance with any pour order or orders issued for their support	8. Full name of father was a support.
8. Full name of tather Selection of the	Residence of father (if deceased so state) Such Such Such Such Such Such Such Such
Residence of father tif deceased so state) Supples Siv.	~    .
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
8. Full maiden name of mother segree Marce Centers or	9. Full maiden name of mother All Mood and A
Residence of mother (if deceased so state) Halls IN.	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)  State of Indiana,  I depose and state the information given
HENDRICKS  I depose and state the information given in this application is true and correct.	County of HENDRICKS   ss: in this application is true and correct.
Assessed of Williams	Signed area J. alsener
New Address.	New Address
15th day of September 1987	Subscribed and sworn to before me this day of Sept 187
FRATES PARE PERSONAL COURT HENDRICKS CITCUIT COURT	HENDRICKS Circuit Court
Officer Court	And the same of th
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signa, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana.  County of HENDRICKS  34:	State of Indiana,
	County of HENDRICKS ss:
Father	Signed
Mother	Signed
day of	Subscribed and sworn to before me thisday of
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF CO	URT. A marriage license having been refused to the above named parties, the
County	Court by written order issued
authorizes and directs the issuance	ce of a marriage license to the above named parties
Be It Remembered there was first OF MARRIAGE LICE.	NSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Cour
of Indiana dated the 18th.	NSE AND MARRIAGE CERTIFICATE  icense issued by the clerk of the HENDRICKS  Circuit Cou
MYRON BARNARD marriage certificate was filed in m	and CAREN J. WISENER
eme theusand nine hundred and 87	hereby certify that on the 3rd day of OCT.
State of Indiana, Groom GREGORY A WILLIAM	at INDPLS. County of MARION
CAREN I WICE	of HENDRICKS
County	HENDRICKS County, State of IN HENDRICKS County, State of IN HENDRICKS HENDRICKS
Danger at the control of the control	107 Indt muma 1
day of OCT. , 19	
Filed and recorded in accorded	Signed /s/MYRON BARNARD
Filed and recorded in accordance with the laws of the State of Indiana this	5 besignation JUDGE 87
	Signed May of OCT., 1987.  Signed May Jane Rusell  HENDRICKS Circuit Cou
	HENDRICKS Circuit Com

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

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County

No	441	/	
File_			
	1.	15	101

MALE Section Percent Poted	FEMALE Date of Application	
Medical Examination Report Dated	Medical Examination Report Dated 9-9-87	
Name of Physician	Name of Division Local Male	
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement-Whoshall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a line	
MALE APPLICANT	a license to marry by any false statement, representation or pretense	
Name First Middle Last	Name Final APPLICANT	
Date of Birth Month Day Year	CLA OLI Middle Last	
Place of Birth (State or foreign country)	Date of Birth Month Day Year	
Indiana	Place of Birth (State or foreign country)	
Residence Address Street or R. R. City County State  269 North Center Plainfield Herdricks IN	Residence Address Street or R. R. City County, State	
Previous Marital Status: Never Married OR	- 790 Eagle Parkway Brownshing Herdricks IN	
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR	
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D	
Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Judicial Decree	
	Other (Specify) Drivers Livense	
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?	
2. Are you afflicted with a transmissible disease? No Yes	If answer is "yes", has the adjudication been removed?	
3. Are you related to the female applicant closer than second cousin? No Yes	2. Are you afflicted with a transmissible disease?	
4. Are you now under the influence of intoxicating liquor? No Yes	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  No Yes	
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?	
6. List the full names of any dependent children.	6. List the full names of any dependent children.	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above	
dependent children?	dependent children?	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	
8. Full name of father Podrick Chrory	compliance with any court order or orders issued for their support.  8. Full name of father Jerry R. Errocc.	
Residence of father (if deceased so state) Terre Howle, TN		
	Residence of father (if deceased so state) Di HS borto, TN	
Birthplace of father (State or foreign country) Trdiana	Birthplace of father (State or foreign country) Kentucky	
9. Full maiden name of mother Nancy R. Wellington	9. Full maiden name of mother Sandra S. Sweeney	
Residence of mother (if deceased so state) Terre House, IN	Residence of mother (if deceased so state) Pi HS boro, IN	
Birthplace of mother (State or foreign country) North Corolina	Birthplace of mother (State or foreign country) Indiana	
State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  88: I depose and state the information given in this application is true and correct.	
County of		
Signed Mond & Oblan	Signed Haly D Grace	
New Address 269 N. Center, Plantito	New Address Off De Lender Mangallay	
Subscribed and sworn to before me this 15th day of Suplember 1980.	Subscribed and sworn to before me this 15th day of Suplember, 19.87	
Many four Russell Clerk HENDRICKS Circuit Court Many four Russell Clerk HENDRICKS Circuit		
The state of the s	7-70	
CONSENT OF PARENTS, PARENT OR GUARDIAN		
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN	
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
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We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of Signed Father Signed Mother  Subscribed and sworn to before me this day of	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  HENDRICKS  Signed	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS ss:  Signed Father Signed Mother Subscribed and sworn to before me this day of 19	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS ss:  Signed Mother Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of	
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We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of.  Signed.  Signed.  Subscribed and sworn to before me this.  Clerk  RT. A marriage license having been refused to the above named parties, the court by written order issued.  and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Ense issued by the clerk of the state of the above and write and write the court and write and write the court court.	
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We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY of MENDRICKS County in authorizes and directs the issuance of Indiana dated the day of 19  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY of MARRIAGE LICENSE ISSUED of Indiana dated the 19. Aday of 19  THOMAS B. O'LEARY coextificate was filed in my office a marriage lice of Indiana dated the 19. Aday of 19  THOMAS B. O'LEARY coextificate was filed in my	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  County of	
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State of Indiana, County of HENDRICKS Signed Signed Mother  Subscribed and sworn to before me this day of 19 County  In authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  Is Remembered, there was filed in my office a marriage lice of Indiana dated the day of 19 County  THOMAS B. O'LEARY  Be it further remembered, the following marriage certificate was filed in my I, FRED W. FIEDLER one thousand nine hundred and STACY DEEANN GRACE were by me united in marriage as authorized by a marriage license issued for the state of Indiana, Groom THOMAS B. O'LEARY  STACY DEEANN GRACE Conserved to subsequence of the state of Indiana, Groom THOMAS B. O'LEARY  STACY DEEANN GRACE Conserved to subsequence of the state of Indiana, Groom THOMAS B. O'LEARY  STACY DEEANN GRACE Conserved to subsequence of the state of indiana, Groom STACY DEEANN GRACE conserved to subsequence of the state of the state of indiana, Groom STACY DEEANN GRACE conserved to subsequence of the state of the state of indiana, Groom STACY DEEANN GRACE conserved to subsequence of the state of the state of the subsequence of the state of the state of the subsequence of the s	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS County of	
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State of Indiana, County of HENDRICKS Signed Signed Mother  Subscribed and sworn to before me this day of 19 County  In authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  Is Remembered, there was filed in my office a marriage lice of Indiana dated the day of 19 County  THOMAS B. O'LEARY  Be it further remembered, the following marriage certificate was filed in my I, FRED W. FIEDLER one thousand nine hundred and STACY DEEANN GRACE were by me united in marriage as authorized by a marriage license issued for the state of Indiana, Groom THOMAS B. O'LEARY  STACY DEEANN GRACE Conserved to subsequence of the state of Indiana, Groom THOMAS B. O'LEARY  STACY DEEANN GRACE Conserved to subsequence of the state of Indiana, Groom THOMAS B. O'LEARY  STACY DEEANN GRACE Conserved to subsequence of the state of indiana, Groom STACY DEEANN GRACE conserved to subsequence of the state of the state of indiana, Groom STACY DEEANN GRACE conserved to subsequence of the state of the state of indiana, Groom STACY DEEANN GRACE conserved to subsequence of the state of the state of the subsequence of the state of the state of the subsequence of the s	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  Signed	

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

_County

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

442 Date of Application

Circuit Court

Effective July 1. 1977	FEMALE Medical Examination Report Dated  Report Dated
MALE Desert Dated	Physician Server 1. 11 - Gee My
MALE Medical Examination Report Dated	Name of Physician  over procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
Name of Physician Whose statement - Whose statem	over procures the issuance of a ficense
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	Name (vans) A Me gatto
Name First Jan Claus Man	Date of Birth Month Day Year 1965
Date of Birth Month Day /6	Place of Birth (State or foreign country) Bane
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City County State	48 N 323 W Monthly Ment Ja.
7460 Wallignand Mi. 11	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by:
Date of birth verified by.	Other (Specify)
Other (Specify) No Ves Unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes    No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Y
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  Ng Yes    Ng Yes   Ng Yes   Ng Yes   Ng Yes   Ng Yes   Ng Yes   Ng Yes    Ng Yes   Ng Yes   Ng Yes   Ng Yes   Ng Yes   Ng Yes   Ng Yes   N
If answer is "yes", has the adjudication been removed.  Nod Yes   2. Are you afflicted with a transmissible disease?	2. Are you afficed with the male applicant closer than second cousin? No ☐ Yes □
3. Are you related to the female applicant closer than second cousin?	4. Are you now under the influence of intoxicating liquor? No Yes D
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug? NoD Yes D
Are you now under the influence of a hard-old discount of the control of the	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No Tes C
dependent children?	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support
8. Full name of father John W Classman	8. Full name of father famus & Marketin Mills
Residence of father (if deceased so state)	Residence of father (if deceased so state) & MMMM D
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother MMM E. Spencer	9. Full maiden name of mother Allen Majene Ragodal
Residence of mother (if deceased so state) Alawill A.	Residence of mother (if deceased so state) Nanwilly In
Birthplace of mother (State or foreign country) Distance	Birthplace of mother (State or foreign country) Indiana
	State of Indiana.
County of HENDRICKS  State of Indiana, HENDRICKS  I depose and state the information given in this application is true and correct.	County of HENDRICKS as: in this application is true and correct.
Signed Warren J. Clausmon	Signed Jana 4 Mc Intere
New Address 7460 Water front Dr. Indpolis - Indiano 4604	New Address 7460 water front Mail Judgls.
Subscribed and sworn to before me this day of Jept 19	Subscribed and sworn to before me this 3 day of Stephen 19.
MANY HOLL CLERK HENDRICKS Circuit Court	Mary An Cually Gerk HENDRICKS Circuit Court
	- Access
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS }ss:	State of Indiana,
County of TELEVICES	County of HENDRICKS 88:
Signed Father	Signed Father
Signed	Signed
Subscribed and sworn to before me thisday of19	Signed
	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE ASSESSED.	Clerk
HENDRICKS County County	RT. A marriage license having been refused to the above named parties, the
in	ourt by written order issued and filed
Personal Control of the Issuance of	of a marriage license to the above named parties.
Be Il Kemembered, there was filed in	E AND MARRIAGE CERTIFICATE
dated the	circuit of the clerk of the
Be it further remembered, the following many	, 19, authorizing the joining together as husband and wife
I, A. W. FARNSWORTH was filed in my o	fice, to-wit
	to to to the total and the tot
and Bride	at DANVILLE , County of HENDRICKS , County of HENDRICKS IN HENDRICKS
were by me united in JOANN K. MCINTIRE	of MARION County State of IN
County.	
County.  Dated this	that purpose by the Clerk of the Circuit Court of HENDRICKS
, 1987	
Filed and recorded in accordance	Signed /s/ A. W. FARNSWORTH
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER
titls	

Circuit Court

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

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

443

Effective July 1. Hendricks	County9-15-87
MALE instign Report Dated	Date of Application FEMALE
Medical Examination Report Dated	Medical Examination Report Dated 8-26-87
Name of Physician	Name of Physician Humm W. Baker
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	2000年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,19
Name First Middle Last Rusenback Jr.	Name First, Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State,	Residence Address of Tradiana
1857 E. G. The Street Indiam polis Marion IN	Residence Address Street or R. R. City County State POLICO STATE DESCRIPTION OF THE PROPERTY STATE  Residence Address Street or R. R. City County State  POLICO STATE OF THE POLICE STATE
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Hilitary Card	Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes    No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Y	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Yes	If answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?  No 2/Yes 2
3. Are you related to the female applicant closer than second cousin?  No. Yes   No.	2. Are you afflicted with a transmissible disease?  No 2 Yes 2  No 2 Yes 2  No 2 Yes 2
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Trista House
	havra House
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Chris L. Busenback	o. Full maine of lattice
Residence of father (if deceased so state) 17 100 , IN	Tid 'on
Birthplace of father (State or foreign country) Trolian	Birthplace of father (State of foreign country)
9. Full maiden name of mother Joyce C. Trent	9. Full maiden name of mother Patricia Al. Smes
Residence of mother (if deceased so state) Indianapolis, IN	Residence of mother (if deceased so state) Danville, TN
Birthplace of mother (State or foreign country) Irdiana	Birthplace of mother (State or foreign country) Tradical state the information given
State of Indiana.  HENDRICKS    sa: I depose and state the information given in this application is true and coproct.	State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of Shire I hungare ble	Sind Louda S. Verfley
Signed 1900 A Signed Hilling	New Address 358 B Binder Will Cin
New Address John Jinder Hill College Hill Co	to before me this day of 1987
Subscribed and sworn to before me that day of Sept 1989	Subscribed and sworn to better the Subscribed and sworn to be the Subscribed and sworn to be the Subscribed and sworn to be the Subscribed and subscribed and subscribed and subscribed and sworn to be the Subscribed and su
THAT JONE RUSSELL Clerk HENDRICKS Circuit Court	- gary gart
CONTRACTOR DANSAGE OF CUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS. PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana, HENDRICKS ss:
State of Indiana, HENDRICKS } ***:	County of
Father	Signed
Signed	SignedMother
Signed	Subscribed and sworn to before me this
Subscribed and sworn to before me thisday of, 19	
Clerk	I refused to the above named parties, the
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COL	URT. A marriage license having been refused to the above named parties, the Court by written order issued
HENDRICKS County	Court by written order issued
HENDRICKS County authorizes and directs the issuance	ee of a marriage Month
RETURN OF MARRIAGE LICEN	NSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Counties issued by the clerk of the
Be It Remembered, there was filed in my office a marriage li	NSE AND MARRIAGE CERTIFICATE  icense issued by the clerk of the
of Indiana dated the ady of	PAULABUL
1,	hereby certify that on the 20th County of HENDRICKS  at NORTH SALEM County, State of IN  MARION County, State of IN  County, State of IN  HENDRICKS
one thousand size body and 87	MARION County, State of
State of Indiana, Groom. CHRIS L. BUSENBARK JR.	at NORTH SALEM County, State of IN  of MARION County, State of IN  HENDRICKS HENDRICKS  for that purpose by the Clerk of the Circuit Court of HENDRICKS
and, Bride PAULA SUE HEFLEY	for that purpose by the Clerk of the Circuit Court of
a me united in marriage as authorized	
were by me united in marriage as authorized by a marriage license issued for County.  Dated this 20th day of SEPT., 19.	

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

APPLICATION FOR MARRIAGE LICENSE

File_ 9-15-87
Date of Application

.. Circuit Court

Form Prescribed By Indiana State Board of Health under Authority  APPLICATION FOR M HENDRICKS	County Date of Application
Health under Authority	
Effective July 1, 1977	FEMALE Medical Examination Report Dated
MALE Dated	a Physician . Tropy Reller
Medical Examination Report Dated	Name of Physician
Name of PhysicianWhoever the distribution of the statement who expenses the distribution of the statement who expenses the statement which it is a statem	Name of Physician  Name of Physician  Per procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed with the fined in any sum not exceeding five hundred dollars (\$500,00)", shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	Name Torri
Name First Braden Mosser	Date of Birth Month Day Year
Date of Birth Month 50	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Street or R. B. City County State
Residence Address Street or R. R. City County State	13 Directinged Wit. 1. Managed to
3882 8.100 N. MANUEL	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by:
A Other (Specify) Divers Lice 158	Other (Specify)
Viter (Specify) No. 1 Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes D  No Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?
initia discoss?	Are you afflicted with a training and applicant closer than second cousin?  No Yes   No
3. Are you related to the female applicant closer than second cousin?	4. Are you now under the influence of intoxicating liquor? No. Yes D
4. Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic drug? No ₹ Yes□
Are you now under the influence of a narcotic drug?     List the full names of any dependent children.	6. List the full names of any dependent children.
0. List the full hames of any deposition	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father ROSE R. NOSSEE	8. Full name of father Education of the Manager of the Company of
Residence of father (if deceased so state) Plain Gold	Residence of father (if deceased so state) Motor will be the
Birthplace of father (State or foreign country) Pennsylvania	Birthplace of father (State or foreign country)
9. Full maiden name of mother Nancy K. Bagwell	9. Full maiden name of mother Rossanda & Whotel
Residence of mother (if deceased so state) PlounGidd	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
	State of Indiana.
State of Indiana, HENDRICKS    Bas: I depose and state the information given in this application is true and correct.	County of HENDRICKS as: in this application is true and correct
Signed [] lan D. [] odde	Signed X Dru o ynay tula
New Address 3582 E 100 N. Januille	New Address 3882 E 1000 Danville
Subscribed and sworn to before me this 220 day of SLRL 1987.	Subscribed and sworn to before me the day of Sept 18
Mary Jane Russel Clerk HENDRICKS Circuit Court	Mary Jane Rissall Gerk HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS } ss:	State of Indiana,
County of	County of HENDRICKS
Signed	Signed Father
Signed	Signed. Moth
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER	
HENDRICKS County CRDER OF COUNTY	RT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance	Court by written order issued and file
RETURN OF MARRIAGE LIGHT	of a marriage license to the above named parties.
of Indiana dated the was filed in my office a marriage lice	SE AND MARRIAGE CERTIFICATE  the clark of the HENDRICKS Circuit Control of the Co
day of SEDM	circuit of the clerk of the
Be it further remembered, the following marriage certificate was filed in my  I, WILLIAM R. CLAYTON	and TONI L. MAYFIELD
, WILLIAM R. CLAYTON was filed in my	office, to-wit: MAYFIELD
one thousand nine hundred and 87	hereby certify that and a second seco
DEAN P MOSS	HENDRE
were by me united in marriage	at PLFD. day of OCT. HENDRICKS of HENDRICKS County of IN
county.	MURCIAN CARTA OF
were by me united in marriage as authorized by a marriage license issued for Dated this	purpose by the Clerk of the Circuit Court of HENDKICKS
1987	······································
Filed and recorded in accordance with the laws of the	Signed /s/ WILLIAM R. CLAYTON  Official Designation PASTOR  7th day of OCT.  Signed /s/ WILLIAM R. CLAYTON
the State of Indiana this	7th OCT 87
	cian day of OCT.

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

五五五五五五五五

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

9-15-87

MALE Medical Examination Report Dated	Pate of Application FEMALE	
	Medical Examination Report Dated 9-1-87	
Name of Physician	Name of Division Policy	
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (\$500,000".	hoever procures the issuance of a license to marry by any false statement, representation or pretense	
MALE APPLICANT	The state of the s	
Name First Middle Last	Name First William	
Date of Birth Month Day Year	Date of Right Dennifer Anale Brocker	
Place of Birth (State or foreign country)	Day Year	
Residence Address Street or R. R. City County State	Place of Birth (State or foreign country)	
Same	Residence Address Street of R. R. City. County State	
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married A OR	
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D	
Date of birth verified by: A Birth Certificate - Judicial Decree	Date of birth verified by: Birth Certificate U Judicial Decree	
Other (Specify)	Other(Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?	
If answer is "yes", has the adjudication been removed?  No  Yes	If answer is "yes", has the adjudication been removed?	
2. Are you afflicted with a transmissible disease?  No Yes   3. Are you related to the female applicant closer than second cousin?  No Yes	2. Are you afflicted with a transmissible disease?	
3. Are you related to the female applicant closer than second cousin?  No Yes   4. Are you now under the influence of intoxicating liquor?  No Yes	3. Are you related to the male applicant closer than second cousin?	
5. Are you now under the influence of a narcotic drug? No 4 Yes	4. Are you now under the influence of intoxicating liquor?  No Yes   5. Are you now under the influence of a narcotic drug?  No Yes   No Yes	
6. List the full names of any dependent children.	6. List the full names of any dependent children.	
- C TYCHAS BEING CONTRACTOR		
	The state of the s	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above	
dependent children?	dependent children?	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	
8. Full name of father Augustuse H. Would	compliance with any court order or orders issued for their support.  8. Full name of father bounds.	
1.10 20 1/2	B/1000	
residence of father (if deceased so state)	Residence of father (if deceased so state)  Rivibale acconfisher (State or foreign country)  Rivibale acconfisher (State or foreign country)	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
9. Full maiden name of mother the state of t	9. Full maiden name of mother 1 Tuylua	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)	
Birthplace of mother (State or foreign country) Sud Birthplace of mother (State or foreign country)		
State of Indiana, HENDRICKS  88: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	
County of	Des Lu A Rischer	
Signed X X 2001 H, Cloud	Signed On a both	
New Address Same as allowe	New Address 15 Sept. 87	
Subscribed and sworn to before me this day of 300 19	Subscribed and sworn to before me this day of HENDRICKS	
Mary Care Rhasell Gerk HENDRICKS Circuit Court Mary Care Rhasell Gerk HENDRICKS Circuit		
	CONSENT OF PARENTS, PARENT OR GUARDIAN	
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	we, the parents, of this applicant necessarysigns, state facts which render the consent of the other parent unnecessary	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of	
State of Indiana,	State of Indiana, HENDRICKS ss:	
County of HENDRICKS ss:	County of	
Signed Father	Signed	
Mother	Signed	
Signed	Subscribed and sworn to before me this	
Subscribed and sworn to before me thisday of	Clerk	
	license having been refused to the above named parties, the	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COULT HENDRICKS  County	RT. A marriage include and filed	
HENDRICKS County C	of a marriage license to the above named parties.	
70 - 74 24 Start of the start o	the joining together as husband and wife	
of Indiana dated the Alato day of day	JENNIFER A. BROCKER	
SCOTT ALLEN GROOTS and filed in my	office, to see a s	
I,DANIEL B. (DONAHOE 2 NOT LEGIBLE)	BROWNSBURG , County of HENDRICKS	
one thousand nine hundred and 87	t HENDRICKS County, State of IN	
hereby certify that on the 2011 day of HENDRICKS  DANIEL B. (DONAHOE 2 NOT LEGIBLE)  ne thousand nine hundred and  State of Indiana, Groom  SCOTT ALLEN CROUCH  Indiana, Groom  JENNIFER A. BROCKER  were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of  (STATE OF THE NORTH AND THE		
and, Bride JENNIFER A. BROCKER of	that purpose by the Clerk of the Circuit Court of	
were by me united in marriage as authorized by a marriage license issued for	D (DONANOE2 Not Legible)	
County.  Dated this 26th day of SEPT. 1987	/s/ DANIEL B. (DONAHOE? Not Legible)	
20 Ln day of DELL	Official Designation CATHOLIC PRIEST 19 87	
	and he designed the second sec	
Filed and recorded in accordance with the laws of the State of Indiana this	79[11 //40/01	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No.

Form Prescribed By Indiana State Board of Health under Authority

HENDRICKS County 9-15-87
Date of Application

MALE

2. Are you affire.

4. Are you now

Birthpiace of r State of Indian

.Circuit Court

HENDRICKS

446

1.C. 31-1-3-2 ffective July 1, 1977	FEMALE 9-12-87	
	FEMALE Medical Examination Report Dated 9-12-87	
MALE Medical Examination Report Dated	Name of Physician Ronald K. Stegemoller	
Name of Physician Whee	Name of Frysletch.  oever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT	
11 QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement"	FEMALE APPLICANT	
MALE APPLICANT	First Made Last	
ame First Middle Knopp	Macher yn Day Year	
Day Tear	(S)	
A Rich (State or foreign country)	Street, or R. R. City County State	
City County State	Residence Address Street, or R. R. Plainfield Hen IN.	
544 N. Carr Road Plainfield Hen IN.	Never Married OR	
revious Marital Status: Never Married OR	Visited Finded By: Death Divorce Annulment Divorce	
ast Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree	
Date of birth verified by: Birth Certificate  Judicial Decree	Drivers License	
Other (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind? No - Yes	
Are you now or have you ever been adjudged to be of unsound mind:	If answer is "yes", has the adjudication been removed?	
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?  No Yes  No Yes	
Are you afflicted with a transmissible disease?  No Yes   No Yes	3. Are you related to the mare approach	
Are you now under the influence of intoxicating liquor?  No Yes  No Ye	4. Are you now under the influence of intoxicating liquor?  No Y Yes  No Y Yes	
Are you now under the influence of a narcotic drug?	6. List the full names of any dependent children.	
List the full names of any dependent children.	Joshua Allen	
Christopher Kent	Kyle Anne	
	nge /////	
	and are to support the shave	
Are you required by any court order or orders to support the above dependent children?	<ol> <li>Are you required by any court order or orders to support the above dependent children?</li> <li>No□ Ye</li> </ol>	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are	
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.	
Full name of father Donald Carl Knopp	8. Full name of father Gerald Max Sherry	
Residence of father (if deceased so state) decased	Residence of father (if deceased so state) Monticello, IN.	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana	
Full maiden name of mother Elqine Lucille Treter	9. Full maiden name of mother Carolyn Sue Pierce	
Residence of mother (if deceased so state) Moore Suille ITW.	Residence of mother (if deceased so state) Fndpls. IN.	
Birthplace of mother (State or foreign country) ONIO	Birthplace of mother (State or foreign country) Indiana	
State of Indiana.	Birthplace of Mother (State of Toreign Country)	
County of HENDRICKS sa: In depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and corrections.	
Signed Ant Khopp	a Machine Edward	
New Address 544 N. Com/Rd	544 DI Cara Add	
Subscribed and sworn to before me this day of Sept 1987	New Address 24	
Many Carelly - HENDRICKS	Subscribed and sworn to before me this day of HENDRICKS Circuit Co	
Clerk Circuit Court	Many Jane Musel Clerk HENDRICKS Circuit Co	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parents	
signs, state facts which render the consent of the other parent unnecessary		
	signs, state facts which render the consent of the other parent unnecessary	
State of Indiana.		
County of HENDRICKS ss:	State of Indiana,	
	County of HENDRICKS ss:	
Father	SignedFa	
Signed Mother	Signed M	
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of 19.	
	day of	
HENDRICKS County ORDER OF COUR	RT. A marriage license having been refused to the above named parties,	
in authorizes and direct the	ourt by written order issued and of a marriage license to the above named parties, and	
DETERMINA	and the like to the above named narties	
the membered, there was slad:	SE AND MADDIAGE	
Be it further remembered, the following	and MACHERLYN KAY EPLING the pointing together as husband and office, to-wit:	
JOHN M. DICKEY	office, to-wit.	
one thousand nine hundred and 87	hereby certify the	
State of Indiana, Groom	at MOOPECUTE at the 3rd day of OCT.	
and, Bride MACHERLYN KAY DONALD KNOPP	of County of	
were by me united in marriage as authorized by	at MOORESVILLE , County of MORGAN  of HENDRICKS County, State of IN	
Dated this 3rd day of OCT., 19.87	HENDRICKS HENDRICKS	
7 20.10.	4	
Filed and recorded in accordance with the laws of the State of Indiana this	4	

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

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

No._ 447

File_			A THEFT	
	9-	1/	87	

MALE 12/0	Date of Application
Medical Examination Report Dated	FEMALE 9.12 67
Name of Physician	Medical Examination Report Dated 9-12-87
	Name of Physician Delger, D.O.
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement-Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)",	ever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	The state of the s
Name Small A Middle State	Name Widtle O Last
Date of Birth Month Day Year	Date of Birth Marie A. Bruno
Place of Birth (State or foreign country)	Day
sulfyrelle, on.	Classe of Birth (State or foreign country)
Residence Address Street or R. R. Sity County State	Residence Address Street or R. R City County State
Previous Marital Status: Never Married OR	The spring theil Cl. Morrisville
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
A Line	Date of birth verified by:
Other (Specify)	Other (Specify) Males & wense
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?  No Yes	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Yes O	2. Are you afflicted with a transmissible disease? No Yes D
3. Are you related to the female applicant closer than second cousin? No Yes   4. Are you now under the influence of intoxicating liquor? No Yes	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?  No 2 Yes   6. List the full names of any dependent children
	S. List the full names of any dependent children
	Janger Muno ongo.
7. Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No Yes U  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father ambrase stagge	8. Full name of father William H. Matlack Sr.
Residence of father (if deceased so state) Rush Co. Dal.	Residence of father (if deceased so state) Manesaelle In.
7	Co Po - Jesse Thoule
Birthplace of father (State or foreign country)	M. Shalters
9. Full maiden name of mother 1997.	9. Full maiden name of mother
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Miles alle on.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) M. Jerre Huell In.
State of Indiana.	State of Indiana, HENDRICKS  Sas: I depose and state the information given in this application is true and correct.
County of HENDRICKS   ** in this application is true and correct.	County of
Ysigned Don bagg	Tsigned to Sylund
× New Address	New Address 2 1 Bx 419 Clayton Ly 4618
1/th Don't en	Subscribed and sworn to before me this 16 th day of XLIP 19.87
Subscribed and sworn to before me this day of HENDRICKS	Mary Jane Reusell Clerk HENDRICKS Circuit Court
May and Kassell Gerk HETERS Circuit Court	many per
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs, state facts which render the control of the signs which render the control of th
	State of Indiana, HENDRICKS ss:
State of Indiana, HENDRICKS } ss:	County of
County of	SignedFather
SignedFather	Signed
Signed	Subscribed and sworn to before me thisday of
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me chis
	RT. A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	Court by written order issuedand filed of a marriage license to the above named parties.
County	the shove named parties.
inauthorizes and directs the issuance	OI & MAINING CERTIFICATE
Be It Remembered, there was filed in my office a marriage lice	ense issued by the clerk of the
of Indiana dated the aday of any	MARLENE S. BRONG
D Forte and filed in my	day of SEPT
· ·	County of HERDRICKS
ROBERT M. SHERMAN	hereby certify that on the 2.511 at y of HENDRICKS  at BELLEVILLE , County of HENDRICKS ,  of HENDRICKS County, State of IN ,  County, State of IN ,
thousand nine hundred and	of HENDRICKS IN
State of Indiana, GroomDONALD. F. STAGGE	at BELLEVILLE County, State of IN  of HENDRICKS County, State of IN  HENDRICKS HENDRICKS  Let the Clerk of the Circuit Court of HENDRICKS
State of Indiana, Groom DONALD F. STAGGE and, Bride MARLENE S. BRUNO were by me united in marriage as authorized by a marriage license issued for County.	er that purpose by the country
Count of me united in marriage as authorized by a marriage	COREDT M SHERMAN
Dated this 26th day of SEPT., 19.87	7 Signed MINISTER
A. W. St. A	MINISTER

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

Form Prescribed By

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File 9-16-87

Indiana State Board of Health under Authority of LC. 31-1-3-2 Date of Application _County Effective July 1, 1977 FEMALE Medical Examination Report Dated MALE Name of Physician ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,000". Medical Examination Report Dated. MALE APPLICANT Date of Birth 86023 Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Udicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Uddicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D Nø Yes If answer is "yes", has the adjudication been removed? Are you now or have you ever been adjudged to be of unsound mind? No D Yes D No Yes No Yes D 2. Are you afflicted with a transmissible disease? If answer is "yes", has the adjudication been removed? No Yes 3. Are you related to the male applicant closer than second cousin? No Yes D Are you afflicted with a transmissible disease No Yes No Yes D Are you related to the female applicant closer than second cousin 4. Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Yes D No Yes 5. Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children List the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No Yes O No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for compliance with any court order or orders Residence of father (if deceased so state). Birthplace of father (State or foreign country Residence of mother (if deceased so state)_ Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country) State of Indiana. HENDRICKS HENDRICKS County of ... New Address (Same as alove) Subscribed and sworn to before my this 16 4 day of Xept and Kussell HENDRICKS CONSENT OF PARENTS, PARENT OR CHARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... State of Indiana. HENDRICKS State of Indiana, HENDRICKS County of ... Signed Signed. Subscribed and sworn to before me this ......day of ...... Signed. Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Cerceil Court by written order issued 3 day waise and filed fice authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... Be it further remembered, the following marriage certificate was filed in my office, to-wit: and MARGARET ANN CLARK .....E.JAMES ODOM ... hereby certify that on the 16th day of SEPT. State of Indiana, Groom DARRELL CRISS GILBREATH of MARION COUNTY, State of IN at INDPLS. TOURS OF MARION MARION and, Bride MARGARET ANN CLARK of MARION County, State of IN Were by me united in marriage as authorized by a marriage license in the MENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Signed /s/ E. JAMES ODOM Official Designation....MINISTER OF THE GOSPEL ......day of. Signed Manual

Circuit Court

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

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File	17	
lle at		

_County MALE Date of Application Medical Examination Report Dated. FEMALE Medical Examination Report Dated____ 9-12-87 Name of Physician Name of Physician Ronald Stegemoller ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT michael FEMALE APPLICANT Greenwood Johnson 705 Colonial Was Danville Hen Previous Marital Status: Never Married OR In. Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree Drivers License A Other (Specify) Drivers License No Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No□ Yes□ If answer is "yes", has the adjudication been remo-No Tyes 2. Are you afflicted with a transmissible disease No Yes D Are you afflicted with a transmissible disease No Yes D 3. Are you related to the female applicant closer than second cousin? No Yes D 3. Are you related to the male applicant closer than second cousin? No Yes 4. Are you now under the influence of intoxicating liquor? Are you now under the influence of intoxicating liquor? No Y-Yes 5. Are you now under the influence of a narcotic drug? No Y Yes 5. Are you now under the influence of a narcotic drug? No X Yes 6. List the full names of any dependent children 6. List the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. Lynn Drake Ronald 8. Fullnameoffather Stephen Jeffrey Miller Greenwood, IN. Residence of father (if deceased so state) Danville, IU. Residence of father (if deceased so state) Findiana Indiana Birthplace of father (State or foreign country) Full maiden name of mother Janet Ann Purcell Jean Rockstroh Residence of mother (if deceased so state) Danuille, In Greenwood, In. Residence of mother (if deceased so state) Indiana Indiana Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana, HENDRICKS New Address 705 Colonial Ways freenward, In Subscribed and sworn to before me this .... mary Jane Russell CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.... signs, state facts which render the consent of the other parent unnecessary...... State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of ..... County of .. Father Mother COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the day of day of day of septiments, there was med in my opice a marriage and wife hereby certify that on the 3rd day of OCT. one thousand nine hundred and 87 at AVON County of HENDRICKS IN

Filed and recorded in accordance with the laws of the State of Indiana this......7th.....

22nd

County.

Dated this .....

SEPT.

.....of.....

, 19.87

Signed Masu

Signed /s/ H. THOMAS PITCHER

Official Designation MINISTER ....day of ......OCT.

HENDRICKS County, State of IN

HENDRICKS ...Circuit Court

# APPLICATION FOR MARRIAGE LICENSE

_County

File_	181	
	0 15 0	-
	7-17-87	

450

Form Prescribed By Indiana State Board of Bealth under Authority of LE 32-1-3-2

HENDRICKS

Date of Application

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Face of S
Face of

3 Are you 4 Are you

.. Circuit Court

Effaction half 1, 1971	FEMALE Medical Examination Report Dated 9-10-87
MALE Report Dated	& Physician Gary M. Wright
Medical Examination Report Dated	Name of Physician  Procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
Name of Physician	ever procures the issuance of a popular applicant
	District District Description of the Control of the
MALE APPLICALL	Kimberly Sue Croley
Frank Patrick Year	Date of Birth
Ductor of Birth Month 29 63	Place of Birth (State or foreign country)  Indiana  Street or R. R. City County State
Place of Birth (State or foreign country)  Montana  City County State  Table  T	Residence Address Street or R. R. Brownsburg Hen Fro.
GOISE GOOD Brownshurg Hen. IN.	Marital Status: Never Married OR
Previous Marrial Status Never Married X OR	Mariage Ended By: Death Divorce Annument
Last Marriage Ended By: Death Dissorce Annulment Dissorce of South sendled by: District Certificate Discrete	Date of birth verified by: Birth Certificate Judicial Decree
Drivers License	Other (Specify) Drivers License
Color (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind? No - Yes -
Are you now or have you ever been adjudged to be of unsound mind?  No  Yes    If answer is "yes" has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Ves D  Are you afflicted with a transmissible disease?  No Yes D
# Arm you afflicted with a transcrimible disease"  No Yes  No Yes	2. Are you related to the male applicant closer than second cousin?  No Yes D
3. Are you related to the female applicant closer than second cousin?	4. Are you now under the influence of intoxicating liquor? No ♥ Yes □
Are you new under the influence of intoxicating liquor?      No. Yes	5. Are you now under the influence of a narcotic drug? No Ves D
6. Last the full names of any dependent children.	6. List the full names of any dependent children.
	7. Are you required by any court order or orders to support the above
<ol> <li>Are your required by any court order or orders to support the above dependent children.⁶</li> <li>No □ Yes □</li> </ol>	dependent children?
If assesse is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
* Full name of father Frank Patrick Donovan Sr.	compliance with any court order or orders issued for their support.  8. Full name of father Arnold Croley
Promos burg. Tax	Residence of father (if deceased so state) — unknown
Montana	Birthplace of father (State or foreign country) Kentucky
Birthglace of father Chate or foreign country: Inchica Donovan	9. Full maiden name of mother Jackie Mayron Jackson
Resolvence of mouther of decreased so states Brownshurg, The	Residence of mother (if deceased so state) Browns burg, FD.
Birthglace of mother thate or foreign country. Montana	Birthplace of mother (State or foreign country) Indiana
State of Indiana.	State of Indiana.
County of PERDECKS in this application is true and correct.	County of HENDRICKS   ss: in this application is true and correct.
Leak Taluck (break)	Signed Convery S. Colly
Now Address 96 St & GOON	New Address 7652 6 9 600 // 491
Subscribed and sworn to before me this 11 day of Aug. 1987	Subscribed and sworn to before me this day of Sloten but 19 8
Thank Jane Kusself Clerk HENDRICKS Circuit Court	mary Jane Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which cender the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana.	
County of HENDRICKS	State of Indiana, County of HENDRICKS ss:
Signed	
Signed Mother	Signed
Subscribed and sears to before me this day of	Signed
Clerk	Subscribed and sworn to before me thisday of19
	, Leave to the second s
HENDRICKS County BY ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuence	Court by written order issuedand file
RETURN OF MARRIAGE LICEN	of a marriage license to the above named parties.
an animotres, there was filed in my off-	SE AND MARRIAGE CERTIFICATE
day of	the clerk of the Circuit of the Circuit of the Circuit of Circuit
Be it further remembered, the following marriage certificate	and KIMBERLY S. CROLEY
MARTIN A. PETED	office, to-wit. S. CROLEY
State of Indiana, Green FRANK C	hereby certify that on the 26th day of SEPT.
and, Bride KIMBERLY S CONOVAN, JR.	, County of HENDRICAN
County. Of marriage as authorized by a marriage is	HENDRICKS County, State of IN  that purpose by the Clerk of the Circle o
The contract of the contract o	Country State of
	A.C. Constant
Filled and recorded in accordance with the	Official Designation /s/-MARTIN A. PETER
Filled and recorded in accordance with the laws of the State of Indiana this	Official Designation CATHOLIC PRIEST

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS	Count
-----------	-------

3 Are you re 4. Are you no-

Are you red dependent of

If answer is

Residence o

9 Full mander

Birthplace State of India

... Circuit Court

HENDRICKS

451

Form Prescribed By Indiana State Board of Health under Authority HENDRIC	MARKIAGE Die Sept 17 1987  KS County Date of Application
Health under Authority of 16 31-1-32 Effective July 1 1977	0 = 5=
	FEMALE Medical Examination Report Dated  9-387
MALE Medical Examination Report Dated	Word Physician 9.3. Mc Novemb
Medical Examination Application	Name of 1 mg
Name of Physician	Name of Thysical Name of Alicense to marry by any false statement, representation or pretense procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
	FEMALE APPLICANT  First Middle
MALE APPLICATE	Name Palerce ann dunkel
Name Retrick Ores Heatte	Date of Birth 17 1968
Dute of Borth Month 8 Pay 1968	Place of Birth (State or foreign country)
Place of Birth (State or Greigh country)	Residence Address Street or R. R. City County State
Ranidenas Address Street or R. R. City County State	691 mount was resident m.
No. of Borne	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment   Divorce Annulment
Previous Marital Status Never Married OR  Last Marriage Ended By Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by:  Birth Certificate  Judicial Decree	Date of birth verified sy
	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  No Ves  No Ves	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?  No Yes   No
No - 10	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Yes   No
2. Are you afflicted with a transmissible disease!	3. Are you related to the male applicant closer than second cousin?
3. Are you related to the female applicant closer than second cousin	4. Are you now under the influence of intoxicating liquor? No Yes D
Ane you now under the influence of intoxicating liquor?  No Wes   No Wes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
2. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?  No 1 Yes 1  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in sumpliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
a Full name of turner Thomas See Hedrick	8. Full name of father James Ausdrich allinkel
Residence of father (if decreased so state) . Incleana	Residence of father (if deceased so state) Snallana
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Washington
8 Full marden name of mother Mary Jean Shockeney	9. Full maiden name of mother Buth and Huffman
Residence of mother (if decreased so state) Indiana	Residence of mother (if deceased so state) Indicana
Birthgiace of mother (State or foreign country) Indiana	C - de c
State of Indiana.	Birthplace of mother (State or foreign country)  State of Indiana,  I denote and state the information given
County of her Dricks in this application is true and correct.	State of Indiana, County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
signed Patrick J dichiels	Signed Dubbie Wikel
New Address /59 N Fentucky St Danville	New Address Same as about
Subscribed and sworn to before me this 19th day of Sist 1987	Subscribed and sworn to before me this
Mary has Rusself Gerk HENDRICKS Circuit Court	Mary Jane Russell Clerk HENDRICKS Circuit Court
J J J J J J J J J J J J J J J J J J J	Clerk Clerk
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS } **:	State of Indiana,
General File April CKS	County of HENDRICKS ss:
Signed Father	Signed Father
Signed Mother	
Submerified and sworn to before me this day of	
	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE AND COMPLETE IF MARRIAGE LICENSE	Clerk
HENDRICKS COUNTY ORDER OF COUNTY	RT. A marriage license having been refused to the above named parties, the
in Clinks office authorized and it	Court by written order issued
PETUDO	of a marriage license to the above named parties.
Be It Remembered, there was filed in my office a man	SE AND MARRIAGE CERTIFICATE  HENDRICKS
of Indiana dated the 19th day of	SE AND MARRIAGE CERTIFICATE  tense issued by the clerk of the HENDRICKS  Circuit Court
Be it further remembered, the following	, 19 7, authorizing the joining together as husband and wife
" " " " " " " " " " " " " " " " " " "	UNG DEDKA ANN DINVET
one themsand nine hundred and 97	hereby contifued
ALRICK TAV UDD	C HENDRE
DEBRA ANN DINKEL	of HENDRICKS County State of IN
County. of marriage as authorized by a marriage licensis	HENDRICKS County, State of IN  that purpose by the Clock of the Girls of HENDRICKS  HENDRICKS County, State of HENDRICKS
4- 4- 00-	of the Cierk of the Commit Count of
, 17	······································
Fixed and recorded in accordance with the laws of the State of Indiana Alice	Signed /s/ JOHN STRIFLER
with the laws of the State of Indiana	Official Designation MINISTER

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

162/2

# STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No	452
File_	Annah Care
	9-17-87

....Circuit Court

	County9-17-87
MALE Medical Examination Report Dated	FEMALE Date of Application
	Medical Examination Report Dated No date
Name of Physician	
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Wh	OPEN DE DE LE LA
MALE APPLICANT	oever procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle Last	FEMALE APPLICANT
Dennis de mitelano	Name First P Middle . A. Lot
Date of Birth Month Pay Year	Date of Birth Month Month
Place of Birth (State or foreign country)	Place of Riveh (St. 3
Residence Address Street or R. R. Cité County State	Place of Birth (State or foreign country)
of the But 9-19 Pillshar In.	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	Char Tain Dr. Brumshing
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of high positional by
The Line Lines	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Alls Melnse	H Other (Specify) Drivales Ligense
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Yes   Yes   No Yes	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?  Now Yes	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug?  Notice Yes	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?  No Yes
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Ves U	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.  8. Full name of father Myran Aug Mitchell	compliance with any court order or orders issued for their support.
8. Full name of father	8. Full name of father 14 CCC OFFICE OF THE OFFICE
Residence of father (if deceased so state)	Residence of father (if deceased so state) Townsburg, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Bedful In
Full maiden name of mother Mailey line Bailey	9. Full maiden name of mother Marjarie Lavetta Hinto
Pitting In.	0.0 0 0
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) While palls In
State of Indiana.  HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.
County of Received the second of the second	County of
Y Signed Denn they	Signed Tonda U. Stur
× New Address 135-B CEDAR Kun PR.	X New Address
Subscribed and sworn to before me this 11 dd day of Supt. 1987.	Subscribed and sworn to before this 17 4 day of Nept. 1987.
MALLE Q HENDRICKS	Muy One Resell Clerk HENDRICKS Circuit Court
Glerk Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other
	Guar of Indiana
tate of Indiana, HENDRICKS	State of Indiana, HENDRICKS County of
ounty of HENDRICKS	Father
SignedFather	Signed
Signed	Signed
ubscribed and sworn to before me this day of	Subscribed and sworn to before me thisday of
	Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
HENDRICKS LICENSE ISSUED BY ORDER OF	ourt by written order issued
n dispate the issuance (	of a marriage license to the above hame
authorizes and directs the issues	E AND MARRIAGE CERTIFICATE HENDRICKS
RETURN OF MARRIAGE LICENS	nse issued by the clerk of the
Be It Remembered, there was filed in my office a marriage ties.	E AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  is issued by the clerk of the  in, 19.87., authorizing the joining together as husband and wife
and dated the day of day of	nd RONDA DIANE STARR
Be it further remembered, the following marriage certificate was filed in my o	ffice, to-wit:
	hereby certify that on the
ne thousand nine hundred and 8.7.	at INDPLS. County State of IN
nd. Bride DONDA DIANE STARR of	HENDRICKS Country, State of HENDRICKS
tate of Indiana, Groom	that purpose by the Clerk of the Circuit Court of
of me united in marriage as authorized by a marriage technology	
A TOTAL CONTRACTOR OF THE PARTY	/c/ MELIVIN D. THANKS
	- TOTAL D
	Official DesignationMINISTER

APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By Indiana State Board of Health under Authority of LC 31-1-3-2

HENDRICKS _County

9-19-90 Date of Application

] An in half is

... Circuit Court

Effective July 1. 1977	FEMALE Medical Examination Report Dated 9-1089
MALE Medical Examination Report Dated	a Physician Glenn Ball
Medical Examination Report	Name of Physician  ever procures the issuance of a license to marry by any false statement, representation or pretens  FEMALE APPLICANT  Middle
Name of Physician	FEMALE APPLICANT
	First
MALE API BLOOM	Name Michelle Rone Vickrey
Daniel Day	Date of Birth Month 27
ate of Birth OCA	Place of Birth (State or foreign country)  Street or R. R. City County, State
lace of Birth (State or foreign country)	Residence Address  Street or R. R.  Brownsburg Herdricks T
esidence Address Street or R.	OR OR
revious Marital Status: Never Married OR	Ended Ry Death Divorce Annument
Marriage Ended By: Death Divorce Annulment	Date of birth verified by:  Birth Certificate  Judicial Decree
ate of birth verified by: Birth Certificate  Judicial Decree	
D. Odar (Sanifa)	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes
Other (Specify)  No Yes   No Yes   No Yes   Yes  Yes	1. Are you now of mark you now
If answer is "yes", has the adjudication been removed?	2 Are you afflicted with a transmissible disease?
Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No Yes
Are you related to the female applicant closer than second cousin.	4. Are you now under the influence of intoxicating liquor?  No Yes
Are you now under the influence of intoxicating liquor?  No Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug?      No Yes      List the full names of any dependent children.
5. List the full names of any dependent children.	6. List the full names of any dependent condition
. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No□ Yes
dependent children?	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father William L. Schutte	8. Full name of father Hichael W. Vickrey
Residence of father (if deceased so state) Brownsburg, TA	Residence of father (if deceased so state) Brownsburg, TW
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Googia
Diffull the state of the state	9. Full maiden name of mother Judith E. Armstrong
7. Full market halfe of motion	Residence of mother (if deceased so state) Indionapolis, IN
Residence of mother (if deceased so state) Brown Sburg TN	T -/ 2 22
Birthplace of mother (State or foreign country) Tradiana	State of Indiana, County of HENDRICKS  Birthplace of mother (State or foreign country)  State of Indiana, HENDRICKS  Ss: I depose and state the information given this application is true and corrections.
New Address 5/3 South STEEN ST  Subscribed and sworn to before me this 19th day of Sept 1969.  May put Russul Clerk HENDRICKS Circuit Court	New Address 513 South Green  Subscribed and sworn to before me this 12th day of Supt 198  Thany Jane Russell Clerk HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parents
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary tolu-
	Custody of daughter
State of Indiana. HENDRICKS } ss:	State of Indian
County of HENDRICKS	State of Indiana, County of
Signed	sin M. La Mer I. La 1 For
Signed Mother	Signed August M. M.
Subscribed and sworn to before me this day of ,19	Signed
	Subscribed and sworn to before me this day of day of day of
COMPLETE IN NAME OF THE PROPERTY OF THE PROPER	Mary Jane Russell
HENDRICKS LICENSE ISSUED BY ORDER OF COU	IPT A
in County (	Court by written order issued
is a second control of the second control of	of a marriage license to the
Se Il Remembered there was claim	SE AND MARRIAGE
of a recent time to the call	tooked by the clore of the
DANIEL WAYNE SCHUTTE	ense issued by the clerk of the HENDRICKS Circuit Common 1987, authorizing the joining together as husband and
Be it further remembered, the following marriage certificate was fled:	and MICHELLE RENE VICKREY
THOMAS W. RAKOEZY.	omee, to-wit:
State of Indiana Company	/ office, to-wit: hereby certify that on the
and, Bride	BROWNSBURG , County of HENDRICKS
were by me united in marriage MICHELLE RENE VICKREY of	thereby certify that on the 3rd day of OCT.  at BROWNSBURG , County of HENDRICKS.  of HEDNRICKS County, State of IN  HENDRICKS County, State of HENDRICKS.  or that purpose by the Clark Action HENDRICKS.  HENDRICKS HENDRICKS
Dated this 21st day of SEPT. 19.8	THENDRICKS County, State of IN County, State of HENDRICKS  Or that purpose by the Clerk of the Circuit Court of HENDRICKS
, 198	0.1
Filed and recorded in accordance with the	Signed /s/ THOMAS W. RAKOEZY
the laws of the State of Indiana this	Signed /s/ THOMAS W. RAKOEZY  Official Designation MINISTER  6th day of OCT 19.87
VIII.	day of OCT 19 87

.Clerk

Circuit Court

HENDRICKS

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

MALE

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

454

0	T8-81-
Dat	e of Application

MALE Medical Examination Report Dated	FEMALE Medical Examination Report Dated 9-17-87
Name of Physician	Name of Physician D. B. Haggard
THE ANGENEDRAL PROPERTY OF THE	Traine of Physician 10. D. Maggard
ALL QUESTIONS MUST BE ANSWERED IC. AP 13-16 prescribed "False statement—Whoes shall be fined in any sum not exceeding five hundred dollars (\$500,000".  MALE APPLICANT	the issuance of a license to marry by any false statement, representation or pretense
First Middle A last	Name First
Name Jettrey W. Dixon	Roberton T. DIVON
Date of Birth Month 23 Year  Place of Birth (State or (oreign country)	Date of Birth   Month   Day Year
Sha	Frace of Birth (State or fdraign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Previous Marital Status. Never Married OR	Previous Marital Status: Never Married OR
Marriage Ended By Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
other (Specify) Dr. Tw.	Other (Specify) D. S. Lip
Are you now or have you ever been adjudged to be of unsound mind? No Yes O	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes" has the adjudication been removed? No Yes	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Yes O	2. Are you afflicted with a transmissible disease?  No Yes   3. Are you related to the male applicant closer than second cousin?  No Yes
Are you related to the female applicant closer than second cousin?  No Yes   4. Are you now under the influence of intoxicating liquor?  No Yes   Yes	3. Are you related to the male applicant closer than second cousin?  No Yes 4. Are you now under the influence of intoxicating liquor?  No Yes 1
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Jeffry Myon Wyon
	1001
7. Are you required by any court order or orders to support the above No Ves O	7. Are you required by any court order or orders to support the above dependent children? No Yes
dependent children"  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders induced for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Scarge Theran Dulin	8. Full name of father Bobby Alone Stault
Residence of father (if deceased so state) + Whatel Stoude	Residence of father (if deceased so state)   Noceassod
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Esther of ourse stages	9. Full maiden name of mother Sydney Marie Wa
Residence of mother (if deceased so state) Clayton Sed.	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.	State of Indiana, HENDRICKS    State of Indiana, HENDRICKS   HENDRICKS   Sa: I depose and state the information given in this application is true and correct.
County of HENDRICKS as: in this application is true and correct.	Signed X Robotto O vion
Signed X Jeffy h. Din	Signed X KODOW 3000000000000000000000000000000000000
New Address same as about	10: 75
Subscribed and sworn to before me this \ 8 day of Sept: 190.1	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
Mary Jane Russellaer HENDRICKS Circuit Court	11/an fauel have Gerk
-00	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	the perents of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
State of Indiana, HENIDDICKS } ***:	State of Indiana, HENDRICKS County of
County of HENDRICKS 5 ** :	Signed
Signed	Signed
Signed	Signed
Subscribed and sworn to before me this day of	
Clerk	having been refused to the above named parties, the
COMPLETE IE MADDIAGE LICENSE ISSUED BY ORDER OF COL	URT. A marriage license having been refused to the above named parties, the Court by written order issued
HENDRICKS County Contin	court by written order issuedament parties.  The of a marriage license to the above named parties.  HENDRICKS  Circuit Court Court by written order issuedament parties.
in Clark's Delice authorizes and directs the issuance	e of a marriage CERTIFICATE HENDRICKS Circuit Cour
RETURN OF MARRIAGE LICE	isense issued by the clerk of the
Be It Remembered, there was filed in my office a marriage it	and ROBERTA J. DIXON
Be it further remembered the following marriage certificate was filed in m	and ROBERTA J. DIXON  y office, to-wit:  hereby certify that on the 18th day of SEPT.  At CLAYTON County, State of IN  HENDRICKS County, State of IN
CHEAT AND CHEAT	at State of
one thousand nine hundred and 87	of HENDRICKS County, State of IN.
State of Indiana, Groom JEFFREY W. DIXON	HENDRICKS HENDRICKS
and, Bride ROBERTA J. DIXON license issued	of HENDRICKS County, State of IN HENDRICKS County, State of HENDRICKS  for that purpose by the Clerk of the Circuit Court of HENDRICKS  87. Signed (5/ STEVAN W. RANSON
a mo antica in marriage as authorized	COPEVAN W. RANSON
Dated this	.87 Signed /s/ STEVAN W. A
	A final Designation 19.8,1

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

APPLICATION FOR MARRIAGE LICENSE

File_

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 HENDRICKS County Date of Application Effective July 1, 1977 Medical Examination Report Dated FEMALE MALE Name of Physician Medical Examination Report Dated ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense and prescribed prescribed and prescribed prescribed and prescribed an shall be fined in any sum not exceeding five hundred dollars (\$500.00)" MALE APPLICANT Middle foreign country) Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind No Yes D No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No D Yes D No Ves 2. Are you afflicted with a transmissible disease No Ves D If answer is "yes", has the adjudication been removed? No Yes 3. Are you related to the male applicant closer than second cousin No Ves D 2. Are you afflicted with a transmissible disease? No Yes 3. Are you related to the female applicant closer than second cousing 4. Are you now under the influence of intoxicating liquor? No Yes D No Yes 4. Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug No Ves D No Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children List the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support compliance with any count order or orders issued for their support 8. Full name of father CoRect Full name of father_ Residence of father (if deceased so state) Birthplace of father (State or foreign Birthplace of father (State or foreign country). Residence of mother (if deceased so state) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country)_ I depose and state the information given in this application is true and correct. State of Indiana, State of Indiana, HENDRICKS County of ... Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, County of HENDRICKS County of .... Father Signed. Signed. Signed. ..... 19 Subscribed and sworn to before me this ______day of ____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued..... ......authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 22 day of Sed. HENDRICKS , 1987., authorizing the joining together as husband and wife ROBERT F. LEWIS. JR. Be it further remembered, the following marriage certificate was filed in my office, to-wit: and MICHELE K. SIMONS H. THOMAS PITCHER hereby certify that on the 26th day of SEPT. one thousand nine hundred and 87 State of Indiana, Groom ROBERT F. LEWIS, JR. Of CLACKMAS County, State of JR. AVON County of HEDNRICKS. MICHELE K. SIMONS of HENDRICKS County, State of were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... Dated this 22nd day of SEPT. 19.87....

Signed /s/ H. THOMAS PITCHER

. Circuit Court

HENDRICKS

Official Designation MINISTER

Signed Man

.....Clerk

Circuit Court

HENDRICKS

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

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County Date of Application MALE Medical Examination Report Dated FEMALE Medical Examination Report Dated. Name of Physician_ Name of Physician_ ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT Name Date of Birth Green Apt Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: A Birth Certificate Judicial Decree Other (Specify)___ Other (Specify) Are you now or have you ever been adjudged to be of unsound mind No Yes If answer is "yes", has the adjudication been removed If answer is "yes", has the adjudication been remo NO Yes D 2. Are you afflicted with a transmissible disease? 3. Are you related to the female applicant closer than second cousin Are you related to the male applicant closer than s 4. Are you now under the influence of intoxicating liquor? you now under the influence of a narcotic drug 6. List the full names of any dependent children List the full names of any dependent children 7. Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No Yes D No O Yes O If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father koward L. Pierle 8. Full name of father Scott H. Hosier III Residence of father (if deceased so state) Nobles ville, IN Residence of father (if deceased so state) Browns burg, IN Birthplace of father (State or foreign country) Trobiana Birthplace of father (State or foreign country) Tradiana 9. Full maiden name of mother Sandra K. Spor 9. Full maiden name of mother Hazel Patrick Residence of mother (if deceased so state) Lorsville, IN Residence of mother (if deceased so state) Brownsburg, TV Birthplace of mother (State or foreign country)___ Birthplace of mother (State or foreign country)_ HENDRICKS Mary Jane Russell CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of .... Signed. Subscribed and sworn to before me this..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 32 Md day of PERECCA DIANE HOSIER MICHAEL DENNIS PIERLE Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 9th day of OCT. County of BOONE ZIONSVILLE I, ALEX R. VOILS, JR. State of Indiana, Groom MICHAEL DENNIS PIERLE OF HENDRICKS County, State of IN HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County.

HENDRICKS Signed /s/ ALEX R. VOILS, JR. County. 9th day of OCT., 19.87 Official Designation JUDGE PRO-TEMPORE

Signed...

Filed and recorded in accordance with the laws of the State of Indiana this......19th....

APPLICATION FOR MARRIAGE LICENSE

450 File.

HENDRICKS

.. Circuit Court

form Prescribed By ndiana State Board of APPLICA	TION FOR M.	ARRIAGE LICELY		7.8.81.10
ealth under Authority 1.C. 31-1-3-2 ffective July 1, 1977	HENDRICKS	County	Date	of Application
feetive July 1. 1911		FEMALE Medical Examination Report Dated	1 0 -	18.87
MATE			Kin Hou	
MALE Medical Examination Report Dated		Name of Physician	1 /0000	
Medical Examination Report Dated  Name of Physician  LL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "I	Whoave	or procures the issuance of a license to marry by a	any false statement.	, representation or pretens
OUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "	False statement - whoeve	FEMALE A	PPLICANT	
		First	Middle	Q NLast
MALE APPLICANT  Middle	Last	Name Month	Day	Year
ame Elmer Owens Or	Year	Date of Birth	31	66
Date of Birth Month	-	Place of Birth (State or foreign country)		
Place of Birth (State or foreign country)	State	Residence Address Street or R. R.	Stilous	County State
esidence Address Street or R. R. City County	<u></u>	KK.		
Mys Haynard O.B.		Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce A	nnulment	
Previous Marital Status: Never Married OR  ast Marriage Ended By: Death Divorce Annulment		Date of birth verified by: Birth Certificate	Judicial Decree	
Date of birth verified by: Birth Certificate Judicial Decree		Date of ones.		
A Other (Specify) Dr. Liv		Other (Specify) William to be	of unsound mind?	No Yes
Other (Specify)  Are you now or have you ever been adjudged to be of unsound mind?	No Yes 🗆	Are you now or have you ever been adjudged to be     If answer is "yes", has the adjudication been remove.	ved?	No□ Yes
If answer is "yes", has the adjudication been removed?	No □ Yes □	If answer is "yes", has the adjudication of the sease?  2. Are you afflicted with a transmissible disease?		No K Yes
2. Are you afflicted with a transmissible disease?	No □ Yes □	Are you related to the male applicant closer than a	second cousin?	No Yes
3. Are you related to the female applicant closer than second cousin?	No Yes No Yes	4. Are you now under the influence of intoxicating li	quor?	No Yes C
Are you now under the influence of intoxicating liquor?	No No Yes	5. Are you now under the influence of a narcotic dru	g?	No V Yes
Are you now under the influence of a narcotic drug?     List the full names of any dependent children.		6. List the full names of any dependent children.		
6. List the full names of any dependent children.				
Janes affect and				
- Josha war was				
		7. Are you required by any court order or orders to s	support the above	
<ol> <li>Are you required by any court order or orders to support the above dependent children?</li> </ol>	No □ Yes □	dependent children?		No□ Yes
If answer is "yes", it is required that this Application be accompanied by satisfactor	ory proof that you are in	If answer is "yes", it is required that this Applicati		satisfactory proof that you are
compliance with any court order or orders issued for their support.		compliance with any court order or orders issued	The Be	dd
8. Full name of father		< >	O limotit	. Ind .
Residence of father (if deceased so state) (Alumbus Ind		Residence of father (if deceased so state)	D. D	
Birthplace of father (State or foreign country)		Birthplace of father (State or foreign country)	D.	2
9. Full maiden name of mother 11/004 Carra Ton	rela	9. Full maiden name of mother * * * * * * * * * * * * * * * * * * *	Due II	use)
Residence of mother (if deceased so state)		Residence of mother (if deceased so state)	Dame	
Birthplace of mother (State or foreign country)		Birthplace of mother (State or foreign country)	Ind.	
	ne information given	State of Indiana, HENDRICKS	I depose and	state the information give
County of HENDRICKS in this application is	is true and correct.	County of	0 0 0	leation is true and conte
Signed & fallenberg for the shift shift of		Signed Wer	dy a K	Sudal
New Address	551	New Address 50	~~&	5-
Subscribed and sworn to before me this day of day of	1987	Subscribed and sworn to before me this	day of	Dept , 19
Many Jane Russel Clerk HENDRICE	KS Circuit Court	Man Jama Russel	Clerk HE	NDRICKS Circuit Con
0				
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR GUA	ARDIAN	
We, the parents, of this applicant hereby give consent for this marriage		We, the parents, of this applicant hereby give	consent for this n	narriage. If only one pare
signs, state facts which render the consent of the other parent unnecess	sary	signs, state facts which render the consent of	the other parent	unnecessary
	***************************************			
	***************************************			
State of Indiana.		_		
County of HENDRICKS } ss:		State of Indiana, County of HENDRICKS	S8:	
Signed	T2 - 1	Soundy of		
Signed	Father	Signed	······································	Fati
	Mother	Signed		Mot.
	19	Subscribed and sworn to before me this	day of	, 19
	Clerk			Cl
COMPLETE IF MARRIAGE LICENSE ISSUED BY	ORDER OF COUR	D A		
COMPLETE IF MARRIAGE LICENSE ISSUED BY CHENDRICKS County	Cor	1. A marriage license having been ref	used to the abo	ove named parties, t
authorizes and d	lirects the issuance of	1. A marriage license having been refurt by written order issued	······································	and n
PETURN OF A	The contract of	a marriage license to the above named	parties.	
The state of the s	_	Touch of the clouds of the	HENDRICKS	Circuit Co
Be it further remembered, the following marriage and is		, 19. authorizing the	joining togethe	er as husband and u
JACK ALLEN MUEDO	nea in my o	Ince. to-wit.		
one thousand nine hundred and 87  State of Indiana, Groom ELMER OWENS and, Bride WENDY ANN BUDD	JD.	at PLFD.	County of OCT.	HENDRICKS
State of Indiana, Groom	······································	ofHENDRICKS	ounty State of	IN
County.  Dated this 4th day of OCT.	e license issued	HENDRICKS	ounty State of	IN
Dated this 4th day of OCT.	wouled for	that purpose by the Clerk of the Circuit	Court of	HENDRICKS
Mark.	, 198	/ ₁		
		Signed / S/ JACK ALLE	EN MYERC	
Filed and recorded in accordance with the laws of the Stat.	e of I	Official Designation MINICEPE	AM MIEKS	

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

MALE

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County

458 Fil

e_	0.10.00	
	9-18-87 Date of Application	

Circuit Court

MALE Medical Examination Report Dated	FEMALE Medical Examination Report Dated 9-10-87
Name of Physician	Medical Examination Report Dated 9-10-87  Name of Physician Paul Schoon
MUST BE ANSWERED 10 31-1-3-6 proposition of the	Traine of Physician 1901 School
ALL QUESTIONS MUST be exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	ver procures the issuance of a license to marry by any false statement, representation or pretense
First Middle	FEMALE APPLICANT
william late Romer	Name First Middle Last  Pate of Piet Shap on Marie Cohernour
bate of Birth	Date of Birth Month Day Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
N. L. C.	_ 5808 E. Rd. 150 N. Danville Herdricks IN
revious Marital Status: Never Married OR  ast Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
ast Marriage Ended by:  Birth Certificate  Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
	Dirin Certificate - Judicial Decree
Other (Specify)	Other(Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?  No Yes   Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   No Ye
Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?  No Yes
Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
1. Are you now under the influence of intoxicating liquor? No Yes	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?
dependent children?  No Yes I If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Michael Romer	8. Full name of father Franklin C. Cohernour
Residence of father (if deceased so state) Clayton, TN	Residence of father (if deceased so state) Depuille, IN
Birthplace of father (State or foreign country) Trdiana	Birthplace of father (State or foreign country) Tilinois
7.1 11.11-0	9. Full maiden name of mother Nona B. Taylor
9. Full market market model.	Residence of mother (if deceased so state) Danville, TN
Acoustic of motion (if acoustic or motion)	Birthplace of mother (State or foreign country) Indiana
Birthplace of mother (State or foreign country)  State of Indiana,  HENDRICKS  ss: I depose and state the information given in this application is true and correct.	State of Indiana.  HENDRICKS    State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS   State of Indiana   HENDRICKS
Signed 4618  New Address R 1 Box 89 Clayton In 46118  Subscribed and sworn to before me this 1814 day of 4611 Clerk HENDRICKS Circuit Court	Signed Sharon M. Continuous  New Address 5808 Fast Rd 150 N.  Subscribed and sworn to before me this 10 day of Supt 1989.  Thank Jane Russell Gerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana, HENDRICKS
State of Indiana, HENDRICKS ss:	County of Father Colernour. Father
County of Father	Signed
Signed	Ci-ned 110Ac
Signed Mother	a bassibed and sworn to before me this
	Play fore Russell Cler
Subscribed and sworn to before me thisday of	740y for the above named parties, the
Subscribed and sworn to before me thisday of, 19  Clerk	740 y full returned parties, the
Subscribed and sworn to before me this	URT. A marriage license having been refused to the above named parties, the
Subscribed and sworn to before me this	URT. A marriage license having been refused to the above named parties, the Court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  in authorizes and directs the issuance	URT. A marriage license having been refused to the above named parties, the Court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  in authorizes and directs the issuance	URT. A marriage license having been refused to the above named parties, the Court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  in authorizes and directs the issuance RETURN OF MARRIAGE LICENSE	URT. A marriage license having been refused to the above named parties, the Court by written order issued and file of a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court cense issued by the clerk of the cense issued by the clerk of the county, 1900, authorizing the joining together as husband and wife cohernour, SHANON M.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  IN AUTHORICKS  BE IN Remembered, there was filed in my office a marriage like of Indiana dated the ROMER, WILLIAM DALE	Court by written order issued and file of a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE  Cense issued by the clerk of the cense issued by the clerk of the county authorizing the joining together as husband and wife confice, to-wit:
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  In authorizes and directs the issuance of Indiana dated the ROMER, WILLIAM DALE  Be it further remembered, the following marriage certificate was filed in my office as filed in my office	URT. A marriage license having been refused to the above named parties, the Court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  in authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  of Indiana dated the day of Septembered, there was filed in my office a marriage license  ROMER, WILLIAM DALE  Be it further remembered, the following marriage certificate was filed in my  I. ROBERT F. GANMAN	URT. A marriage license having been refused to the above named parties, the Court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  in authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Of Indiana dated the day of day of sept and directs the issuance of Indiana dated the ROMER, WILLIAM DALE  Be it further remembered, the following marriage certificate was filed in my of the sept and day of sept an	URT. A marriage license having been refused to the above named parties, the Court by written order issued
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Subscribed and sworn to before me this day of 19	URT. A marriage license having been refused to the above named parties, the Court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  IN Authorizes and directs the issuance authorizes and directs the issuance of Indiana dated the Aday of Sept.  ROMER, WILLIAM DALE  Be it further remembered, the following marriage certificate was filed in my office and in	URT. A marriage license having been refused to the above named parties, the Court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  IN Authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  ROMER, WILLIAM DALE  Be it further remembered, the following marriage certificate was filed in my  I, ROBERT F. GANMAN  one thousand nine hundred and 8.7  State of Indiana, Groom WILLIAM D. ROMER  and, Bride SHANON C. COHERNOUR  were by me united in marriage as authorized by a marriage license issued for County.  Dated this 26th day of SEPT. 19.	URT. A marriage license having been refused to the above named parties, the Court by written order issued and filed to of a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE  Cense issued by the clerk of the county of the pointing together as husband and wife and compared to the pointing together as husband and wife and compared to the county of the cou
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  IN Authorizes and directs the issuance authorizes and directs the issuance of Indiana dated the ROMER, WILLIAM DALE  Be it further remembered, the following marriage certificate was filed in my office and	URT. A marriage license having been refused to the above named parties, the Court by written order issued and filed to of a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE  Cense issued by the clerk of the county of the pointing together as husband and wife and compared to the pointing together as husband and wife and compared to the county of the cou

APPLICATION FOR MARRIAGE LICENSE

9-21-87
Date of Application

5 Are you

9. Full maide

Birthpiacy o State of Indu

.Circuit Court

Form Prescribed By Indiana State Board of APPLICATIO	N FOR MA	RRIAGE EIGE	9-21-87
Health under Authority	HENDRICKS	County	Date of Application
Effective July 1, 1977		FEMALE Papert Dated	9/18/87
1/4		Medical Examination Report Dated	2 11/100 no 1
MALE Medical Examination Report Dated		Name of Physician	a. wies, M.V.
Name of Physician  ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False state of the	Whoever.	procures the issuance of a license to marry by an	ly false statement, representation or pretens
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False st	tatement - Who	FEMALE AP	PLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-19-30 shall be fined in any sum not exceeding five hundred dollars (8500.00)".  MALE APPLICANT		Name / First .	Middle Last
Middle	Last	Hammil	Day Year Year
Steven Scall Year	0 / 3	Date of Birth Month	22 1967
9 04		Place of Birth (State or foreign country)	eks E. Int.
Residence Address & Street, or R. R. City County Residence Address & Street, or R. R. Shawalle Mend.	State	Residence Address Street or R. R.	City County State
365 A. M. Ka. 15 Suniae		Previous Marital Status: Never Married OR	ulment []
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment		Last Marriage Ended By: Death Divorce Ann  Date of birth verified by: Birth Certificate June	dicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	1	Date of birth verified by:	4
Dhineha Lici		Other (Specify) Whereks	Lie - gicture f unsound mind?  NO Yes  NO Yes
Other (Specify) W / World to be of unsound mind?	No Yes 🗆	<ol> <li>Are you now or have you ever been adjudged to be of</li> </ol>	f unsound mind?
to the adjudication been removed?	No Yes	If answer is "yes", has the adjudication been removed	100
2 Are were afflicted with a transmissible disease?	0 1	<ol> <li>Are you afflicted with a transmissible disease?</li> <li>Are you related to the male applicant closer than sec</li> </ol>	No Yes Voor Yes
Are you related to the female applicant closer than second cousin?		<ol> <li>Are you related to the male applicant closer than accept.</li> <li>Are you now under the influence of intoxicating liqu</li> </ol>	
4. Are you now under the influence of intoxicating liquor?		<ol> <li>Are you now under the influence of a narcotic drug?</li> </ol>	
5. Are you now under the influence of a flarcotte diag.	The second secon	6. List the full names of any dependent children.	The state of the s
6. List the full names of any dependent children.			
		7. Are you required by any court order or orders to sup	port the above
7. Are you required by any court order or orders to support the above dependent children?	No□ Yes□	dependent children?	No□ Yes□
If answer is "yes", it is required that this Application be accompanied by satisfactory proof	that you are in	If answer is "yes", it is required that this Application	
compliance with any court order or orders issued for their support.		compliance with any court order or orders issued for	their support.
8. Full name of father Todaymond Golde, Fe		8. Full name of father Meridan	I i i gray
Residence of father (if deceased so state) Warrell, Fr.		Residence of father (if deceased so state)	is oraliane
Birthplace of father (State or foreign country)	4	Birthplace of father (State or foreign country)	ordiany.
9. Full maiden name of mother Tatricia Gun Shax	le !	9. Full maiden name of mother Mary	Low Singleton
Residence of mother (if deceased so state) Danville In.		Residence of mother (if deceased so state)	no Indiana
Birthplace of mother (State or foreign country) and and		Birthplace of mother (State or foreign country)	Indiana
State of Indiana.  HENDRICKS    as: I depose and state the inform	THE COUNTY PATTERN	State of Indiana,	I depose and state the information give
County of in this application is true	and correct.	County of HENDRICKS ss:	in this application is true and correct
Signed Steven S. York	***************************************	Signed Jamme	15 Cloughbe
New Address Address		New Address DL05 S.	St Rd. 99 Danvill
Subscribed and sworn to before me this day of day of	19 ⁵ 7.	Subscribed and sworn to before me this 21	day of Sept. 108
Mary Jane Rusself Clerk HENDRICKS	Circuit Court	MALICIANO DIL	Clerk HENDRICKS Circuit Cour
			Oler K
CONSENT OF PARENTS, PARENT OR GUARDIAN		CONSENT OF PARENTS, PARENT OR GUARD	DIAN
We, the parents, of this applicant hereby give consent for this marriage. If only		We, the parents, of this applicant hereby give co	nsent for this marriage. If only one paren
signs, state facts which render the consent of the other parent unnecessary	s	igns, state facts which render the consent of the	e other parent unnecessary
State of Indiana, HENDRICKS sa:			
County of FILINDRICKS 58:	ll II	State of Indiana, County of HENDRICKS ss:	
Signed	Father		
Signed		Signed	Father
Subscribed and sworn to before me this	Mother	Signed	Mother
	, 19 S	ubscribed and sworn to before me this	day of, 19
COMPLETE IS MADDIA	Clerk		Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER HENDRICKS County	OF COURT A	marriage !	the she
in County	Court )	A marriage license having been refused by written order issued	d to the above named parties, the
authorizes and directs the RETURN OF MARRIAGE	ne issuance of a r	marriage license to the	and me-
Be It Remembered there was filled of MARRIAG	GE LICENSE AT	ND MARRIAGE CERTIFICATE	rties.
			NDPICKS Gineral Court
			Circuit Cond wife
one thousand nine hundred	in my office,	, to-wit: TAMMIE SUE WILLOUGH	B¥
State of Indiana, Groom	. 1	NEW MINISTRATION the 26th da	SEPT.
State of Indiana, Groom STEVEN SCOTT YORK and, Bride TAMMIE SUE WILLOUGHBY were by me united in marriage as authorized by a marriage licenses.	at	winchester	. County of HENDRICKS
were by me united in marriage as and	of	HENDRICKS Count	ty. State ofIN
and, Bride TAMMIE SUE WILLOUGHBY were by me united in marriage as authorized by a marriage license County.  Dated this 26th day of SEPT.	e issued for the	HENDRICKS Coun	ty, State of
Dated this 26th day of SEPT.	, or that	purpose by the Clerk of the Circuit Course	rt of HENDRICKS
Filed and recorded in accordance with the laws of the State of Indi	Or	Signed/S/ SHELDON.	L. GEORGE
and the State of Indi	iana this	ial Designation MINISTER	
		day of OCT	87

Circuit Court

Form Prescribed By Indiana State Board 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	FEMALE Date of Application
Name of Physician	Medical Examination Report Dated 9/6/87
	Name of Physician lavid m. Hadley M. O.
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (8500,00)".  MALE APPLICANT	ever, procures the issuance of a license to marry by any false statement, representation or preferred
A si	A STATE OF THE STA
Name Lale allen Link	Name First Middle Lort
Date of Birth Month  12  30  Year  1960	Date of Birth Month Seth Acloen
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. Sity County State	Alana billion
131 11. concer str., rega. Hend. In.	Residence Address Street of R. R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate  Judicial Decree
Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind?	The control of the co
If answer is "yes", has the adjudication been removed? No Ves	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?  No Yes
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?  No Yes  No Yes
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug?      No Yes      List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
6. List the full halfes of any dependent entates.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children? No□ Yes□
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kobert K. Revery	8. Full name of father Ask Kenneth Schoen
Residence of father (if deceased so state) Indplo. In	Residence of father (if deceased so state) Plainfield In.
1	DA.
Production of Contract of the Contract of	Birthplace of father (State or foreign country)
9. Full maiden name of mother carroty & gennings	9. Full maiden name of mother facquelline Sue Moonan
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS    I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  ss: I depose and state the information given in this application is true and correct.
County of	County of Q S al ac
Signed Dale & Rues	Signed Tollier Doctor
New Address 131 N. CENTERST.	New Address 3 1 0 Cantal St
Subscribed and sworn to before me this 215 day of September 1987	Subscribed and sworn to before me thisday of
Mary Jane Russey Clerk HENDRICKS Circuit Court	Mary Jane Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
solo, state racts which render the consent of the state parties and	
State of Indiana,	State of Indiana, HENDRICKS } ss:
State of Indiana, County of HENDRICKS  \$ 55:	State of Indiana.  HENDRICKS  State of Indiana.  HENDRICKS  Father
HENIDDICKS SS:	SignedFather
County of HENDRICKS signed Father  Mother	Signed Mother
County of HENDRICKS ss:  Signed Father  Signed Mother	SignedFather
County of HENDRICKS ss:  Signed Mother  Subscribed and sworn to before me this day of 19	Signed
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19	Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19	Signed Father  Signed Mother  Subscribed and sworn to before me this day of
Signed	Signed
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTENDRICKS County authorizes and directs the issuance of authorizes are also and authorizes and directs the issuance of authorizes and directs the issuance of authorizes are also and authorizes and directs the issuance of authorizes are also and authorizes and directs the issuance of authorizes are also and authorizes and directs the issuance of authorizes are also and authorizes are also also and authorizes are also and also also also also also also also also	Signed
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County authorizes and directs the issuance of the county of the county of the county authorizes and directs the issuance of the county of the coun	Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the purt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County County authorizes and directs the issuance of RETURN OF MARRIAGE LICENS	Signed
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County County authorizes and directs the issuance of RETURN OF MARRIAGE LICENS	Signed
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County County authorizes and directs the issuance of Indiana dated the 25th day of 19 County Coun	Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the purt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court use issued by the clerk of the Circuit Court and filed of a marriage license to the above named parties.
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  in authorizes and directs the issuance of Indiana dated the day of Agriculture of Indiana dated the DALE ALLEN RIVERS  Be it further respectively.	Signed
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County County authorizes and directs the issuance of Indiana dated the 25th day of 10 Clerk  Be it further remembered, the following marriage certificate was filed in my of the county of Indiana dated the 10 Clerk of	Signed Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the purt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court are issued by the clerk of the 19 Z, authorizing the joining together as husband and wife and KOLLEEN BETH SCHOEN fifice, to-wit:  hereby certify that on the 26th day of SEPT.
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  Be It Remembered, there was filed in my office a marriage licen of Indiana dated the day of MARRIAGE LICENS  Be it further remembered, the following marriage certificate was filed in my of I, TIMOTHY M. HARDING  one thousand nine hundred and 8.7	Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  T. A marriage license having been refused to the above named parties, the nurt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court use issued by the clerk of the see issued by the clerk of the fine figure is a husband and wife that the court is a see issued by the clerk of the county of the county of the court is a husband and wife the county of t
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  Be It Remembered, there was filed in my office a marriage licen of Indiana dated the day of MARRIAGE LICENS  Be it further remembered, the following marriage certificate was filed in my of I, TIMOTHY M. HARDING  one thousand nine hundred and 8.7	Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  T. A marriage license having been refused to the above named parties, the nurt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court use issued by the clerk of the see issued by the clerk of the fine figure is a husband and wife that the court is a see issued by the clerk of the county of the county of the court is a husband and wife the county of t
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COURT AUTHORICKS  Be It Remembered, there was filed in my office a marriage licen of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COURT AUTHORICS AUTHORI	Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  T. A marriage license having been refused to the above named parties, the nurt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court use issued by the clerk of the see issued by the clerk of the file in the file is a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court use issued by the clerk of the joining together as husband and wife and KOLLEEN BETH SCHOEN file is to wit:  hereby certify that on the 26th day of SEPT.  hereby certify that on the 26th day of SEPT.  hereby certify that on the 26th day of SEPT.  hereby certify that on the 26th day of SEPT.  hereby certify that on the 26th day of SEPT.  hereby certify that on the 26th day of SEPT.  hereby certify that on the 26th day of SEPT.
Signed  Signed  Signed  Signed  Signed  Signed  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTINES  HENDRICKS  County  authorizes and directs the issuance of Indiana dated the  DALE ALLEN RIVERS  Be it further remembered, the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage was filed in	Signed
Signed  Signed  Signed  Signed  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  in  authorizes and directs the issuance of Indiana dated the  DALE ALLEN RIVERS  Be it further remembered, the following marriage certificate was filed in my of in my	Signed
Signed Signed Mother  Subscribed and sworn to before me this day of 19	Signed
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY Authorizes and directs the issuance of Indiana dated the day of Indiana dated the Indiana dated the da	Signed Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the purt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court use issued by the clerk of the subscribed principle to the pointing together as husband and wife and KOLLEEN BETH SCHOEN infice, to-wit:  hereby certify that on the 26th day of SEPT.  hereby certify that on the 26th day of HENDRICKS at CAMBY County, State of IN HENDRICKS County, State of IN HENDRICKS

Form Prescribed By Indiana State Board of Health under Authority of 1.C. 31-1-3-2

APPLICATION FOR MARRIAGE LICENSE HENDRICKS _County

9/14/87 Date of Application

Coaty el HENDRICKS

....Circuit Court

Effective July 1, 1977	FEMALE Papert Dated 9/14/87
MALE NAME N/A	Medical Examination Report 2
	f Physician G
Name of Physician Whose	Name of Physician  over procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement shall be fined in any sum not exceeding five hundred dollars (8500,000".	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Carlot
Name Girat & Middle Smith	Date of Birth Month 23 Year
Date of Birth Month Day Year 1967	Placerof Birth (State or foreign country)
Place of Birth (State or foreign country)	Indian for us, BB City Church
Indianapalis / Real City / County ) State	Residence Address Street or R. R. Judgles, Bend. State
Residence Address 192 Clayton, Send., In.	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Finded By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by:  Birth Certificate  Judicial Decree
Date of birth verified by: Birth Certificate Uddicial Decree	Constitution (Security)
Other(Specify)	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  Note: Yes   Not
I. Are you now or have you ever been adjudged to be of unsound mind?  No Yes  No Yes	If answer is "yes", has the adjudication been removed?  No Yes  No Yes
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin?
3. Are you related to the female applicant closer than second cousin:	4. Are you now under the influence of intoxicating liquor?
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No. Yes   No. Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
to the above	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any coup order or orders issued for their support.  8. Full name of father Daniel Ernest Capleale
8. Full name of father Haya a tynica	
Residence of father (if deceased so state) Clayfor Frace	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Schaldine Jacks	9. Full maiden name of mother Barbara Han Kanble
Residence of mother (if deceased so state) Clayton, Indiana	Residence of mother (if deceased so state) Indiple.
Birthplace of mother (State or foreign country) Verginia	Birthplace of mother (State or foreign country)
	State of Indiana.
County of HENDRICKS    I defose and state the information given in this application is true and correct.	County of HENDRICKS   sa: in this application is true and correct.
Signed Alle Edward Smith	Signed Kelly ann Carlyle
New Address 7303 BOLK Bay Court Gp \$ 20	7200 Rack Barrion Itali
Subscribed and sworn to before me this 21 day of Alpt. 1987	New Address 2 day of New 19.57
The Prince Hendell HENDRICKS	
Clerk Circuit Court	Mary Jan Kussell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSUME OF PRESENCE
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS } ss:	State of Indiana,
County of The County	County of HENDRICKS ss:
Signed Father	Signed
Signed Mother	Signed
Subscribed and sworn to before me thisday of	Signed Mother
, 19	Subscribed and sworn to before me thisday of
Clerk	Clerk
HENDRICKS LICENSE ISSUED BY ORDER OF COLUMN	RT. A marriage license having been refused to the above named parties, the
County	Court by written order issuedand filed
authorizes and directs the issuance	of a marriage license to a
RETURN OF MARRIAGE LICENTA	SEE AND are license to the above named parties.
The MI Kemembereh there was claim	SE AND MADDY AS
Be it further remembered, the following marriage contis	and and wife
CARL M. HAZET	Office, to-wit:
State of Indiana, Groom WILLIAM EDWARD SMITH	hereby certify that on the 17th day of OCT.  at RAINBOW ACRES CHURCH OF GOD, County of HENDRICKS  of HENDRICKS County, State of IN
and, Bride	HENDRICKS OF GOD, County of
Dated this 17th day of OCT., 1987	the Circuit Court of
	*******
Filed and recorded in accordance with the laws of the State of Indiana this	CARL M. HAZEL
the laws of the Charles	Official Designation SR. PASTOR

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

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

462

	THE RESERVE OF THE PARTY OF THE	_
File		
	9-21-87	900

Date of Application

MALE Medical Examination Report Dated_____ Name of Physician_

FEMALE Medical Examination Report Dated_ 9-14-87

Name of Physician	Name of Physician Joseph F. Thompson
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoevshall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver procures the jesting of the
ALL QUESTIONS MUST BE ANSWER by Hundred dollars (\$500,00)".  MALE APPLICANT	the issuance of a license to marry by any false statement, representation or pretense
First Middle	FEMALE APPLICANT
Name	Name First Middle Last
Date of Birth Month 11 28 60	Date of Birth Month Kramer Williams
Place of Birth (State or foreign country)	l) lear
+naigria	Viace of Birth (State or foreign country)
Residence Address 9306 W. 56 45 + . Frdpls . Hen Tv.	Residence Address Street or R. R. City County State
9300 to 100 100 100 100 100 100 100 100 100 10	9306 W. 56th St. Indpls. Hen. In.
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment Divorce Divorc	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Voters Registration	brings liganes
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Other(Specify) Drivers License
If answer is "yes", has the adjudication been removed?  No Yes  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Yes 🗆	If answer is "yes", has the adjudication been removed? No□ Yes□
2. Are you related to the female applicant closer than second cousin? No Yes   No Yes	2. Are you afflicted with a transmissible disease? No Yes O
4. Are you now under the influence of intoxicating liquor?  No Yes	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  No. Yes
5. Are you now under the influence of a narcotic drug? No Yes O	
6. List the full names of any dependent children.	
6. List the full harries of any superior and the	6. List the full names of any dependent children.
	Emily Marie Williams
7. Are you required by any court order or orders to support the above	
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐	7. Are you required by any court order or orders to support the above dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father William Arthur Conlisk	8. Full name of father Thomas Morgan Williams
Residence of father (if deceased so state) deceased	Residence of father (if deceased so state) Washing to n
T. J. a.s.	1011.01
Birthplace of father (State or foreign country) Indiana	I Distributed that the second of the second
9. Full maiden name of mother Mary Lou Moore	9. Full maiden name of mother Roberta Kramer
Tadiono	Residence of mother (if deceased so state) Fndiana
residence of models (1) and the second of th	Tindiana
Birthplace of mother (State or foreign country) Missour	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS    I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  sa: I depose and state the information given in this application is true and correct.
County of	County of M-DV Milli
Signed by truck & Conlisk	Signed Xall Julius
New Address 9306 W. 56TH ST.	New Address 9306 W.S67 ST
New Address //200 D. A. A. A. 87	Subscribed and sworn to before me this 21 day of Acad . 1987
Subscribed and sworn to before me this 21 day of Sept 1987	Mary gane Russell Clerk HENDRICKS Circuit Court
Mary Jane Russell Clerk HENDRICKS Circuit Court	Mary gase recover Gerk
	CAMPINE OF CHAPDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana.
State of Indiana,	State of Indiana, HENDRICKS ss:
County of HENDRICKS	Signed
Signed Father	
	Cigned
Signed Mother	Subscribed and sworn to before me this
Subscribed and sworn to before me thisday of, 19	Cler
Clark	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having been relused to the and file court by written order issued
HENDRICKS County	court by written order issued
in authorizes and directs the issuance	of a marriage license to the day
PRIACE LICEN	SE AND MALE
RETURN OF MARKIAGE DIO	ense issued by the clerk of the
Be It Remembered, there was filed in my office a marriage lice of Indiana dated the 25 day of Dept.	SE AND MARRIAGE CERTIFICATE HENDRICKS  Circuit Cou- ense issued by the clerk of the  19.87, authorizing the joining together as husband and wi
of Indiana dated the day of day of	, CAIL K. WILLIAMS.
PATRICK E. CONLISK fled in my	office, to work of the control of th
Be it further remembered, the following marriage certificate was field in the	hereby certify that on the
I,SCOTT-WILLIAM-DOUGLAS-	at ARBUCKLE ACRES PARK, County of IN
and the nunarea and	of TN
one thousand nine hundred and 87.  State of Indiana, Groom PATRICK E. CONLISK and, Bride GAIL K. WILLIAMS of were by me united in marriage and provided by a marriage license issued for	HENDRICKS County, State of HFNDRICKS
and, Brideof	the Clerk of the Circuit Court of
State of Indiana, Groom PATRICK E. CONLISK  and, Bride GAIL K. WILLIAMS of were by me united in marriage as authorized by a marriage license issued for County.	r that purpose by the otters,
o we willed the mattings as authorized og a	DOUGLAS
Dated this 17th OCT.	Signed
aay oj	Official DesignationPASTOR
Filed and recorded in accordance with the laws of the State of Indiana this	19th day of Cle Signed Hang Jones Lasel HENDRICKS Circuit Con
Filed and recorded in accordance with the laws of the State of Indiana this	HENDRICKS Circuit Con
solution in accordance with the take of	Signed

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE 463 9-21-87 Date of Application

.Circuit Court

orm Prescribed By Indiana State Board of Ealth under Authority  APPLICATION FOR M HENDRICKS	S County Date of Application
ealth under Authority  I.C. 31-1-3-2  ffective July 1, 1977	
	FEMALE Medical Examination Report Dated 9-5-87
MALE Deted	a Physician William Edwards
Medical Examination Report Dated	Name of Physician  ver procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
Name of Physician	ver procures the issuance of a first
LL QUESTIONS MUST BE ANSWERED. LC. 31-13-6 prescribed all be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	Name Kimperly Lee Heald
ame First Middle Duncan	Date of Birth Month 18 Vear 63
ame Donald Wayne Year ste of Birth Month 20 63	Place of Birth (State or foreign country)  That and
A Blob (State or foreign country)	Street or R. R. City County State
City County State	513 Masten 34.
513 Maskn St. Paintiela Herr	Never Married OR
revious Marital Status: Never Married OR	Previous Marital Status: Reet Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Marriago Ended By Death Divorce Annument	Date of birth verified by: Birth Certificate
ate of birth verified by: B-Birth Certificate  Judicial Decree	Other(Specify)
Other (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes O
Are you now or have you ever been adjudged to be of unsound mines	If answer is "yes", has the adjudication been removed? No Yes
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?  No ✓ Yes □  No ✓ Yes □
Are you afflicted with a transmissible disease?  No Yes   Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?  No. Yes   No. Yes  No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes   No. Yes
Are you now under the influence of intoxicating liquor?  No Yes  No Yes   Yes    Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	4. Are you now under the influence of a narcotic drug?  Note Yes
Are you now under the influence of a narcotic drug?	6 List the full names of any dependent children.
List the full names of any dependent children.	Mathew Robert Heald
	7. Are you required by any court order or orders to support the above
Are you required by any court order or orders to support the above No Pes dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.  Robert Earl Means
Full name of father	8. Full name of father Plain Sield To
Residence of father (if deceased so state) Brown Sburg, FN.	Residence of father in deceased so state.
Birthplace of father (State or foreign country) Kentacky	Birthplace of father (State of foreign country)
9. Full maiden name of mother Mary Maglen Worth	9. Full maiden name of mother VIII
Residence of mother (if deceased so state) Brown Shurg, Fru.	Residence of mother (if deceased so state) Plainfield, TV.
Birthplace of mother (State or foreign country) Kenfucky	Birthplace of mother (State or foreign country) Kentucky
State of Indiana.  HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS ss: I depose and state the information give in this application is true and correct in this application is true and correct in this application.
County of	County of
Signed Donald W. Duncon	Signed lively Card
New Address 513 MASTEN St.	New Address 513 Hartel St. plaintiel
Subscribed and sworn to before me this	Subscribed and sworn to before me this 2 day of Sept. 198
mary Jane Russell Clerk HENDRICKS Circuit Court	Mary gane Russell Gerk HENDRICKS Circuit Con
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one par
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana. HENDRICKS }ss:	State of Indiana,
County of County	County of
Signed	Pet
Signed Mother	Signed
Subscribed and sworn to before me this day of 19	Signed
	Subscribed and sworn to before me thisday of
COMPLETE IE MARRIAGE INCOMP	
HENDRICKS COUNTY ISSUED BY ORDER OF COU	JRT. A marriage license having been refused to the above named parties,
inoutl	JRT. A marriage license having been refused to the above named parties, Court by written order issued
The Di Kemembered there was flat.	SE AND MARRIAGE
of Indiana dated the age of day of	SE AND MARRIAGE CERTIFICATE  cense issued by the clerk of the HENDRICKS  Circuit C
DONALD WAYNE DUNCAN	cense issued by the clerk of the HENDRICKS Circuit Common and Common Authorizing the joining together as husband and Common Authorizing the point of the Common Authorizing the Common Authoriz
I. DONALD The property of the following marriage certificate was filed in marriage certificate was filed in marriage certificate was filed in marriage.	and KIMBERLY LEE HEALD
Be it further remembered, the following marriage certificate was filed in my one thousand nine hundred and	hereby could
State of Indiana, Groom	at MOORECULES 10th day of OCT.
and, Bride KIMBERLY LEE HEALD DUNCAN	of
were by me united in marriage as authorized by	at MOORESVILLE , County of HENDRICKS
Dated this 10th	or that purpose by the Clerk of the Circuit Court of  HENDRICKS  County, State of  HENDRICKS  County, State of  HENDRICKS  HENDRICKS
Dated this 10th day of OCT.	87
10,	No.
Filed and recorded in accordance with the laws of the St.	Signed /s/ DONALD ENDSLEY Official Designation MINISTER 23rd day of OCT. , 19 87
of the State of Indiana this.	Official Designation MINISTER 23rd
	OCT

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

#### STATE OF INDIANA

No	464
	the baseline and the

APPLICATION FOR MARRIAGE LICENSE Effective July 1, 1977 HENDRICKS _County MALE Date of Application Medical Examination Report Dated FEMALE Medical Examination Report Dated. Name of Physician_ Name of Physician. ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: Birth Certificate Judicial Decre 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No T Yes If answer is "yes", has the adjudication been removed No Tes D 2. Are you afflicted with a transmissible disease? No Yes you afflicted with a transmissible disease No Yes you related to the female applicant closer than second cousing No Yes Are you now under the influence of intoxicating liquor? No Yes D you now under the influence of a narcotic drug? ou now under the influence of a narcotic drug? Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above dependent children? No Yes No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Residence of father (if deceased so state) Birthplace of father (State or foreign country) 9. Full maiden name of mother___ Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana, CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary.. State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of ..... Subscribed and sworn to before me this..... Subscribed and sworn to before me this _______day of ______, 19...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____County______Court by written order issued_____and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 25 day of KIMBERLY L. CRAWLEY

RUSSELL WAYNE BEWLEY and KIMBERLY L. CRAWLEY

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, JOSEPH N. EASLEY hereby certify that on the 26th day of SPET. one thousand nine hundred and 87 at INDPLS. County of MARION. State of Indiana, Groom RUSSELL WAYNE BEWLEY Of HENDRICKS County, State of IN and, Bride KIMBERLY L. CRAWLEY of HENDRICKS County, State of HENDRICKS Signed....../s/ JOSEPH N. EASLEY.

Official Designation PASTOR Filed and recorded in accordance with the laws of the State of Indiana this signed Hendricks Circuit Court

Dated this 26th day of SEPT. , 19.87

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

9-22-87
Date of Application

.. Circuit Court

HENDRICKS

465

rm Prescribed By	ARRIAGE DICE
HENDRICKS 1.C. 31-1-3-2 Fective July 1, 1977	County Date of Application
The state of the s	FEMALE Medical Examination Report Dated
MALE	F 1/1/1/1/100
	Name of Physician
Name of Physician	Name of Physician  Fer. procures the issuance of a license to marry by any false statement, representation or pretens  FEMALE APPLICANT
CAUSETIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement - who ca	FEMALE APPLICANT
	First
MALE APPLICANT Last	Name Day Year Year
me Road Vear	Date of Birth
te of Birth Month Day	Place of Birth (State or foreign country)
ace of Birth (State or foreign country)	Residence Address Street or R. R. City County State
sidence Address Street or R. R. City County State	1050 MILAU 17. 1114.
Same >	Previous Marital Status: Never Married OR
revious Marital Status: Never Married OR	Finded By: Death Divorce Annulment
ast Marriage Ended By: Death Divorce Annulment Divorce Divorce Divorce	Date of birth verified by: Birth Certificate Judicial Decree
ate of birth verified by: Birth Certificate Judicial Decree	Other (Specify) D. D. J. W.
Other (Specify)	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
Other (Specify)  No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Prescription in the second	If answer is "yes", has the adjudication been removed?  No 2 Yes
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?
Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No No No
Are you related to the female applicant closer than second cousin.	4. Are you now under the influence of intoxicating liquor? No Ye
Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic drug? No No No No
. Are you now under the influence of a narcotic drug:	6. List the full names of any dependent children.
List the full names of any dependent children.	
	down to compared the above
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No D You
dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you a
compliance with any court-order or orders issued con their support.	compliance with any court order or orders issued for their support.
3. Full name of father will a Wand Calaban	8. Full name of father the transfer to the file of the confidence of of the confi
Residence of father (if deceased so state) 2000 000	Residence of father (if deceased so state)
a lacino	Birthplace of father (State or foreign county)
Birthplace of father (State or foreign country)	Birthpiace of father (State of Toreign County)
9. Full maiden name of mother	9. Full maiden name of mother
Residence of mother (if deceased so state) (ASIA No. 1) (May ) (May )	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS    I depose and state the information given in this application is true and correct.	State of Indiana.  HENDRICKS  Ba: I depose and state the information given this application is true and corrections.
County of	County of
Signed X Joseph O War	Signed X Debou Tennedy
New Address	New Address ADAM
Subscribed and sworn to before me this day of Salt' 19	Subscribed and sworn to before me this p 2 day of Subscribed and sworn to before me this p 2 day of Subscribed and sworn to before me this p 2 day of Subscribed and sworn to before me this p 2 day of Subscribed and sworn to before me this p 2 day of Subscribed and sworn to before me this p 2 day of Subscribed and sworn to before me this p 2 day of Subscribed and sworn to before me this p 2 day of Subscribed and sworn to before me this p 2 day of Subscribed and sworn to before me this p 3 day of Subscribed and sworn to before me this p 3 day of Subscribed and sworn to before me this p 3 day of Subscribed and sworn to before me this p 3 day of Subscribed and sworn to before me this p 3 day of Subscribed and sworn to before me this p 3 day of Subscribed and subscr
Many Jane Rusel Clerk HENDRICKS Circuit Court	Mary Jane Prasell Gerk HENDRICKS Circuit C
Orical Court	Cerk
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pa
signs, state facts which render the consent of the other parent unnecessary	
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS } ss:	State of Indiana,
County of Section Sect	County of HENDRICKS } ss:
Signed Father	,
Signed	Signed
Subscribed and sworn to before me this	Signed
	Subscribed and sworn to before me thisday of
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF	
HENDRICKS County COUNTY	RT. A marriage license having been refused to the above named parties.
in authorizes and direct 41	Court by written order issued and
DETUDY	or a marriage license to the above named parties.
The all Kemembergh them	SE AND MADEL
day of	of the clerk of the
Re it further remain RONALD C. CONTROL	ense issued by the clerk of the HENDRICKS Circuit Common 19.8.7, authorizing the joining together as husband and and DERPA.
DONALD F DOWNING marriage certificate was filed in	and DEBRA J. KENNEDY
one thousand pine ! . POYSER	omce, to-wit:
one thousand nine hundred and 87	hereby certify that
and Bride RONALD O. COLEMAN	at CONTROL R. R. 3 WARSAW County of KOSCIUSKO
were by me united DEBRA J. KENNEDY	at PLEASANT GROVE R. R. 3 WARSAW County of KOSCIUSKO  of HENDRICKS County, State of IN
were by me united in marriage as authorized by a marriage license issued for County.  Dated this 3rd day of OCT.	HENDRICKS  County, State of IN  That purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 3rd day of OCT.	r that purpose by the Clerk of the Circuit Court of HENDRICKS
, 19 8	77
Provide the second seco	Signad
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ DONALD E. POYSER Official Designation PASTOR

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

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County 9-22-87 Date of Application MALE Medical Examination Report Dated FEMALE Medical Examination Report Dated 9-21-87 Name of Physician_ 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 MALE APPLICANT FEMALE APPLICANT Douglas wilkerson Place of Birth (State or foreign country) Indiana 1059 Clifford Rd Residence Address 810 E. 400 N. Brownsburg TN Brownsburg IN. Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Undicial Decree Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ No Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed! No Yes No O Yes O If answer is "yes", has the adjudication been removed No Yes 2. Are you afflicted with a transmissible disease? No Yes 2. Are you afflicted with a transmissible disease No Yes Are you related to the female applicant closer than second cousin? Ng Yes Are you related to the male applicant closer than second cousin No Yes O No Yes Are you now under the influence of intoxicating liquor? Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No Y Yes No Yes List the full names of any dependent children List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No O Yes O No Yes O dependent children's If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. compliance with any court order or orders issued for their support. George Lowrence Aldrich Wayne Wikerson Brownsburg, Fu. Brownsburg, IN. Residence of father (if deceased so state)____ Residence of father (if deceased so state) Birthplace of father (State or foreign country) New York Indiana Birthplace of father (State or foreign country) 9. Full maiden name of mother Sondra Sue Clanin 9. Full maiden name of mother Judith Kay Gentry Browns burg, IN Brownsburg Residence of mother (if deceased so state) Residence of mother (if deceased so state) Frdiana Indiano Birthplace of mother (State or foreign country)____ Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS I depose and state the information given in this application is true and correct. State of Indiana. HENDRICKS County of ..... Signed COMA S Alduch
New Address 3005 COAST Dr. Indpls 46214 Signed Doug Wilkerson Apt 210
New Address 3005 Coast Dr. Indpls. IN 462K Subscribed and sworn to before me this 22 day of Supt. Subscribed and sworn to before me this 22 day of lept. mary Jane Russell mary Jane Russell Clerk CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent ets which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of..... Mother Subscribed and sworn to before me this ______day of ______, 19_____, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____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 RETURN OF MARRIAGE LICENSE AND MARRIAGE Served by the clerk of the hendricks Circuit Court of Indiana dated the day of day of head of head and wife DOUGLAS WAYNE WILKERSON I, RICHARD Dy PETERSON PETERSON PETERSON PETERSON one thousand nine hundred and 87.

State of the state of State of Indiana, Groom DOUGLAS WAYNE WILKERSON Of HENDRICKS County, State of IN HENDRICKS County, State of IN Dated this 3rd day of OCT., 19.87.... Signed /s/ RICHARD D. PETERSON Official Designation MINISTER

6th day of OCT.

Signed Mary

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

County

No	761
File_	
	9-22-87
	Date of Application

HENDRICKS

Medical Examination Report Dated_ FEMALE ne of Physician Thoma S C Dascoli

MALE Medical Examination Report Dated	Name of Physician Thoma S C. 13 as Coll
Name of PhysicianWhose	Name of Physician  ver.procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle Lost
OUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement"	FEMALE APPLICANT
MALE APPLICANT	First
Middle 100 1100 01	Date of Birth  Mary  Day  Year  56
Mark Pay Year	(C) State or foreign country)
30	City County
Place of Birth (State or foreign country)  Tradiana  City  County  State	Residence Address 7 Richfield Lane Danville Hen IN.
Residence Address Street or R. R. City Danville Hen. Ip.	Never Married OR
Parity Marital Status: Never Married OR	Divorce Annument
Marriage Ended By: Death Divorce Annument	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Other (Specify) Drivers License
Other (Specify) Drivers License Noth Yes -	1. Are you now or have you ever been adjudged to be of unsound mind? Noth Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes \( \text{No} \) Yes \( \text{Ves} \)	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?
Are you afflicted with a transmissible disease?  Note: Yes   Note:	3. Are you related to the male appreciate
No les	4. Are you now under the influence of intoxicating liquor?  No   Yes □  No   Yes □  No   Yes □  No   Yes □
Are you now under the influence of indictating indicating.  No Yes   No Yes	6 List the full names of any dependent children.
List the full names of any dependent children.	Lindsay Erin DeLong - 4
	2110.001
	7. Are you required by any court order or orders to support the above
Are you required by any court order or orders to support the above No Yes	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.  8. Full name of father Forest Lace Ayers
B. Full name of father Mathew Serry Halloran	danasad
Residence of father (if deceased so state) South Bend, TD.	Residence of father (II deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Delphine Stella Kon Key	
Residence of mother (if deceased so state) South Bend, Tw.	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Sa: I depose and rate the information given in this application is true and correct.
Signed Market The Signed New Address 7 Richfold lane famouble dry  Subscribed and sworn to before me this 22 day of Lept 1997  Mary Jane Russell Clerk HENDRICKS Circuit Court	Signed Russell Gerk HENDRICKS Circuit Court
CONSTRUCT OF PARENTS PARENTS OF GUARDIAN	
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which fender the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, County of HENDRICKS 88:	State of Indiana, LIENTERICKS
	County of HENDRICKS ss:
Father	Signed Father
Mother	SignedMother
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COLUMN	RT. A marriage license having been refused to the above named parties, the
TENDRICKS County	Court by written order issuedand filed
authorizes and directs the issuance	of a marriage license to the
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE  Tense issued by the the above named parties.
of Indiana dated the	SE AND MARRIAGE CERTIFICATE  ense issued by the clerk of the HENDRICKS Circuit Court  wife
MARK MARRIED day of Diptember	ense issued by the clerk of the HENDRICKS Circuit Court  , 1922, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in	and MARY JANE AYERS
DAVID M. BYRUM	herels
State of Indiana Crasses	office, to-wit:  MARY JANE AYERS  hereby certify that on the 3rd day of OCT.  at SOUTH BEND County of ST. JOSEPH J
were by me united in marriage as authorized to see the second sec	HENDRICKS County, State of IN That purpose by the Classical State of HENDRICKS  County, State of HENDRICKS  County, State of HENDRICKS
Country OV a marmage 1'	
were by me united in marriage as authorized by a marriage license issued for Dated this 3rd day of OCT.	87
, 19	
Filed and recorded in accordance with the laws of the State of Indiana this.	Official Designation /S/ DAVID M. BYRUM
of the State of Indiana this	Official Designation MINISTER

Signed...

... Circuit Court

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

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No. 468

MALE	County 9-22-87 Date of Application
Medical Examination Report Dated	FEMALE Date of Application
Name of Physician	Medical Examination Report Dated 9-21-87
ALL QUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	never procures the issuence of the
MALE APPLICANT	Il a license to marry by any false statement, representation or pretense
Name First Middle & Lot	FEMALE APPLICANT
Date of Birth Month Day Walls	Name First Middle Last
4 20 India	Date of Birth Month Leigh Cloncs
Place of Birth (State or foreign country)	Year
Residence Address   Street or R. R. City   County State	Place of Birth (State or foreign country)
53 Surger dant dr. Wanvelle In	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	Showed advalue co
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Vrivers License	Other (Specify) Dr. Line
1. Are you now or have you ever been adjudged to be of unsound mind?	amer (openly)
If answer is "yes", has the adjudication been removed? No Ves Ves	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Yes	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin? No Yes	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No Tyes	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?  No Yes
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7 Assummented by
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Williams, Maurice Walls	8. Full name of father Herrest Rolland Larry
Residence of father (if deceased so state) Wanvelle, In.	Residence of father (if deceased so state) Forebolish and
Quality is	Residence of father (II deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Thary . Hatheringell	9. Full maiden name of mother lelete flows collins
Residence of mother (if deceased so state) Remiette m.	Residence of mother (if deceased so state)
Ondiaria	Moid
Birthplace of mother (State or foreign country)  State of Indiana,	Birthplace of mother (State or foreign country)
County of HENDRICKS  Bas: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Ba: I depose and state the information given in this application is true and correct.
1. Jan 16/	0 9 1 00-
Signed Coll Coll College	Signed X Silver Juga Unic
New Address Same	New Address
Subscribed and sworn to before me this 22 day of Supt 1987	Subscribed and sworn to before me this day of 1987
Mary Same, Punally - HENDRICKS	Man (a b) () HENDRICKS
July fane Jussell Clerk THENKING Circuit Court	Clerk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS ss:
County of HENDRICKS ss:	County of
	SignedFather
Signed	Wather
SignedMother	Signed
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of
Clerk	Clerk
	and to the show round posting the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
authorizes and directs the libraries	E AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  see issued by the clerk of the
RETURN OF MARRIAGE LICENSI	use issued by the clerk of the
Be It Remembered, there was filed in my office a marriage licen of Indiana dated the 26th day of SEPT.  WILLIAM MARK WALLS	1987 authorizing the joining together as husband and wife
of Indiana dated the 26th day of	DEBRA LEIGH CLONES
Roit ( ) WILLIAM MARK WALLS a Glad in my o	fice, to-wit:
the it further remembered, the following marriage certificate was fleath my o	hereby certify that on theday of
JOHN P. ROOF	hereby certify that on the 26th day of SPET.  At DANVILLE , County of HENDRICKS ,
and, Bride	that murage by the Clerk of the Circuit Court of HENDRICKS
were by me united in marriage as authorized by a marriage week	
County.	
ounty.	, /s/ JOHN P. ROOF
Dated this 2.6th day of SEPT. , 1987	Signed /s/ JOHN P. ROOF EPISCOPAL PRIEST
Dated this 2-6th day of SEPT., 1987	Signed /s/ JOHN P. ROOT EPISCOPAL PRIEST
Dated this	Signed /s/ JOHN P. ROOT EPISCOPAL PRIEST

# 

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	469
File_	
	9-22.87
	Date of Application

Form Prescribed By Indiana State Board of Health under Authority

of I.C. 31-1-3-2 Effective July 1, 1977	FEMALE instign Report Dated 9-15-87			
MALE Papart Dated	Medical Examination Report Dated 9-15-87  Name of Physician 7. Wasania			
Medical Examination Report Dated	Name of Friysletin			
Name of Physician NewPRED 1.C. 31-1-3-6 prescribed "False statement—Whoe	ver procures the issue			
MALE APPLICATE	Name mary Beth Geral			
Name First, Middle Christenson	Date of Birth Month 17 1951			
Date of Birth Month / Day Year / 95-9	Place of Birth (State or foreign country)			
Place of Birth (State or foreign country)	Residence Address Street of R. R. City County State			
State County State	Residence H 18 BX 359 mayor Hendricked m.			
Residence Address Street or R. R. Lyten Nendricks Fr	Previous Marital Status: Never Married OR			
Previous Marital Status: Never Married OR	Ended By Death Divorce Annulment			
Lest Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree			
Date of birth verified by: Birth Certificate Judicial Decree	Other (Specify) 2h Loc.			
Other (Specify) de Lec	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes			
a dividend to be of unsound mind?	1. Are you now or have you ever been also been removed? No ☐ Yes ☐  If answer is "yes", has the adjudication been removed? Yes ☐			
1 Viction been removed?	2. Are you afflicted with a transmissible disease? No ☐ Yes ☐			
If answer is "yes", has the adjudication been removed.  No Yes   2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No Yes D			
3. Are you related to the female applicant closer than second cousin?	4. Are you now under the influence of intoxicating liquor?  No Yes D			
4. Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic drug?			
5. Are you now under the influence of a narcotic drug?	6. List the full names of any dependent children.			
6. List the full names of any dependent children.				
	7. Are you required by any court order or orders to support the above			
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the support of the su			
dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in			
compliance with any court order or orders issued for their support,	compliance with any court order or orders issued for their support.			
8. Full name of father Carnest Paul Christenson	8. Full name of father Julius Joseph Lingel.			
Residence of father (if deceased so state)	Residence of father (if deceased so state)			
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)			
The board (DOCA)	9. Full maiden name of mother Sugar Elizabeth Monnet			
9. Full maiden name of mouner	Que de			
Residence of mother (if deceased so state)	Residence of mother (in deceased so state)			
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) B. Bung Ind.			
State of Indiana,  HENDRICKS  ss: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.			
D. 15/1-	Show the state of			
Signed Thru I Muslemen	Signed Lawy Stella Stelland			
New Address R.R. Box 1126 Lylm	New Address & A / D / / D C Coglow Con			
Subscribed and sworn to before me this 22 day of 2137 , 1987.	Subscribed and sworn to before me this 22 day of 1987			
Mary Jane Russe & Clerk HENDRICKS Circuit Court	Mary Jane Russell Gerk HENDRICKS Circuit Court			
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN			
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent			
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary			
State of Indiana				
State of Indiana, HENDRICKS ss:	State of Indiana,			
,	County of HENDRICKS			
Signed Father	SignedFather			
Signed	No. About			
Subscribed and sworn to before me this	Signed			
Clerk	day ofday of			
	Clerk			
HENDRICKS COURT ISSUED BY ORDER OF COUR	RT. A marriage license having have referred to the standard parties, the			
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  Court by written order issued and filed  RETURN OF MARRIAGE LICENSE				
the all temperature at	E AND MARKET			
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  of Indiana dated the 29th day of OCT.  DAVID FRED CHRISTENSEN 19.87, authorizing the joining together as husband and wife  Be it further remembered, the following marriage certificate was filed: and MARY PERM.				
DAVID ERED CUIS-				
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  One thousand nine hundred and				
Discussion of the state of the	# GERCEI			
one thousand nine hundred and 87 State of Indiana, Groom DAVID E CHRISTIA	hereby certify that on the3rdday of			
DAVID. F. CURTO	at INDPLS.			

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

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

Signed /s/ RICHARD A. COALEY Official Designation STATE POLICE CHAPLAIN .....13th ....day of ..

at INDPLS. , County of MARION

.Circuit Court HENDRICKS

....Clerk

Circuit Court

HENDRICKS

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

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

470

	County 9-22-87
MALE Medical Examination Report Dated	FEMALE
Name of Physician	Medical Examination Report Dated 9-17-87
	Name of Physician borres Black
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoeshall be fined in any sum not exceeding five hundred dollars (\$500,00)".	er procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	The state of the s
Name Stephen Son Middle Last	Name First William
Date of Birth Month Day Year	Per Marilie Ann Dlonk
Place of Birth (State or foreign country)	ll Day Year
Street or R. R. City	Place of Birth (State or foreign country)
Residence Address Oklahoma Oklahoma Oklahoma	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	COOK OF TO DOWN HOLD IN
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Day Santa Has Lineal	
Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes	other (Specify) Drivers License
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Yes O	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Yes
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Awan M. Marks	compliance with any court order or orders issued for their support.  8. Full name of father D. M. Sames Black
J. Carrier C.	D- mchim
Residence of father (if deceased so state)	Todiana
Birthplace of father (State or foreign country)	Bit inplace of father (State of Total and Tota
9. Full maiden name of mother Murlley Wellay	9. Full maiden name of mother Nary V. Bauman
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Brownsburg
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) California
State of Indiana.  HENDRICKS    SS: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Bas: I depose and state the information given in this application is true and correct.
County of The River of the Rive	
Signed Stytus I Mark	Signed Marilie a Black
New Address // SOI LOCHWOOD DR #1015 YUKON OK	New Address 11501 Lochwood Drive #1015
Subscribed and sworn to before me this 9 day of Off 1987	Subscribed and sworn to before me this 22 day of SIPUMBEA 1981.
More am Example Clerk HENDRICKS Circuit Court	Many Jane Russell Gerk HENDRICKS Circuit Court
Gerk Clerk	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other paters and the state of the other paters and the other paters are the state of the other paters and the other paters are the other paters and the other paters are	
State of Indiana,	State of Indiana, HENDRICKS County of
County of HENDRICKS ss:	SignedFather
SignedFather	
Signed	Signed Mother
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this
Clerk	TODA CLEANING AND ADDRESS OF THE COURT OF TH
	RT. A marriage license having been refused to the above named parties, the court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	of a marriage license to the above named parties.
HENDRICKS County C	ourt by written order isometrics.
in authorizes and directs the issuance	
TOTAL CELLICIAN	The Mile Circuit Cour
of Indiana dated the day of MARKS	SE AND MARRIAGE CERTIFICATE  tense issued by the clerk of the  the pointing together as husband and wife  the pointing together tog
of Indiana dated the day of day of	, MARILIE AND DELICATION
SIEFHEN OOK INCLUDED AND AND AND AND AND AND AND AND AND AN	office, to-wit.
Be it further remembered, the following marriage certificate	hereby certify that on the County of HENDRICKS
PAUL R. BAUMAN 87	at County State of OKLAHOMA
thousand nine hundred and	of CANADIAN IN
one thousand nine hundred and State of Indiana, Groom STEPHEN JON MARKS and, Bride MARILIE ANN BLACK  Week hundred and STEPHEN JON MARKS  of MARILIE ANN BLACK	HENDRICKS  HENDRICKS
Were here is it is the a marriage license issued for	r that purpose by the Clerk of the
were by me united in marriage as authorized by a marriage	PARMAN
County.  Dated this 10th day of OCT., 19.87	Signed DOCTOR
	Official Design OCT.
	Zotii day o) Cler

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

Form Prescribed By

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File_

Indiana State Board of County Date of Application Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 Medical Examination Report Dated_ FEMALE James Black MALE Name of Physician_ Medical Examination Report Dated. ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense and the first bundled dollars (\$500.000"). shall be fined in any sum not exceeding five hundred dollars (\$500,00) Middle MALE APPLICANT Name Alaine Date of Birth Name country) Place of Birth (State or Date of Birth Indiana Place of Birth (State or for Residence Address Brownsburg 7325 California Previous Marital Status: Never Married OR Bellflower 16220 Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: 

Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: □ Birth Certificate □ Judicial Decree License Divers Other (Specify)___ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No Y Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No T Yes No Yes If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease No Yes No WY Yes 3. Are you related to the male applicant closer than second cousing 2. Are you afflicted with a transmissible disease No Yes D No Yes Are you related to the female applicant closer than second cousin Are you now under the influence of intoxicating liquor? No Yes No Y Yes Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Yes No Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children. List the full names of any dependent children Are you required by any court order or orders to support the above No Yes O 7. Are you required by any court order or orders to support the above No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. compliance with any court order or orders issued for their support Full name of father Dr. M. James Black Residence of father (if deceased so state) Brownsburg Residence of father (if deceased so state)_ Birthplace of father (State or foreign country) Birthplace of father (State or foreign country)_ 9. Full maiden name of mother_ 9. Full maiden name of mother_ Residence of mother (if deceased so state). Residence of mother (if deceased so state)_ California Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) I depose and state the information given in this application is true and correct. State of Indiana, **HENDRICKS** HENDRICKS County of ... New Address Subscribed and sworn to before me this HENDRICKS HENDRICKS Dane Russe mary CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN the parents, of this applicant hereby give We, the parents, of this applicant hereby give consent for this marriage. If only one pa signs, state facts which render the consent of the other parent unnecessary ..... signs, state facts which render the consent of the other parent unnecessary...... State of Indiana, HENDRICKS State of Indiana, County of ..... HENDRICKS County of .... Signed. Subscribed and sworn to before me this _____day of ____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

.....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 9th HENDRICKS , 19 87, authorizing the joining together as husband and wife ROBERT MARTIN KINDIG Be it further remembered, the following marriage certificate was filed in my office, to-wit: MELODIE ALAINE BLACK PAUL R. BAUMAN hereby certify that on the 10th day of OCT. one thousand nine hundred and State of Indiana, Groom. ROBERT MARTIN KINDIG Of LOS ANGELES County, State of IN at BROWNSBURG , County of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of of HENDRICKS County, State of HENDRICKS

Signed /s/ PAUL R. BAUMAN Official Designation REVERAND DOCTOR Signed Many Jana Russ

Court by written order issued and filed

.Circuit Court HENDRICKS

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31 1 3 2

#### STATE OF INDIANA APPLICATION FOR MARRIAGE

472

Signed.......Mother

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

Effective July 1, 1977  HENDRIC	KS File
MALE	
Medical Examination Report Dated	FEMALE Medical Francisco
Name of Physician	Medical Examination Report Dated
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Who shall be fined in any sum not exceeding five hundred dollars (8500,000".  MALE APPLICANT	ever progress the
MALE APPLICANT	Il
Name First Middle Last	Name FEMALE APPLICANT
Date of Birth Month Day Year	Prirst Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Residence Address Street or R. R. City Country State	Place of Birth (State or foreign country)
KI I DOS IN Sauvelle Hand to.	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Dr. Rio.	
1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes	Other (Specify)
If answer is "yes" has the adjudication been removed? No□ Yes□	1. Are you now or have you ever been adjudged to be of unsound mind? No □ Yes □
2. Are you afflicted with a transmissible disease? No 💢 Yes 🗆	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No. Yes	
4. Are you now under the influence of intoxicating liquor? No X Yes D	3. Are you related to the male applicant closer than second cousin?  No□ Yes□  4. Are you now under the influence of intoxicating liquor?  No□ Yes□
5. Are you now under the influence of a narcotic drug? No Yes D	5 Are you now under the co
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Joshua Mathan	any dependent enligren.
last Council Atall	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.  8. Full name of father  Residence of father (if deceased so state)  Birthplace of father (State or foreign country)  9. Full maiden name of mother  Residence of mother (if deceased so state)  Birthplace of mother (State or foreign country)  State of Indiana.  County of HENDRICKS  Signed The proof of the policy of the proof of the p	dependent children?
Mary Cong Rugoll HENDRICKS	HENDRICKS
Circuit Court	Clerk Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS	State of Indiana, HENDRICKS County of

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

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

Mother

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... ...and..... Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, ______hereby certify that on the ______day of ______ 

Dated this day of Signed Official Designation..... Signed..... .....Clerk HENDRICKS Circuit Court

No	473
File_	
	9-23-87
	Date of Application

HENDRICKS

9-25-87

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

APPLICATION FOR MARRIAGE LICENSE HENDRICKS _County

Effective July 1, 1977	FEMALE Medical Examination Report Dated 9-25-87
MALE Deted	musician William Duncan
MALE Medical Examination Report Dated  Name of Physician  Name of Physician  ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever the fixed in any sum not exceeding five hundred dollars (\$500,00)".	Name of 2 100
Name of Physician	er.procures the issuant
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-13-6 preserved with the preserved of the preserved	First Middle Last.
MALE AT LEST	Name Dorothy Day
Name Robert Harold Smith  Day  Vear	Date of Birth 2 45
Date of Birth Month 2 42	Place of Birth (State or foreign country)  Place of Birth (State or foreign country)  Residence Address  Street or R. R. City County State  On the Country State
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State Residence Address Coatesville Rutham TD.
Residence Address Street or R. R.	RRI DOR 322
RRI BOX 180 STITESVINE	Previous Marital Status: Never Married  OR  Last Marriage Ended By: Death Divorce Annulment
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Directificate Judicial Decree
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by
Date of birth verified by:	Other (Specify) Drivers License
Other (Specify) Drivers License Not Yes -	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes  No Yes  No Yes
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes	If answer is "yes", has the adjudication been removed?  No Yes   N
If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?	2. Are you related to the male applicant closer than second cousin?  No Yes D
2. Are you related to the female applicant closer than second cousin?  No Yes  No Yes	4. Are you now under the influence of intoxicating liquor?  No Yes D
4. Are you now under the influence of intoxicating liquor?	5. Are you now under the influence of a narcotic drug? No Yes O
5. Are you now under the influence of a narcotic drug?	the she full names of any dependent children.
6. List the full names of any dependent children.  Christopher Earl Smith - 17	Deanna Day Wright-19
Christopher Carl Svi	Deanna Day Wright-15 Jennifer Gay Wright-13
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above No ☐ Yes ☐ dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support.	8. Full name of father Thomas Claude Scruggs
8. Full name of father DS Car Earl Smith	10000500
Residence of father (if deceased so state) Fireenway and iana	Residence of faction of the Constant of the Co
Birthplace of father (State or foreign country) Indiana	Birthplace of father to take of foreigns
9. Full maiden name of mother Sylvia May Bowling	9. Full maiden name of mother
Residence of mother (if deceased so state) Greenwood, ID,	Residence of mother (if deceased so state) QCC05 Qd
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
State of Indiana.  HENDRICKS  Ba: I depose and state the information given in this application, is true and correct.	State of Indiana, HENDRICKS  BS: I depose and state the information given in this application is true and correct.
County of	County of A 19). H
Signed TOURTH STILLSVILLE IN.	Signed Stocky of he State will con.
New Address AR BOX 180 46.180	New Address P. 1 Don 180
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk HENDRICKS Circuit Court	Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS } ss:	State of Indiana,
County of	County of HENDRICKS
SignedFather	Signed. Father
Signed	Signed
Subscribed and sworn to before me thisday of, 19	
	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LIGENCE ASSESSMENT	
HENDRICKS COUNTY TO THE MARKINGE LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
in	Court by written order issued and file
and the issuance	of a marriage license to the al
the at Remembered 41	SE AND MADDY CO
of Indiana dated the 30 the day of	SE AND MARRIAGE CERTIFICATE  ense issued by the clerk of the HENDRICKS Circuit Cou
Be it further remembered the HAROLD SMITH	ense issued by the clerk of the HENDRICKS Circuit Countries of the HENDRICK CIRCUit Countries of the HEND
I, ROBERT M. SHERMAN	office, to-wit. DOROTHY JEAN WRIGHT
one thousand nine hundred and 87	whereby certify that on the 11th day of OCT.
KOREDII IIA DOL	The
and, Bride DOROTHY JEAN WRICHT	at STILESVILLE day of HENDRICKS  of HENDRICKS County of IN  PUTNAM IN
were by me united in marriage as authorized by a marriageof	PUTNAM County, State of IN
Dated this 11th day of OCT.	7
10	······································
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER
	TINISTER

Circuit Court

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

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County Date of Application Medical Examination Report Dated_ FEMALE Medical Examination Report Dated. Name of Physician_ Name of Physician. ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense ALL Version and sum not exceeding five hundred dollars (\$500,00)" MALE APPLICANT FEMALE APPLICANT Middle Name Day Place of Birth (State or foreign country) Place of Birth (State or foreign Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree Other (Specify)_ Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No To Yes If answer is "yes", has the adjudication been removed? No Yes If answer is "yes". has the adjudication been remov No O Yes O 2. Are you afflicted with a transmissible disease No Yes O 2. Are you afflicted with a transmissible disease No Y Yes Are you related to the female applicant closer than second cousin? No Yes D 3. Are you related to the male applicant closer than No Yes 4. Are you now under the influence of intoxicating liquor? No X Yes 4. Are you now under the influence of intoxicating liquor No Yes Are you now under the influence of a narcotic drug? No Yes 5. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children 6. List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes No O Yes O dependent children' If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father_ 8. Full name of father_ Residence of father (if deceased so state) Birthplace of father (State or foreign country 9. Full maiden name of mother_ 9. Full maiden name of mother_ Residence of mother (if deceased so state) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country). State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of ... **HENDRICKS** Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of .... Subscribed and sworn to before me this.......day of......., 19......, Subscribed and sworn to before me this ________day of _______, 19._____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office y marriage license issued by the clerk of the..... of Indiana dated the day of TAMMY DEE NAVE

HOWARD LEE REYNOLDS HOWARD LEE REYNOLDS one thousand nine hundred and 87 INDPLS. County of IN

State of Indian and, Bride TAMMY DEE NAVE of HENDRICKS

Were by the second of the second Signed /s/ DANIEL L. FRENCH day of OCT. , 19. 87 Dated this.... Official Designation....MINISTER 

# OR STUDIES

STATE OF INDIANA

Form Prescribed By Indiana State Board of Health under Authority

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County

No	1,1
	and the man
File	
	6
	9-25-87
	Date of Application
	Date of Application

.Circuit Court

HENDRICKS

1.C. 31-1-3-2 Offective July 1, 1977	FEMALE Report Dated 9-21-87
	FEMALE Medical Examination Report Dated
MALE Medical Examination Report Dated	c physician
Name of Physician	procures the issuance of a license to marry by any false statement, representation or pretense
Name of Physician.	Name of Physician  ver procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
Shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	First
Middle Strong	Day Year
Day Year	Date of Birth  Place of Birth (State or foreign country)
Date of Birth Month	All P City County
Place of Birth (State or foreign country)  State City County State	Residence Address Street of R. A. State
Residence Address Street or R. R. City	Status Never Married OR
Previous Marital Status: Never Married OR	Ended By Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Other (Specify)
Other (Specify) No Yes	1. Are you now or have you ever been adjudged to be of unsound mind. No Yes
1. Are you now or have you ever been adjudged to be of unsound mind:	If answer is "yes", has the adjudication been removed. No Yes
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?  No Yes D
2. Are you afflicted with a transmissible disease?  No A Yes  No A Yes  No A Yes	3. Are you related to the male applicant closer than second cousin? No   No  Yes □  4. Are you now under the influence of intoxicating liquor? No  Yes □
Are you now under the influence of intoxicating liquor?  No Yes   No Yes   No Yes   Yes   No Yes   No P Y	5. Are you now under the influence of a narcotic drug? No Yes
5. Are you now under the influence of a narcotic drug:	6. List the full names of any dependent children.
6. List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children? No □ Yes □	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support.	8 Full name of father 18 18 T. Boester
8. Full name of father 12 2001	Residence of father (if deceased so state) Fort Whyse ID
Residence of father (if deceased so state)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	Alta A Lausa.
9. Full maiden name of mother	9. Full maiden name of mother 13.
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).  State of Indiana,  I depose and state the information given
State of Indiana.  County of HENDRICKS  Ba: I depose and state the information given in this application is true and correct.	County of HENDRICKS as: I depose and state the interest and correct.
signed & Michael Stevens	Signed & Diana L Wegner
New Address	New Address
Subscribed and sworn to before me this. 35 day of Soft 1987	Subscribed and sworn to before me this 25 day of 5 pt 19
Man Care Rived - HENDRICKS	Subscribed and sworn to before me this Gerk HENDRICKS Circuit Court
Clerk Circuit Court	Gerk Circuit court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS	
County of HENDRICKS ss:	State of Indiana, County of HENDRICKS
SignedFather	Esther
Signed	Signed
Subscribed and sworn to before me thisday of19	Signed
	Subscribed and sworn to before me this day of Clerk
COMPLETE IF MARRIAGE LICENSE IGGUES	The state of the s
HENDRICKS County	RT. A marriage license having been refused to the above named parties, the
in authorizes and directs the issuance  RETURN OF MARRIAGE LIGHT	Court by written order issued and filed
PETUDY OF THE	of a marriage license to the above named parties.
Be Il Remembered, there was filed in my office a manife	SE AND MARRIAGE CERTIFICATE
day of	the clerk of the clerk of the Circuit
Be it further remembered, the following marriage cost of	and and unitarity authorizing the joining together as husband and unitarity
I, MARK A OPCRAND	office, to-wit: WEGNER
one the dand the handred and 87	tereoy certify that
State of Indiana, Groom MICHAEL J. STEVENS	at FORT OUIATENON COUNTY of TIPPECANOE
were by me united in many:	at FORT OUIATENON , County of TIPPECANOE OF HENDRICKS County, State of IN
Dated thisday ofOCT, 19.8	r that purpose by the Clerk of the Circuit Court of  HENDRICKS  County, State of IN  HENDRICKS  HENDRICKS  HENDRICKS
10.0	4
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ MARK A. OPGRAND
the laws of the State of Indiana this	Official Designation PASTOR

...Circuit Court

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

### STATE OF INDIANA APPLICATION F

OR MARRIAGE LICENSE	No. 476
NDRICKS	File
County	_ 9-25-87
	Date of Application

MALE Medical Examination Report Dated	Pate of Application
	Medical Examination Report Dated 9-8-75
Name of Physician	
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	ever procures the issuance of a limit
MALE APPLICANT	any false statement, representation or pretense
Name First Middle Last	Name FEMALE APPLICANT
Date of Birth Month Day Year.	Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Indiana	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State 412 E., Jessup Road Plainfield Hen. Th.	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	412 W. Jessup Road Plainfield Hen. IV.
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Death of high and the By: Death Divorce Annulment Death of high and the By: Death Divorce Annulment Death of high and the By: Death Divorce Annulment Death Death Divorce Annulment Death Death Divorce Annulment Death Death Death Divorce Annulment Death
	Date of birth verified by: Rirth Certificate U Judicial Decree
Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes	Other(Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No 4 Yes	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No 2 Yes	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No Yes	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  No Yes
5. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Erin Kathleen Lovall -11
7. Are you required by any court order or orders to support the above	7 Are you required by a second of the second
dependent children? No □ Yes □	7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.  8. Full name of father Carl Ransom Bruce	compliance with any court order or orders issued for their support.
T. Is TI	8. Full name of father Richard Gerald Phillips
	Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Mary Marie Johnson	9. Full maiden name of mother Ruth Ethel Servick
Residence of mother (if deceased so state) Indpls. In.	Residence of mother (if deceased so state) Onio
Birthplace of mother (State or foreign country) Tennessee	Birthplace of mother (State or foreign country)
State of Indiana, I denose and state the information given	State of Indiana, HENDRICKS  Bas: I depose and state the information given in this application is true and correct.
County of HENDRICKS in this application is true and correct.	County of
Signed Jak Ho Isuse	Signed Signed Sulleps
Signed lak flo frue Plainfield	New Address 4/6 W. JESSUP Ro, PLFD., IN
New Address 412 Jessey P.d. Plainfield  Subscribed and every to before me this 23 day of Sept: 187.	New Address 4/2 W. JESSUP Ro., Pero., IN Subscribed and sworn to before me this 35 day of Sept 1987
24 11 127	(X) = D D TI
Subscribed and sworn to before me this 25 day of Sept. 187.  Mary Jane Russell Gerk HENDRICKS Circuit Court	New Address 4/2 W. JESSUP Ro., R.F., IN  Subscribed and sworn to before me this 35 day of Dept, 1987  Mary Jane Russell Clerk HENDRICKS  Circuit Court
Subscribed and sworn to before me this 25 day of Sept. 187.  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN	New Address 4/2 W. JESSUP Ro., R.F., IN  Subscribed and sworn to before me this 35 day of Sept 1987  Wary Jame Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this 25 day of Sept. 187.  Mary Jane Russell Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	New Address 1/2 W. JESSUP Ro., IN  Subscribed and sworn to before me this 35 day of Sept , 1987  Wary Jame Russell Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
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Subscribed and sworn to before me this day of Left: 187.  Mary Jone Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County.  in authorizes and directs the issuance of Indiana dated the 30 day of 19  Be It Remembered, there was filed in my office a marriage licer of Indiana dated the 30 day of 19  Be it further remembered, the following marriage certificate was filed in my office and my office a	Subscribed and sworn to before me this. 25 day of Apt 19.87  Wary Jowe Russell Gerk HENDRICKS Circuit Court  CONSENT OF PARENTS. PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  Signed. Mother  Signed. Mother  Subscribed and sworn to before me this day of 19.  Clerk  T. A marriage license having been refused to the above named parties, the and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court are issued by the clerk of the 19.87, authorizing the joining together as husband and wife ind MARX K. PHILLIPS County of MAIRON (CIRCUIT) (County of MAIRON)  AT MARY COUNTY, State of IN HENDRICKS (County, State of IN HENDRICKS)  HENDRICKS (County, State of IN HENDRICKS)  Lat MYPON BARNARD
Subscribed and sworn to before me this day of Sept. 187.  Mary Jone Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  Signed Mother  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS County.  in authorizes and directs the issuance of Indiana dated the 30  Be It Remembered, there was filed in my office a marriage licen of Indiana dated the 30  Be it further remembered, the following marriage certificate was filed in my office and my one thousand nine hundred and some thousand nine hundred and state of Indiana, Groom DALE ALLEN BRUCE and Bride MARY KATHLEEN PHILLIPS of were by me united in marriage as authorized by a marriage license issued for County, Dated this 2nd day of 287.  Dated this 2nd day of 0CT. 19.87	Subscribed and sworn to before me this. 35 day of Dept. 1987  Mary Jame Russell Gerk. HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  Signed. Mother  Signed. Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the parent by written order issued. And filed and filed and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court the issued by the clerk of the marriage the joining together as husband and wife the limit of the marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court fiftice, to-wit: 2nd day of OCT. hereby certify that on the 2nd day of OCT. hereby certify that on the 2nd day of OCT. hereby certify that on the 2nd day of IN HENDRICKS County, State of IN HENDRICKS TURGE (S) MYRON BARNARD
Subscribed and sworn to before me this day of Left: 187.  Mary Jone Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County.  in authorizes and directs the issuance of Indiana dated the 30 day of 19  Be It Remembered, there was filed in my office a marriage licer of Indiana dated the 30 day of 19  Be it further remembered, the following marriage certificate was filed in my office and my office a	Subscribed and sworn to before me this 35 day of April 1987  When Address April 2011 Court 1987  Subscribed and sworn to before me this 35 day of April 1987  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  T. A marriage license having been refused to the above named parties, the parent by written order issued and filed in a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court 1987, authorizing the joining together as husband and wife 1987, authorizing the joining together as husband and wife ind MARX K. PHILLIPS County, State of IN HENDRICKS  LINCE  Signed (S/ MYRON BARNARD

Form Prescribed By

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County

9-25-87 Date of Application

Circuit Court

HENDRICKS

Indiana State Board of Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 FEMALE Medical Examination Report Dated. MALE Medical Examination Report Dated_ ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". Name of Physician. MALE APPLICANT Middle 10 Nabb Date of Birth Date of Birth Place of Birth (State or foreign count) 7160 Indianapolis Marian Previous Marital Status: Never Married OR hik haven Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Other (Specify)_ Drivers Weense 1. Are you now or have you ever been adjudged to be of unsound mind Other (Specify)_ No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? Yes 🗆 If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease Yes 🗆 Are you afflicted with a transmissible disease? 3. Are you related to the male applicant closer than second co Yes 🗆 Are you related to the female applicant closer than second cousin 4. Are you now under the influence of intoxicating liquor NAZ, Yes D Yes 🗆 Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? Yes 🗆 Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children List the full names of any dependent children. 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes T dependent children No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. Full name of father Richard & Roberts 8. Full name of father Dayid E. McNabb Residence of father (if deceased so state) Browns burg, TW Residence of father (if deceased so state) Pitt Shoro, IN Irdiana Birthplace of father (State or foreign country) Birthplace of father (State or foreign country)____ 9. Full maiden name of mother short Q Full maiden name of mother___ Residence of mother (if deceased so state) Brownsburg, TA Residence of mother (if deceased so state) PiHSboro, IN Indiana Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) I depose and state the information given in this application is true and correct. State of Indiana, State of Indiana, I depose and state the information given in this application is true and correct. **HENDRICKS** HENDRICKS New Address 6428 White haven Subscribed and sworn to before me this 25H . 19.82 Subscribed and sworn to before me this... Mary Jane Russell HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ..... signs, state facts which render the consent of the other parent unnecessary...... State of Indiana, HENDRICKS State of Indiana, County of .... HENDRICKS County of .... Signed. Signed. Signed.... Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 of Indiana dated the 29th day of ..... HENDRICKS Sept ...., 19 ..., authorizing the joining together as husband and wife KEVIN WAYNE MCNABB Be it further remembered, the following marriage certificate was filed in my office, to-wit: KAREN RAE ROBERTS one thousand nine hundred and..... hereby certify that on the 10th day of OCT. at CORNERSTONE CHRISTIAN CHURCH, County of HENDRICKS and, Bride KAREN RAE ROBERTS Of MARION County, State of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Signed...../s/-RICHARD-L. HOUK-Official Designation MINISTER Signed Many Jane Russell

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

	_ 1 0 0 0 /
MALE DIA DIA	Date of Application
Medical Examination Report Dated	FEMALE Medical Examination Report Dated 9-21-87
Name of Physician	No. 10 Maria
	Name of Physician Stephen Heeger (Shubh)
QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement-Wh	loever procures the issuance of a license to marry by any false statement

Me Na ALL QU shall be MALE APPLICANT FEMALE APPLICANT Last Marriage Ended By Death Divorce Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree 1. Are you now or have you ever been adjudged to be of unsound mind NA Yes If answer is "yes", has the adjudication been remo No Tyes 2. Are you afflicted with a transmissible disease ou afflicted with a transmissible disease? No Yes O 3. Are you related to the female applicant closer than second cousin N Yes you now under the influence of intoxicating liquor! No Yes under the influence of intoxicating liquor you now under the influence of a narcotic drug! New Yes 6. List the full names of any dependent children 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of Signed. Mother Signed Subscribed and sworn to before me this ______day of ______, 19_____, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... F. JAMES BARNES

hereby certify that on the 9th day of OCT. one thousand nine hundred and 87 INDIANA

State of Lad. State of Indiana, Groom JEFFREY D. JOHNSON of WAYNE County, State of INDIANA

and, Bride Signed /s/.F. JAMES BARNES Official Designation MINISTER Dated this 9th day of OCT., 19.87..... day of OCT Clerk

HENDRICKS Circuit Court Filed and recorded in accordance with the laws of the State of Indiana this.......13th..... Signed Mary

Form Prescribed By

Indiana State Board of

# 

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File_ d-38.8-Date of Application

.....Circuit Court

Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 FEMALE Medical Examination Report Dated. MALE Name of Physician ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". Medical Examination Report Dated. MALE APPLICANT Last Date of Birth Place of Birth (State or foreign country) Date of Birth Residence Address Place of Birth (State or foreign State 5448 Residence Address Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: 

Birth Certificate 

Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind! No Yes If answer is "yes", has the adjudication been removed? 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D No Yes 2. Are you afflicted with a transmissible disease? No A Yes If answer is "yes", has the adjudication been removed No Yes 3. Are you related to the male applicant closer than second cousing Are you afflicted with a transmissible disease? No Yes No Yes 4. Are you now under the influence of intoxicating liquor No Yes Are you related to the female applicant closer than second cousing No Yes Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No Yes now under the influence of a narcotic drug List the full names of any dependent children. List the full names of any dependent children. 7. Are you required by any court order or orders to support the above No D Yes D Are you required by any court order or orders to support the above No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be 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) Residence of father (if deceased so state Birthplace of father (State or foreign country) 9. Full maiden name of mother_ Residence of mother (if deceased so state). Residence of mother (if deceased so state). Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana. HENDRICKS I depose and state the information given County of .. Subscribed and sworn to before me this. HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana. HENDRICKS State of Indiana, HENDRICKS County of ..... Signed. Signed. .....Mother Subscribed and sworn to before me this _______day of _______, 19______ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS

day of day of 1987, authorizing the joining together as husband and wife of Indiana dated the 2 M Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 10th day of OCT. one thousand nine hundred and 87 hereoy certify that on the 10th day of at 5448 W. RALSTON RD. County of MARION. State of Indiana, Groom JOHN A. LATHROP Of HENDRICKS County, State of IN and, Bride CAROLYN S. BISHOP Of HENDRICKS County, State of IN MARION County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Signed /s/ JAMES E. WOODS 

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File_ Q-29-87
Date of Application

MALE Medical Examination Report Dated	FEMALE Date of Application
	Medical Examination Report Dated
Name of Physician	No. of Co.
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to
MALE APPLICANT	The state of the s
Name First Middle Find Last	Name First Middle
Date of Birth Month Day Year	Middle Last
Place of Birth (State or Toreign country)	Month Day Year
Sad.	Place of Birth (State of foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	To Cross St. Plfd. Sed.
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce A Annulment D  Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Dr. Liv	Dirth Certificate District Decree
Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes	Other (Specify) DN. Two -
If answer is "yes", has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No A Yes	If answer is "yes", has the adjudication been removed?  No Yes  2. Are you afflicted with a transmissible disease?  No Yes
3. Are you related to the female applicant closer than second cousin? No Yes	2. Are you afflicted with a transmissible disease?  No A Yes   3. Are you related to the male applicant closer than second cousin?  No A Yes
4. Are you now under the influence of intoxicating liquor? No X Yes C	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug? No X Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Marin Tank	11/an Eugens
Mark Mithay	Martin Edward
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐	7. Are you required by any court order or orders to support the above
dependent children?  No Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No Yes
compliance with any court order or order issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any count order or orders issued for their support.
8. Full name of father The Day Diday	8. Full name of father Storlet E. Hasslage
Residence of father (if deceased so state)	Residence of father (if deceased so state) allowable, allow
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Well of	9. Full maiden name of mother Katherin to Pal
9. Pull maiden name of modifier	3. Turmander manie   Diagrams
Residence of mother (if deceased so state)	Residence of modific (in december 30 and )
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.  County of HENDRICKS  sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.
1 Ome & Friday	SINTIPALAL LACOR
Signed Comments	New Address Conc
New Address 14 Sept. 18	70 5 4 %7
Subscribed and sworn to before me this day of HENDRICKS	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
10/004 Jane Khasell Clerk HENDRICKS Circuit Court	10 mm John John John John John John John John
CONTRACTOR OF STREET	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	and the second s
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS \$58:	County of
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
	Clerk
	The service license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
HENDRICKS County	Court by written order issued
in authorized and directs the loss	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE  ense issued by the clerk of the  1987., authorizing the joining together as husband and wife
Be It Remembered, there was filed in my office a marriage the	1987, authorizing the joining together as husband and wife
of Indiana dated the day of day of	wand and
Po it to it	day of OCT
one thousand nine hundred and	hereby certify that on the Glock of the Circuit Court of HENDRICKS ,  County of HENDRICKS ,  County, State of IN ,  HENDRICKS ,  County, State of HENDRICKS ,  HENDRICKS  ,  HENDRICKS  ,  HENDRICKS  ,  HENDRICKS  ,
State of Indiana, Groom JAMES F. FRIDAY	of HENDRICKS County, State of IN HENDRICKS  r that purpose by the Clerk of the Circuit Court of HENDRICKS
and, BrideWANDA-Ly-HOODof	HENDRICKS County, State of HENDRICKS  r that purpose by the Clerk of the Circuit Court of HENDRICKS  /s/ WILLIAM R. CLAYTON
were by me united in marriage as authorized by a marriage license issued for	OT A VIDON
County.  Dated this	SignedSigned
9th aay of Dot.	DACTUR
Filed and recorded in accordance with the laws of the State of Indiana this	14th day of Clerk
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Many Phus Rusell HENDRICKS Circuit Court

# APPLICATION FOR MARRIAGE LICENSE

File_ 9-30-87 Date of Application

4. Are you not

Birthplace State of Ind

.. Circuit Court

HENDRICKS

184

No.

Form Prescribed By Indiana State Board of Iteration FOR INI Indiana State Board of Iteration Indiana I	S County Date of Application
fealth under Authority  FLC 31-1-3-2	0 4 2 2
Effective July 1. 1977	FEMALE Medical Examination Report Dated  9-16-67
MALE Dated	a Physician Um. W. Staker N.O.
Medical Examination Report Dated	Name of Physician  ver procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
Name of Physician Whose of Physician Whose statement Whose of Physician Whose of Physicia	ver procures the issuance of a
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed in any sum not exceeding five hundred dollars (8500,00)".	First Middle D. A Last
MALE APPLICANT  Middle  Last	Name Sally Day Ver
Name Sinathy E. Dasjone	Date of Birth Month
Date of Birth Month 4 1954	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) Wayse Indiana.	Residence Address Street or R. R. City County State
Residence Address & Street of R. R. Centerville Wayne In.	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Finded By: Death Divorce Annument
Lors Massings Ended By Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Other (Specify) Steiners Lei - Pecture
Other (Specity) Orivers Lie Picture	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound mind?	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?  No Yes  No
2. Are you afflicted with a transmissible disease?  No. Yes   3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  Note: Yes  Yes  Yes  Yes
Are you now under the influence of intoxicating liquor?  No. Yes	4. Are you now under the influence of interaction drug?  5. Are you now under the influence of a narcotic drug?  No Yes
5. Are you now under the influence of a narcotic drug?	6. List the full names of any dependent children.
6. List the full names of any dependent children.	
the shows	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above No Yes dependent children?	dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	compliance with any count order or orders issued for their support.
compliance with any court order or orders issued for their support.  8. Full name of father Auch T. Box & ford.	8. Full name of father John . Asbarr
Residence of father (if deceased so state) Centerville, In	Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country)
9. Full maiden name of mother Janiel L. John,	9. Full maiden name of mother Shirley J. Walter
Residence of mother (if deceased so state) Centerville, In	Residence of mother (if deceased so state) Outlishoro , In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.	State of Indiana,  HENDRICKS    sa: I depose and state the information given in this application is true and correct.
County of	County of Mad and
Signed Tom & the Day - &	Signed Slage Support of 4
New Address 20 FOREST PLACE RICHMOND, TD. 47374	New Address 20 Fout Flue quantity
Subscribed and sworn to before me this. So day of Hebt 1987	Subscribed and sworn to before me this day of day of 19.00
Mary Jane Kussell Clerk HENDRICKS Circuit Court	Mary Jan Cusself Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSTRUCT OF PURPOSE OF CHARDING
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary.
State of Indiana,	
County of HENDRICKS 88:	State of Indiana, County of HENDRICKS ss:
Signed Father	Fether
Signed	Signed
Subscribed and sworn to before me this day of	Signed
, 19	Subscribed and sworn to before me this
COMPLETE IE WARDAGE	Clerk
HENDRICKS COUNTY ISSUED BY ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
in	Court by written order issued and filed
ance the issuance	of a marriage license to the above named parties
Be It Remembered there was flat of MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
of Indiana dated the day of Metaling	order issued by the clerk of the Circuit of the Circuit
Be it further remembered, the following	ense issued by the clerk of the HENDRICKS Circuit Court  19.87, authorizing the joining together as husband and wife
P. MICHAEL THORNBURG	and SALLY J. OSBORN  office, to-wit:
one thousand nine hundred and 87	hereby certify that on the
	WAVIII
County.	County, State of
Dated this 24th day of OCT. , 1987	purpose by the Clerk of the Circuit Court of HENDKICKS
, 1907	
Filed and recorded in accordance with the laws of the	Signed /s/ P. MICHAEL THORNBURG  Official Designation MINISTER  27th day of OCT. , 19 87
the State of Indiana this	27th day of OCT 487
	Signed Clerk

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

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE Effective July 1, 1977 HENDRICKS _County MALE Date of Application Medical Examination Report Dated. FEMALE Medical Examination Report Dated. Name of Physician_ Name of Physician_ ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT Previous Marital Status: Never Married DOR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree 1. Are you now or have you ever been adjudged to be of un No Yes D No Yes O If answer is "yes", has the adjudication been removed? No D Yes D If answer is "yes", has the adjudication been removed? No D Yes D Are you afflicted with a transmissible disease No No Xes D 2. Are you afflicted with a transmissible disease? No Yes No Yes D Are you related to the female applicant closer than second cous 3. Are you related to the male applicant closer than second cousin? No yes No the Yes Are you now under the influence of intoxicating liquor 4. Are you now under the influence of intoxicating liquor? No Yes D Are you now under the influence of a narcotic drug! No Yes D 5. Are you now under the influence of a narcotic drug? No B Yes List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary ..... State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of Signed. Mother Subscribed and sworn to before me this......day of......day Subscribed and sworn to before me this _______day of ______, 19...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the day of Oct and wife and LINDA J. HUMAN Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 87 at PLED. , County of HENDRICKS IN State of Indiana, Groom LAWRENCE L. SEARLES of HENDRICKS County, State of IN and, Bride LINDA J. HUMAN of HENDRICKS County, State of HENDRICKS 10th day of OCT. , 19 87 Signed /s/ JACQUILINE MEANS

Official Designation PRIEST

Dated this.....

APPLICATION FOR MARRIAGE LICENSE

No	483
File_	
	10-1-87

.Circuit Court

form Prescribed By ndiana State Board of APPLICATION FOR MARRIAGE 11021	
Health under Authority HENDRICE of LC 31-1-3-2	KS County Date of Application
Effective July 1, 1977	FEMALE Papert Dated 9.28-87
	FEMALE Medical Examination Report Dated
MALE Medical Examination Report Dated	Name of Physician
Name of Dhysician	the issuance of a license to marry by any false statement, representation or pretense
Name of Physician.	Name of Physician  oever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
	First Middle O Last
MALE APPLICANT  Middle  Last	Name Katrina rether
Name Warshan Made Year	Date of Birth Month
Date of Birth Month Day	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City County State	209 Hospan , note.
4090 D. 100 F. 12 WOR	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Finded By: Death Divorce Annument
Last Marriage Ended By: Death Divorce Annulment L	Date of birth verified by: Delta Decree Date of birth verified Decree Date of birth verified by: Delta Decree Date of birth verified by:
Date of birth verified by: Birth Certificate  Judicial Decree	Other (Specify)
Other(Specify)	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes	If answer is "yes", has the adjudication been removed?  No Yes
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease:	3. Are you related to the male applicant closer than second cousin? No. Yes
3. Are you related to the female applicant closer than second cousin?  No. Yes.	4. Are you now under the influence of intoxicating liquor? No. Yes D
4. Are you now under the influence of indixicating fields.  5. Are you now under the influence of a narcotic drug?  No P Yes	5. Are you now under the influence of a narcotic drug?  No Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?  No Yes U  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support.  8. Full name of father.	8. Full name of father Donald W. Crether
B19 (1)	Residence of father (if deceased so state)
Residence of father (if deceased so state)	Q. Q
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother All C. Hushing	9. Full maiden name of mother \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	HENDRICKS > sm: in this application is true and correct.
County of	County of
Signed X CONTRACTOR	Signed & Latura Julher
New Address 502 HARlan St	New Address 502 Hanley St.
Subscribed and sworn to before me this day of Oct. 19	Subscribed and sworn to before me this day of Q.C. 19
Many James Rhasell Clerk HENDRICKS Circuit Court	Mary Jane Rhasell Gerk HENDRICKS Circuit Cour
	The state of the s
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	the consent of the state parent
State of Indiana,	
County of HENDRICKS ss:	State of Indiana, County of HENDRICKS } ss:
Signed	
Father	
Most	Signed Mother
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of 19
Clerk	
HENDRICKS County COUNTY	URT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance RETURN OF MARRIAGE LICEN	Court by written order issued and file
PETUDN OF THE	of a marriage license to the above named parties.
me il Kemembered, there was fled in	NSE AND MARRIAGE CONTRACTOR
The state of the s	Correct of the
Marvin Gregory Rice  Be it further remembered, the following marriage certificate was filed in m  I, Douglas R. Jones	icense issued by the clerk of the HENDRICKS Circuit Countries of the HENDRICK CIRCUit Countries of th
Douglas R. Jones	24 office 1
one thousand nine hundred and 87	hereby certify that
State of Indiana, Groom	and Ratrina Prether  y office, to-wit:  hereby certify that on the 9th day of OCT.  CLAYTON HENDRICKS
and, Bride KATRINA PRETHER	of County of Hilliams
were by me united in marriage as authorized by	HENDRICKS County, State of IN
Dated this 9th	of HENDRICKS County of HENDRICKS  HENDRICKS County, State of IN  for that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 9th day of OCT.	37 HENDRICKS
Filed and recorded in accordance with the laws of the	Signed /s/ DOUGLAS R. JONES Official Designation PASTOR day of OCT.
of the State of Indiana this	Official Designation PASTOR
	C: day of 20T

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS File_ County 10-2.87

MALE Medical Examination Report Dated	FEMALE Date of Application
Name of Physician	Medical Examination Report Dated 9-18-87
	Name of Physician S. Hooner
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	pever procures the issuance of a license to marrie by
First Control of the	
Francis Hroad Male Last	Name First
Vear Year	Date of Birth Month Evert
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Pail in the same of the same o
Previous Marital Status: Never Married OR	Acsidence Address Street or R. R. City County State
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Lik of the	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?	the Other (Specify) Dr. Lie.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes □  If answer is "yes", has the adjudication been removed? No □ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Y Yes	If answer is "yes". has the adjudication been removed?  No□ Yes□
3. Are you related to the female applicant closer than second cousin? 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?	Are you related to the male applicant closer than second cousin?      No Yes       No Yes       No Yes
5. Are you now under the influence of a narcotic drug?  No Yes   6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No Yes
Knatie	6. List the full names of any dependent children.
	- Comp
	18h later
7. Are you required by any court order or orders to support the above	- long
dependent children?	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Janes Waldy Malay	8. Full name of father was a factor of their supports the support of the support
Residence of father (if deceased so state)	Residence of father (if deceased so state) holes.
Birthplace of father (State or foreign country) Was to much	
9. Full maiden name of mother Elizabeth due fatines	9. Full maiden name of mother South Share Hands
Residence of mother (if deceased so state)	5. Full maiden name of mouner Sa Mach. Alal D.
Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state)
State of Indiana	State of Indiana, HENDRICKS  Bas: I depose and state the information given in this application is true and correct.
County of HENDRICKS  sa: I depose and state the information given in this application is true and correct.	County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
Signed & Francis a. Mahan	Signed Volorat J. Event
New Address Same as above	New Address Same as about
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Many Jane Russell Glerk HENDRICKS Circuit Court	Many Jane Rusal Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent differences.
State of Indiana, County of HENDRICKS } ss:	State of Indiana, HENDRICKS County of
Enther	SignedFather
Signed Father	Signed
Signed Mother	Subscribed and sworn to before me this
Subscribed and sworn to before me this day of 19	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage license having been refused to the above hamed parties, the
DENDRICKSCOL	irt by written order issue
inauthorizes and directs the issuance of	AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENSE	Se issued by the clerk of the
Of Indian 1	
further remembered, the following marriage certificate was just	that on the 9th day of
I, LARRY R. HESSON h one thousand nine hundred and 87	tDANVILLE, County ofHENDRICKS,
Dille of Indiana a	County State of
State of Indiana, Groom FRANCIS A. MAHAN of and, Bride DEBORAH EVERT of the state o	HENDRICKS  County, State of HENDRICKS  HENDRICKS
ore by me united in marriage and having has a marriage accuse to	
10 0/	, , , TADDY & HESSON
	- : I Designation JUDGE
Filed and recorded in accordance with the laws of the State of Indiana this	13+hday of
"iled and recorded in accordance with the laws of the State of Indiana this	Clerk HENDRICKS

HENDRICKS

# APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By Indiana State Board of Health under Authority

_County

485 10-2-87 Date of Application

.C. 31-1-3-2 pective July 1, 1977	FEMALE Medical Examination Report Dated Relaid D. Flags
MALE Medical Examination Report Dated	10-2-8/
Medical Examination Report	Name of Physician  ver procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middly  Lot
Name of Physician	FEMALE APPLICANT
LL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	FRITSUV
MALE AT 1 Middle   Last	Name 9/any Day Pear,
Day Jear	Date of Birth Month 15 1946
te of Birth Month 2/ 1940	Place of Birth (State or foreign Country)
ace of Birth (State or foreign country)	Residence Address Street or R. R. Lawndale Dr. County State In.
sidence Address 4/2 Street or R. H. Bradbury Snaple.	Previous Marital Status: Never Married OR
revious Marital Status: Never Married OR	Ended By: Death Divorce Annument
Divorce Annument -	Date of birth verified by: Birth Certificate Judicial Decree
ate of birth verified by:	1/2010x1) Liconio)
Warners License	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes 0
Other (Specify)	1. Are you now of the second o
If answer is "yes", has the adjudication been removed?	2 Are you afflicted with a transmissible disease. No Yes D
Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No Tyes D
Are you related to the female applicant closer than second cousin?  No Yes  Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of influence of
Are you now under the influence of intoxicating industry.  No Yes   No Yes	<ol> <li>Are you now under the influence of a narcotic drug?</li> <li>List the full names of any dependent children.</li> </ol>
List the full names of any dependent children.	D. List the lan manner
Daniel J. Cooper	
Woug Gregory Cooper 10	
	down to support the phone
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No□ Yes□
dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support
Full name of father Wilbur To. Cooper	8. Full name of father Co Werell June 19.
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Rathleen Graypon	9. Full maiden name of mother Leunifred 10000
Residence of mother (if deceased so state) and anapolis, In.	Residence of mother (if deceased so state) Plainfield 90,
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
State of Indiana, I depose and state the information given	State of Indiana.  HENDRICKS    as: I depose and state the information given in this application is true and correct.
County of HENDRICKS ss: in this application is true and correct.	County of All All All All All All All All All Al
Signed any of Comput	Signed / Mary Stully
New Address & Same	New Address 3/6 Dundale 100.19
Subscribed and sworp to before me this and day of Uct 1987	Subscribed and sworn to before me this and day of the day of
Mary Jane Yussell Clerk HENDRICKS Circuit Court	Mary Jane Bussell Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS }ss:	State of Indiana,
	HENDRICKS
County of	County of HENDRICKS
Signed	Signed Father
Signed Father Signed Mother	Signed Father Moth
SignedFather	Signed Moth
Signed Father Signed Mother	Signed Moth Subscribed and sworn to before me this day of 19.
Signed Father Signed Mother Subscribed and sworn to before me this day of 19	Signed Moth Signed day of 19.
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE ISSUED	Signed
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE ISSUED	Signed
Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  in authorizes and directs the issuance	Signed Mote Subscribed and sworn to before me this day of 19.5.  URT. A marriage license having been refused to the above named parties, to Court by written order issued and filter of a marriage license to the above named parties.
Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE ISSUED B	Signed  Signed  Subscribed and sworn to before me this  Ourt. A marriage license having been refused to the above named parties, to court by written order issued  of a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE
Signed	Signed Mote Subscribed and sworn to before me this day of 19. Court. A marriage license having been refused to the above named parties, to a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Control of the control of t
Signed	Signed Mote Subscribed and sworn to before me this day of 19. Court. A marriage license having been refused to the above named parties, to a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Control of the control of t
Signed Mother  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE ISSU	Signed Moth Subscribed and sworn to before me this day of 19  URT. A marriage license having been refused to the above named parties, to Court by written order issued and file of a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Continued by the clerk of the HENDRICKS Circuit Continued and we want to be some continued by authorizing the joining together as husband and we want to before me this substant and we want to before me this day of the above named parties.
Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  In authorizes and directs the issuance  RETURN OF MARRIAGE LICEN  RETURN OF MARRIAGE LICEN  RETURN OF MARRIAGE LICEN  Of Indiana dated the day of day of ladded  Be it further remembered, the following marriage certificate was filed in m one thousand nine hundred and	Signed Mott  Subscribed and sworn to before me this day of 19.5  URT. A marriage license having been refused to the above named parties, to Court by written order issued and file of a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Conservation of the Hendrick Circuit Conservation of the
Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMMENDER OF MARRIAGE LICENTER OF Indiana dated the day of Commender of Indiana dated the State of Indiana, Groom	Signed Moth Subscribed and sworn to before me this day of 19th  Cle  URT. A marriage license having been refused to the above named parties, the control of a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Control of the Hendrick of the Hendrick of the Hendrick of the Great of the Joining together as husband and with and words of the Hendrick of the H
Signed Mother  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE ISSUED	Signed  Signed  Subscribed and sworn to before me this  Court by written order issued  and file  of a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE  cense issued by the clerk of the  cense issued by the clerk of the  and  y office, to-wit:  hereby certify that on the  at  County of  County of
Signed Mother  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE ISSUED BY ORDER	Signed Signed Moth Subscribed and sworn to before me this day of 19.  Cle  URT. A marriage license having been refused to the above named parties, the Court by written order issued and file of a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Could not be clerk of the HENDRICKS Circuit Could not
Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE ISSUED	Signed Signed Moth Subscribed and sworn to before me this day of 19.  Cle URT. A marriage license having been refused to the above named parties, the Court by written order issued and file of a marriage license to the above named parties.  NSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Could not be clerk of the HENDRICKS Circuit Could not

Signed.

Part a Bertl State

f List the full mater

State of Indiana

... Circuit Court

HENDRICKS

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

10-2-87

MALE	Date of Application
MALE Medical Examination Report Dated	FEMALE
Name of Physician	Medical Examination Report Dated 9-25-87
MUST BE ANSWERED 10 31-1-3-6 proposition to	Name of Physician Michael Nee 14
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoeleshall be fined in any sum not exceeding five hundred dollars (\$500,00)".	er procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	the state of the s
Name First Middle Last b. Beentel	Name First , Middle Land
Date of Birth Month Day Year	Deborah Gaule Muser
Place of Birth (State or foreign country)	Month Day Year
Praigna	riace of Birth (State or foreign country)
Residence Address Street or R. R. City County State 701 W. Main. Danville Hen. IN.	Residence Address Street or R. R. City, County State
0100	358 S. Wayne St. Danville Hen IN.
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by	Date of birth verified by:   Birth Certificate   Judicial Decree
Other (Specify) Drivers License	& Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? Now Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No Yes	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Yes O	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No V Yes	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No Yes O  6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
Kimberly A. Bechkl -15	Christopher Bradley Huser-17
David F. Bechtel-14	Dawn Michelle Huser-13
Deena L. Bechtel-14	The state of the s
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?  No Yes U  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Herman A. Bechtel	8. Full name of father Arthur Horrar
Tadiana	Residence of father (if deceased so state) declased
Tendiana	Va. Lak
Birthplace of father (State or foreign country)	lle aussin lacours
9. Full maiden name of mother	9. Full maiden name of mother House to State) decase d
Residence of mother (if deceased so state) Florida	Residence of mother in deceases as a second
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Kentucky
State of Indiana.	State of Indiana, HENDRICKS  S8: I depose and state the information given in this application is true and correct.
State of Indiana.  HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS County of
County of HENDRICKS in this application is true and correct.  Signed L.D. Becket	State of Indiana, HENDRICKS  ss: I depose and state the information given in this application is true and correct.  Signed Deputited
County of HENDRICKS in this application is true and correct.  Signed L.D. Bectsty  Dearwille	Signed Deboral Huser Danville
Signed L.D. Bectsty  New Address 701 West Main DAWville	New Address 2 day of October 1987
Signed L.D. Bectsty  New Address 701 West Main DAWUITE  Subscribed and sworn to before me this a day of October 1987.	New Address 2 day of October 1987
Signed L.D. Bectsty  New Address 701 West Main DAWville	Signed Albara A Auser Danville  New Address 70 W Main Danville  Subscribed and sworn to before me this 2 day of October 1987  Mary Jane Russell Clerk HENDRICKS Circuit Court
Signed A.D. Bects Main DANVIlle  New Address 701 West Main DANVIlle  Subscribed and sworn to before me this 2 day of Octover 1987.  Mary Jane Russell Clerk HENDRICKS Circuit Court	Signed Albara A Auser Danville  New Address 70 W Main Danville  Subscribed and sworn to before me this 2 day of October 1987  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN
Signed Dawrille  New Address 701 West Main Dawrille  Subscribed and sworn to before me this 2 day of October 1987.  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN	Signed Albara A Auses  New Address 70 W main Danville  Subscribed and sworn to before me this 2 day of October 19.87  Way Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We the parents, of this applicant hereby give consent for this marriage. If only one parent
Signed A.D. Bects A.D.	Signed Albara A Auses  New Address 70 W Main Danville  Subscribed and sworn to before me this 2 day of October 1987  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN
Signed Dawrille  New Address 701 West Main Dawrille  Subscribed and sworn to before me this 2 day of October 1987.  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN	Signed Albara A Auses  New Address 70 W main Danville  Subscribed and sworn to before me this 2 day of October 19.87  Way Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We the parents, of this applicant hereby give consent for this marriage. If only one parent
Signed A.D. Bects A.D.	Signed Albara A Auses  New Address 70 W main Danville  Subscribed and sworn to before me this 2 day of October 19.87  Way Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We the parents, of this applicant hereby give consent for this marriage. If only one parent
Signed A.D. Bects A.D.	Signed Albara A Auses  New Address 70 W main Danville  Subscribed and sworn to before me this 2 day of October 19.87  Way Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We the parents, of this applicant hereby give consent for this marriage. If only one parent
Signed A.D. Bects A.D.	Signed Albara A Ausland Danville  New Address
Signed  New Address  New Address  New Address  Subscribed and sworn to before me this.  Aday of October 1987.  Mary fore Austell Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.	Signed Albara A Auslin Danville  New Address 70 W. Main Danville  Subscribed and sworn to before me this 2 day of October 19.87  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS   S8:
Signed A.D. Bects A.D.	Signed Albara A Ausland Danville  New Address
Signed  New Address  New Address  New Address  October  October  New Addre	Signed Albara A Ausel Danville  New Address 70 40 Main Danville  Subscribed and sworn to before me this 2 day of October 19.87  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Father
Signed  New Address  Clerk  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed  Father  Mother	Signed Albara A Ausel Danville  New Address 70 40 Main Danville  Subscribed and sworn to before me this 2 day of October 19.8.7  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Father  Signed Mother
Signed New Address 701 West Man DANUILLE  Subscribed and sworn to before me this 2 day of October 19.87.  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS 88:  Signed Father  Signed Mother	Signed Albara A Ausel Danville  New Address 70 40 Main Danville  Subscribed and sworn to before me this 2 day of October 19.87  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Father
Signed New Address 701 west Man DANUILLE  Subscribed and sworn to before me this 2 day of Octover 1987.  HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS 8:  Signed 8:  Signed 8:  Mother Subscribed and sworn to before me this day of 19	Signed Address Daville  New Address Daville  Subscribed and sworn to before me this. 2 day of October 1987  HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19
Signed  New Address  New Address  New Address  Subscribed and sworn to before me this  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of  Signed  Signed  Signed  Signed  Signed  Subscribed and sworn to before me this  Circuit Court  And October 1987.  HENDRICKS  Circuit Court  Signed  Father  Signed  Mother  Subscribed and sworn to before me this  Circuit Court  And October 1987.  Dawn Ille  North HENDRICKS  Signed  Father  Signed  Circuit Court  And October 1987.  Signed  State of Indiana,  County of  Circuit Court  And October 1987.  Circuit Court  Consense of this marriage. If only one parent unnecessary.  State of Indiana,  County of  Signed  Signed  Circuit Court  And October 1987.  Circuit Court  Circuit Court  Circuit Court  Circuit Court  And October 1987.  Circuit Court  Circuit Court  Circuit Court  Circuit Court  And October 1987.  Circuit Court  Circuit Court  Circuit Court  And October 1987.  Circuit Court  And October 1987.  Circuit Court  And October 1987.  Circuit Court  And October 1987.  Circuit Court  Circuit Co	Signed Address  New Address  Subscribed and sworn to before me this. 2 day of October 1987  Mary Jane Russell Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk
Signed  New Address  New Address  New Address  Subscribed and sworn to before me this  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of  Signed  Signed  Signed  Signed  Signed  Subscribed and sworn to before me this  Circuit Court  And October 1987.  HENDRICKS  Circuit Court  Signed  Father  Signed  Mother  Subscribed and sworn to before me this  Circuit Court  And October 1987.  Dawn Ille  North HENDRICKS  Signed  Father  Signed  Circuit Court  And October 1987.  Signed  State of Indiana,  County of  Circuit Court  And October 1987.  Circuit Court  Consense of this marriage. If only one parent unnecessary.  State of Indiana,  County of  Signed  Signed  Circuit Court  And October 1987.  Circuit Court  Circuit Court  Circuit Court  Circuit Court  And October 1987.  Circuit Court  Circuit Court  Circuit Court  Circuit Court  And October 1987.  Circuit Court  Circuit Court  Circuit Court  And October 1987.  Circuit Court  And October 1987.  Circuit Court  And October 1987.  Circuit Court  And October 1987.  Circuit Court  Circuit Co	Signed Address  New Address  Subscribed and sworn to before me this. 2 day of October 1987  Mary Jane Russell Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk
Signed.  New Address.  New Add	Subscribed and sworn to before me this.  Subscribed and sworn to before me this.  Aday of October 1987  HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
Signed A.D. Becker  New Address 701 West Man Danville  Subscribed and sworn to before me this 2 day of October 19.87.  HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana, County of HENDRICKS  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19	Signed Albara A Subscribed and sworn to before me this.  Subscribed and sworn to before me this.  Subscribed and sworn to before me this.  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  RT. A marriage license having been refused to the above named parties, the court by written order issued and filed court by written order iss
Signed  New Address  Clerk  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of  HENDRICKS  Signed  Signed  Signed  Mother  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  HENDRICKS  County  in authorizes and directs the issuance	Signed Abora A Danville  New Address 70 A Danville  Subscribed and sworn to before me this. 2 day of October 19.87  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed 5 Signed 6 Mother  Signed 7 Signed 8
Signed  New Address  October  19.87.  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed  Subscribed and sworn to before me this day of 19  Complete IF Marriage License Issued by Order Of County of HENDRICKS  County  in authorizes and directs the issuance returns a signs and sirects the issuance returns of the other parent unnecessary.	Subscribed and sworn to before me this.  Subscribed and sworn to before me this.  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of.  Signed  Signed  Subscribed and sworn to before me this  Subscribed and sworn to before me this  Subscribed and sworn to before me this  RT. A marriage license having been refused to the above named parties, the court by written order issued  Our to by written order issued  SE AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court court case husband and wife
Signed  New Address  October  19.87.  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed  Subscribed and sworn to before me this day of 19  Complete IF Marriage License Issued by Order Of County of HENDRICKS  County  in authorizes and directs the issuance returns a signs and sirects the issuance returns of the other parent unnecessary.	Subscribed and sworn to before me this.  Subscribed and sworn to before me this.  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of.  Signed  Signed  Subscribed and sworn to before me this  Subscribed and sworn to before me this  Subscribed and sworn to before me this  RT. A marriage license having been refused to the above named parties, the court by written order issued  Our to by written order issued  SE AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court court case husband and wife
Signed A.D. Beckton Danville  New Address 701 West Man Danville  Subscribed and sworn to before me this 2 day of Octows 1987.  Mary Gree Aussell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this.  Subscribed and sworn to before me this.  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
Signed  New Address  New Address  New Address  New Address  New Address  Olivest Man  Danville  Subscribed and sworn to before me this  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed  Signed  Signed  Signed  Father  Signed  Complete IF Marriage License Issued by Order of County of HENDRICKS  County  in authorizes and directs the issuance of Indiana dated the day of day of day of landiana dated the day of day of landiana dated the land of landiana dated the landing land	Subscribed and sworn to before me this day of October 1987  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of Signed Mother  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  RT. A marriage license having been refused to the above named parties, the court by written order issued and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS  cand DEBORAH GALE HUSER  and DEBORAH GALE HUSER
Signed New Address 701 West Man DANUILE  Subscribed and sworn to before me this 2 day of October 19.87.  Mary Jare Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19	Signed Address To War
Signed New Address 701 West Man DANUILE  Subscribed and sworn to before me this 2 day of October 19.87.  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  In authorizes and directs the issuance authorizes and directs the issuance of Indiana dated the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  Be it further remembered, there was filed in my office a marriage lice of Indiana dated the LARRY D. BECHTEL.  Be it further remembered, the following marriage certificate was filed in my one thousand nine hundred and 87.	New Address  New Address  Subscribed and sworn to before me this.  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indianas, HENDRICKS  County of.  Signed.  Subscribed and sworn to before me this.  Signed.  Subscribed and sworn to before me this.  Aday of.  Clerk  RT. A marriage license having been refused to the above named parties, the court by written order issued.  and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  ENDRICKS  Circuit Court to the clerk of the clerk of the clerk of the joining together as husband and wife office, to-wit:  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.  hereby certify that on the loth day of OCT.
Signed New Address 701 West Man DANUILE  Subscribed and sworn to before me this 2 day of October 19.87.  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  In authorizes and directs the issuance authorizes and directs the issuance of Indiana dated the RETURN OF MARRIAGE LICENSE ISSUED BE IT Remembered, there was filed in my office a marriage lice of Indiana dated the LARRY D. BECHTEL.  Be it further remembered, the following marriage certificate was filed in my office a marriage lice one thousand nine hundred and 8.7.	New Address  New Address  Subscribed and sworn to before me this 2 day of October 19.87  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indianas, HENDRICKS  Signed Signed Mother  Signed Mother  Signed Mother  Signed Mother  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of Mother  Clerk  RT. A marriage license having been refused to the above named parties, the court by written order issued Mother and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court for a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court for a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court for a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court for a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court for a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court for a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court for a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court for a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court for a marriage license to the above named parties.
Signed New Address 701 West Man DANUILE  Subscribed and sworn to before me this 2 day of October 19.87.  Mary Jane Russell Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  In authorizes and directs the issuance authorizes and directs the issuance of Indiana dated the RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  Be it further remembered, there was filed in my office a marriage lice of Indiana dated the LARRY D. BECHTEL.  Be it further remembered, the following marriage certificate was filed in my one thousand nine hundred and 87.	Subscribed and sworn to before me this.  Subscribed and sworn to before me this.  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
Signed A.D. Becker.  New Address 701 West Main Danville  Subscribed and sworn to before me this 2 day of October 1987.  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  Signed Signed Mother  Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this.  Subscribed and sworn to before me this.  Aday of October.  HENDRICKS  Corcuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  Signed.  Signed.  Signed.  Signed.  Signed.  Signed.  Signed.  Subscribed and sworn to before me this.  Clerk  RT. A marriage license having been refused to the above named parties, the court by written order issued.  of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court ense issued by the clerk of the.  authorizing the joining together as husband and wife and.  DEBORAH, GALE, HUSER  office, to-wit:  hereby certify that on the loth. day of OCT.  hereby certify that on the loth.  A DEBORAH GALE, HUSER  of MARION.  At 5:00 a.m.  HENDRICKS  County, State of IN.  HENDRICKS  That purpose by the Clerk of the Circuit Court of HENDRICKS  That purpose by the Clerk of the Circuit Court of HENDRICKS  That purpose by the Clerk of the Circuit Court of HENDRICKS  That purpose by the Clerk of the Circuit Court of HENDRICKS  That purpose by the Clerk of the Circuit Court of HENDRICKS
Signed New Address 701 West Man DANVIlle  Subscribed and sworn to before me this 2 day of October 1987.  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  Signed Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this. 2 day of October. 19.87  Many Jame Rurslldgerk HENDRICKS Circuit Court  CONSENT OF PARENTS. PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  Signed. Mother  Signed. Jesus day of 19  Clerk  RT. A marriage license having been refused to the above named parties, the court by written order issued. and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the court of the joining together as husband and wife and DEBORAH GALE HUSER office, to-wit:  hereby certify that on the 10th day of OCT. MARION at 5:00 a.m., County of MARION at 5:00 a.m., County, State of IN HENDRICKS Courty, State of IN HENDRICKS County, State of IN HENDRICKS That purpose by the Clerk of the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at the Circuit Court of HEN
Signed New Address 701 West Man DANVIlle  Subscribed and sworn to before me this 2 day of October 1997.  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  Signed Signed Mother  Signed Signed Mother  Subscribed and sworn to before me this day of 19 ccert  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  In authorizes and directs the issuance of Indiana dated the day of 2 day of 3 marriage license is fed in my office a marriage license is fed in my office a marriage license is the following marriage certificate was filed in my office a marriage license is the information of Indiana, Groom LARRY D. BECHTEL and, Bride DEBORAH GALE. HUSER of LARRY D. BECHTEL and, Bride DEBORAH GALE. HUSER of LARRY D. BECHTEL and, Bride DEBORAH GALE. HUSER of LARRY D. BECHTEL and, Bride DEBORAH GALE. HUSER of Larry Deborated by a marriage license issued for County.	Subscribed and sworn to before me this. 2 day of October. 19.87  Many Jame Rurslldgerk HENDRICKS Circuit Court  CONSENT OF PARENTS. PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  Signed. Mother  Signed. Jesus day of 19  Clerk  RT. A marriage license having been refused to the above named parties, the court by written order issued. and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the court of the joining together as husband and wife and DEBORAH GALE HUSER office, to-wit:  hereby certify that on the 10th day of OCT. MARION at 5:00 a.m., County of MARION at 5:00 a.m., County, State of IN HENDRICKS Courty, State of IN HENDRICKS County, State of IN HENDRICKS That purpose by the Clerk of the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at the Circuit Court of HEN
Signed A.D. Becker.  New Address 701 West Main Danville  Subscribed and sworn to before me this 2 day of October 1987.  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  Signed Signed Mother  Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this. 2 day of October. 19.87  Many Jame Rurslldgerk HENDRICKS Circuit Court  CONSENT OF PARENTS. PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  Signed. Mother  Signed. Jesus day of 19  Clerk  RT. A marriage license having been refused to the above named parties, the court by written order issued. and filed of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court ense issued by the clerk of the court of the joining together as husband and wife and DEBORAH GALE HUSER office, to-wit:  hereby certify that on the 10th day of OCT. MARION at 5:00 a.m., County of MARION at 5:00 a.m., County, State of IN HENDRICKS Courty, State of IN HENDRICKS County, State of IN HENDRICKS That purpose by the Clerk of the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at the Circuit Court of HENDRICKS at that purpose by the Clerk of the Circuit Court of HENDRICKS at the Circuit Court of HEN

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 487

File_

Date of Application

Form Prescribed By Indiana State Board of Health under Authority of LC 21-1-3-2 Effective July 1, 1977 MALE

FEMALE 9.24-87 Medical Examination Report Dated____ Name of Physician K. M. Mayrard

Signed /s/ DANIEL B. DONHO (2)

Official Designation PRIEST 20th day of

Signed Many

Medical Examination Report Dated	Name of Physician
Name of Physician Whore	Name of Physician  Fer procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT  Middle
PE ANSWERED LC 31-1-3-6 prescribed "False statement - Who c	FEMALE APPLICANT
	First Middle Last
MALE APPLICANT	Name S. Bramble
Same First Middle Cowas -	Date of Birth Month Day Year
Pandall Day Year	Place of Birth (State or foreign country)
Date of Birth Month	10:
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Street or R. R. City County State	4920 D. 3132 13 Daig. 40.
Basidence Address Street or R.R. INDS. IN.	Previous Marital Status: Never Married OR
Nove Married M OR	Productions Ended By: Death Divorce Annulment
Previous Marital Status: Never Married OR	Date of birth verified by: Birth Certificate Judicial Decree
Last Marriage Ended By: Death Divorce Annulment Divorce Judicial Decree	Date of birth verified by
Date of birth verified by:   Birth Certificate   Judicial Decree	Other (Specify) Wr. LIC
on tie.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
No Yes V	If answer is "yes", has the adjudication been removed?  No Yes D
No. of the same parameters of the same state of	If answer is "yes, has the adjustment of the second of the
If answer is "yes", has the adjudication been removed?  No ♥ Yes □	2. Are you arrived
2. Are you afflicted with a transmissible disease?	3. Are you related to
3. Are you related to the female applicant closer than second cousin?	4. Are you now under the influence of intoxicating liquor?
4. Are you now under the influence of intoxicating liquor?	5. Are you now under the influence of a narcotic drug? No Yes O
5. Are you now under the influence of a narcotic drug:	6. List the full names of any dependent children.
6. List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above	dependent children? No □ Yes□
dependent children*	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support.	Stand of the stands
8 Full name of tather Harry P. Koreran	8. Full name of father Rule 1
Residence of father (if deceased so state) the plan and	Residence of father (if deceased so state)
(3)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)	Pa Maine
8. Full maiden name of mother 120 Character 1 May 120 Character 1	9. Full maiden name of mother
Residence of mother (if deceased so state) Monor Mid	Residence of mother (if deceased so state)
all.	Distribution of protocol foreign country) Walvagan
Birthgiace of mother i State or foreign country	Birthplace of Mother (State of Toreign Country)
HENDRICKS  I depose and state the information given in this application is true and correct.	State of Indiana,  HENDRICKS    Section 2   Hendra   Hend
County of	County of
signed & Rondall & Donon	Signed Finda & Branble
New Address 108 E. Lecola Brownshung In	1086 1 insola Blown spura
	New Address
Subscribed and sworn to before me this day of day of 19	Subscribed and sworn to before me this day of 19
Many Care MANN Clerk HENDRICKS Circuit Court	Many Carelly sall Clerk HENDRICKS Circuit Court
Circuit Court	Clerk
CONSENT OF PARENTS, PARENT OR GUARDIAN	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	and the constitution of the constitution
State of Indiana.	
County of HENDRICKS	State of Indiana,
	County of HENDRICKS ss:
Signed	Patha
Signed	Signed Father
Mother Control and annual for the Control of the Co	Signed
Subscribed and sworn to before me this day of	Subscribed and sworn to before me thisday of
	Cler
WENTERE IF MARRIAGE LICENSE ISSUED BY ORDER OF COLUMN	RT. A marriage license having been refused to the above named parties, the
County	A marriage license having been refused to the above named parties, in
and directs the issuance	of a marriage license to the all
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE  Was issued by the county Coun
at Indiana delad the motive, there was filed in my office a marriage line	MARRIAGE CERTIFICATE
day of Oct	Circuit Cost and by the clerk of the HENDRICKS
Be it further remember   RANDALL L. GOWAN	, 198 authorizing the joining together as husband and wi
Be it further remembered, the following marriage certificate was filed in my  DANIEL B. DONHO (?)	and LINDA S. BRAMBLE
DANIEL B. DONHO (?)	office, to-wit:
and thousand wine hundred t	hereby
State of Indiana, Groom RANDALL I. COLLINS	at BROWNSBURG , County of HENDRICKS
and, Bride L. GOWAN	of MARION , County of HENDRICKS
were by me united in marriage	mat BROWNSBURG , County of HENDRICKS  of MARION County, State of IN  That purpose by the Green that purpose the Green that
were by me united in marriage as authorized by a marriage license issued for Dated this 19th day of OCT.	HENDRICKS County State of IN
Dated this 19th	that purpose by the Clerk of the Circuit County, State of HENDRICKS
day of	of the Circuit Court of

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

Tanver is 'yes has the aid I die the afficial with a frame ). Are you readed to the lemain is the far names of any occ

Are you required by any court dependent children Tarsver's 'yes' it is require E. Full name of father. 9. Full mader name of mother...

State of Indiana. County of HENDRII

CONSENT OF PARENTS

... Circuit Court

HENDRICKS

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

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE Effective July 1, 1977 HENDRICKS County 10-6-87 MALE Date of Application Medical Examination Report Dated. FEMALE Medical Examination Report Dated. Name of Physician_ Name of Physician_ ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)" MALE APPLICANT FEMALE APPLICANT Place of Birth (State or foreign country) Residence Address 155 Previous Marital Status: Never Married Q OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree Other (Specify). No Yes 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 T Yes No Yes 2. Are you afflicted with a transmissible disease No Yes Are you afflicted with a transmissible disease No Yes Are you related to the female applicant closer than second cous No A Yes Are you related to the male applicant closer than second cousin No Y Yes No Yes Are you now under the influence of intoxicating liquor? now under the influence of intoxicating liquor? No A Yes Are you now under the influence of a narcotic drug? No Y Yes No Yes now under the influence of a narcotic drug List the full names of any dependent children. MIGIN Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Residence of father (if deceased so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country Residence of mother (if deceased so state). Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana, HENDRICKS Dissan Jurga **HENDRICKS** Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary...... State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of .... Signed. Mother Signed. Subscribed and sworn to before me this..... Subscribed and sworn to before me this _______day of ______, 19...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 3. Day Ways and filed HENDRICKS Clarks Office authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS We It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the day of day of CILAN CALL TURPIN and.... I, FREDDIE DEAN LEWIS hereby certify that on the 10th day of OCT. one thousand nine hundred and 87 at BAINBRIDGE County of PUTNAM, State of Indiana, Groom DANIEL LEE HUBER Of PURNAM COUNTY, State of IN and, Bride SUSAN GAIL TURPIN of PUTNAM County, State of IN
HENDRICKS Signed....../s/..FREDDIE..DEAN..LEWIS....

Official Designation BISHOP-CHURCH OF JESUS CHRIST OF LATTER DAY

....Circuit Court

day of OCT.

Dated this 10th day of OCT., 1987

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File_ Date of Application

8.28.87

Circuit Court

HENDRICKS

Effective July 1. 10.1.	FEMALE Medical Examination Report Dated
MALE Medical Examination Report Dated	Name of Physician Stephen . Heeger
Name of Physician	ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
NAME OF TRY OF THE PROPERTY OF	FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-13-0 pt (2500,000").  shall be fined in any sum not exceeding five hundred dollars (\$500,000").  MALE APPLICANT	Name First / Middle Last
Nome First Middle	Date of Birth Month Day Year
Date of Birth Month Day Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	That is a second of the second
Residence Address Street or R. R. City County State	Residence Address Street of R. R. 39 Daniels State
167 D. 200 E. Wan VITE	Previous Marital Status: Never Married NOR
Previous Marital Status: Never Married OR	Lord Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by.	Other(Specify)
Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No. Yes   No. Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes D
If appear is "yee" has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Ves   No Yes
No year afflicated with a transmissible disease?	2. Are you afflicted with a transmissible disease?  No. Yes D  3. Are you related to the male applicant closer than second cousin?  No. Yes D
3. Are you related to the female applicant closer than second cousin?  No Yes  No Yes	4. Are you now under the influence of intoxicating liquor? No Yes D
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug? No Yes D
Are you now under the influence of a hardolf drog.     List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No W Yes U  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
ompliance with any court order or orders, issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Rukie for Continuing to	8. Full name of father William B. Sunhand
Residence of father (if deceased so state) Land	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Sharm & Statler	9. Full maiden name of mother Dellia d. Cantar
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Sayula Ind
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS last I depose and state the information given	State of Indiana, I depose and state the information given
County of in this application is true and correct.	County of HENDRICKS   as: in this application is true and correct.
Signed & Hack Cartwright	Signed X Erika Dimmons,
New Address 1815. St. Kd. 39 Danville	New Address 481 South Dt Road 39.
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of Qt. 19.
May Jane Quesellerk HENDRICKS Circuit Court	Many Con & Basellant HENDRICKS Circuit Court
CONSENT OF PARENTS PARENTS OF SHAPEN	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	The state of the s
State of Indiana, County of HENDRICKS ss:	State of Indiana,
Signed	County of HENDRICKS
Signed Father	Signed Father
Subscribed and area to be 6	Signed Mother
Subscribed and sworn to before me this day of	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE OF COMPLE	RT. A marriage license having been refused to the above named parties, the
HENDRICKS County	RT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance of	ourt by written order issued and filed
DEMILITY	a marriage license to the above named parties
at Attitudeted, there was filed in	DE AND MARRIAGE GERMAN
day of	Circuit of the
Be it further remembered, the following manning	, 19, authorizing the joining together as husband and wy
1, tous fixed in my	office, to-wit.
thousand nine hundred and	hereby certify 41
and, Bride	. County of
were by me united in marriage as authorized	at
were by me united in marriage as authorized by a marriage license issued for  Dated thisday of	that purpose by the Clerk of the Civil County, State of HENDRICKS
Dated thisday of, 19,	that purpose by the Clerk of the Circuit Court of HENDRICKS
	*****
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Official Designation
of the State of Indiana this	2 organicion

Signed.

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No	490	
-		

County 10-6-87 Medical Examination Report Dated 10-1-87 Date of Application FEMALE Medical Examination Report Dated. Michael Pizzato Name of Physician_ Name of Physician Paul Schoon ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense."

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

Birth Certificate Judicial Decree Other (Specify) Drivers License Yes 🗆 you afflicted with a transmissible disease Are you related to the male applicant closer than second cousin Yes 🗆 you now under the influence of intoxicating liquor? Yes 🗆 you now under the influence of a narcotic drug? 6. List the full names of any dependent children 6. List the full names of any dependent children Are you required by any court order or orders to support the above dependent children No Yes No T Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in 8. Full name of father Jerry L. Chappell 8. Full name of father 1-1040 K. Residence of father (if deceased so state) Pitts No. TA Residence of father (if deceased so state) Rolland, Tour Birthplace of father (State or foreign country) Touch 9. Full maiden name of mother Alice H. Ritland 9. Full maiden name of mother Conn Residence of mother (if deceased so state) Vitto Residence of mother (if deceased so state) Deceased Tour Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country)___ State of Indiana, HENDRICKS **HENDRICKS** CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unner State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of Signed. Signed COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_____Court by written order issued_____and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... JACK L. MCINTOSH hereby certify that on the 10th day of OCT. one thousand nine hundred and 87 at County of IN State of Indiana, Groom STEPHEN MICHAEL CHAPPELL HENDRICKS County, State of IN

and, Bride Signed....../s/..JACK.L...McINTOSH.... 10th_{day of} OCT. , 19.87 Official Designation PASTOR Dated this.... 

APPLICATION FOR MARRIAGE LICENSE Form Prescribed By Indiana State Board of HENDRICKS Date of Application County Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 FEMALE Medical Examination Report Dated MALE Name of Physician_ Medical Examination Report Dated ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretens shall be fined in any sum not exceeding five hundred dollars (\$500,00) MALE APPLICANT Name Middle First Date of Birth Name Date of Birth Place of Birth (State or foreig Previous Marital Status: Never Married OR Last Marriage Ended By Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by Birth Certificate Dudicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind No D Yes D Other (Specify)_ No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed" No D Yes D No Yes If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease No Yes D No Yes 3. Are you related to the male applicant closer than second cousie 2. Are you afflicted with a transmissible disease? No B Yes D No Ves 3. Are you related to the female applicant closer than second cousing 4 Are you now under the influence of intoxicating liquor No D Yes D No Pres D Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug NoD Yes D No Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children List the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No D Ves D No Yes dependent children dependent children If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support 8. Full name of father (Marileo Residence of father (if deceased so state). Birthplace of father (State or foreign country). 9. Full maiden name of mother_ Residence of mother (if deceased so state) Residence of mother (if deceased so state). Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country). State of Indiana, State of Indiana, I depose and state the information given in this application is true and correct. County of .. New Address 164 Hill CKCS+ Dr Subscribed and sworn to before me this. **HENDRICKS** HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage, If only one parent signs, state facts which render the consent of the other parent unnecessary...... signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS State of Indiana, County of ..... HENDRICKS County of.... Signed .... Signed... Signed Subscribed and sworn to before me this ......day of ...... Subscribed and sworn to before me this ______day of _____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the 9th day of Oct of Indiana dated the ...... HENDRICKS BARRY P. NEWSOM and ...., 1987., authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit:

MARY LEE COMER I, MARY LEE COMER hereby certify that on the 9th day of OCT and, Bride MARJORIE K. MAURER Of HENDRICKS 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 ....

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

Dated this 9th day of OCT. 19 87

Signed /s/ MARY LEE COMER

Official Designation JUDGE

HENDRICKS

Circuit Court

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No	492
File_	
	10-6-87
	Date of Application

HENDRICKS

Circuit Court

County MALE Medical Examination Report Dated. FEMALE Medical Examination Report Dated_ 9-25-87 Name of Physician_ Name of Physician Jose ph 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 MALE APPLICANT Middle FEMALE APPLICANT Date of Birth Brownsburg 10983 N. 1000 E 10983 N. 1000 E Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree & Other (Specify) Drive (5 License Other (Specify) Drivers License 1. Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes", has the adjudication been removed? No T Yes If answer is "yes", has the adjudication been removed? No O Yes O 2. Are you afflicted with a transmissible disease 2. Are you afflicted with a transmissible disease No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than sec No Yes Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of intoxicating liquor? No Yes 0 Are you now under the influence of a narcotic drug? No Yes you now under the influence of a narcotic drug? No Yes 6. List the full names of any dependent children 6. List the full names of any dependent children Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No Yes No O Yes O If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. compliance with any court order or orders issued for their support Full name of father Fred F. Wrese 8. Full name of father Ralph Edward Gurley mooresville, IN. Residence of father (if deceased so state) Residence of father (if deceased so state) Indols., IN: Indiana Birthplace of father (State or foreign country)___ Indiana 9. Full maiden name of mother Sharlene Pointer Full maiden name of mother Robertta Willis King Mooresville, IN Indpls. In. Residence of mother (if deceased so state) Indiana Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)_ State of Indiana, HENDRICKS State of Indiana. I depose and state the information given in this application is true and correct. I depose and state the information given in this application is true and correct. HENDRICKS Signed Down Marie Wado Signed Charles Russell Roush New Address 10983 N . 1600 E New Address 10983 N. 1000 E Subscribed and sworn to before me this day of October day of October mary Jane Russell CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS State of Indiana, HENDRICKS Mother Subscribed and sworn to before me this ______day of ______, 19.____. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the day of DAMA MADIE WADE ____and..... CHARLES RUSSELL ROUSH Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, WENDELL W. MAYER hereby certify that on the 23rd day of OCT. one thousand nine hundred and 87 at INDPLS. , County of MARION and, Bride DAWN MARIE WADE Of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County. Signed..../s/-WENDELL-W.-MAYER----Dated this 23rd day of OCT., 19 87 Official Designation JUDGE 28th day of OCT.

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

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Date of Application

493

rm Prescribed By liana State Board of alth under Authority  APPLICATION FOR M HENDRICKS	S County Date of Application
I.C. 31-1-3-2 fective July 1, 1977	FEMALE Separt Dated 9-30-87
MALE Downt Dated	Name of Physician S. Benedict
	Name of Physician
Medical Examination Report Dates  Name of Physician  LL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoese LL QUESTIONS MUST BE ANSWERED and the statement of the state	ver procures the issuance of a license to marry by any take statement, representation or pro-
LL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed Table all be fined in any sum not exceeding five hundred dollars (\$500.00)".	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Hoskins
ame First Middle Cooner	Date of Birth Month Day Year
ate of Birth Month Day Year	Place of Birth (State or foreign country)
ace of Birth (State or foreign country)	TWY.
City County State	Residence Address Street of R. State
esidence Address Breet or R. R. Wantay	Previous Marital Status: Never Married OR
revious Marital Status: Never Married OR	Foded By Death Divorce Annulment
Finded Ry: Death Divorce Annulment	Date of birth verified by Birth Certificate D Judicial Decree
ate of birth verified by: Birth Certificate  Judicial Decree	Other (Spec(fy)
Other (Specify)	Are you now or have you ever been adjudged to be of unaound mind?
Are you now or have you ever been adjudged to be of unsound mind?  No Yes  No Yes  No Yes  No Yes  No Yes  No Person	If answer is "yes", has the adjudication been removed No O
If answer is "yes", has the adjudication been removed?	2 Are you afflicted with a transmissible disease" No.
Are you afflicted with a transmissible disease:	3. Are you related to the male applicant closer than second cousin? No.
Are you related to the female applicant closer than second cousin.	4. Are you now under the influence of intexicating liquor? No. 2
Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug?      List the full names of any dependent children.
List the full names of any dependent children.	O. CASE LINE TO A STATE OF THE
. Are you required by any court order or orders to support the above	7 Are you required by any court order or orders to support the above dependent children" No C
dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that y
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Fred Corner	8 Full name of father Downie Tros Kins
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
Full maiden name of mother Sharley M. Wenny	9 Full maiden name of mother Bounds & Hook
los to all	Residence of mother (if decreased so state) Indeb.
Residence of mother (if deceased so state)	Kark Mar
State of Indiana.	Birthplace of mother (State or foreign country)  State of Indiana.  I depose and state the information
County of HENDRICKS  88: I depose and state the information given in this application is true and correct.	County of HENDRICKS as: in this application is true and
Signed Richard A Come	(keno Hockens
New Address 74 80053 Garte	New Address
Subscribed and sworn to before me this	7 004
Mary Jan Rhandlon, HENDRICKS	Subscribed and sworn to before me this HENDRICKS Circu
Clerk Circuit Court	11 Ory Carl Mark Gerk
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only on
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	again, state facts which render the consent of the other parent annual and the other parent annual and the other parent annual a
	The state of the s
State of Indiana,	
County of HENDRICKS	State of Indiana, HENDRICKS
Signed.	County of HENDRICKS
Signed Father	Signed
Subscribed and sworp to before we style	Signed X Donnie Hoskins
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of Oct
Clerk	Mar Da Russell
COMPLETE IF MARRIAGE LICENSE ISSUED	The second state of the second
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY	RT. A marriage license having been refused to the above named part
HENDRICKS County County authorizes and directs the issuance	Court by written order issued
the issuance	of a marriage license to the above named parties
The Di Kemembered there was class	SE AND MARRIAGE
day of	totaled by the clerk of the
Be it further remembered, the following management	, 19 J, authorizing the joining together as husband an
RICHARD M. GIVAN	office, to-wit. CHERIE HOSKINS
ne thousand nine hand	THE COUNTERS ALL A STATE OF THE
The state of the s	at PLFD, day of UPNDRICKS
State of Indiana Co	LOUNTS! OT MENT IN
State of Indiana, Groom RICHARD A. COOMER	of HENDRICKS County State of IN
State of Indiana, Groom RICHARD A. COOMER and, Bride CHERIE HOSKINS were by me united in marriage as authorized by	MARION County, State of IN
The state of the s	MARION County, State of IN

20th day of

Circuit Court

HENDRICKS

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 4911

No	 7	1 13	Laborator St.	
		W. F.	or of a	
File_		Name of Street		
		-	The Late of the La	Description of

HENDRICKS

... Circuit Court

Date of Application MALE Medical Examination Report Dated FEMALE Medical Examination Report Dated 10-587 Name of Physician_ Name of Physician_ Ron Stegendler ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (8500,000)". MALE APPLICANT FEMALE APPLICANT Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree Drivers License Other (Specify)___ Drivers License 1. Are you now or have you ever been adjudged to be of uns No Yes If answer is "yes", has the adjudication been removed No Yes If answer is "yes", has the adjudication been r 2. Are you afflicted with a transmissible disease No Yes Are you afflicted with a transmissible disea you related to the female applicant closer than second cousi Yes 🗆 Yes 🗆 now under the influence of a narcotic drug? Yes 🗆 List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No O Yes O No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father Carl K. Hoffman Residence of father (if deceased so state) Indiana (Danville Residence of father (if deceased so state) Indiana (Greenwood) Birthplace of father (State or foreign country) Indian. Birthplace of father (State or foreign country) Full maiden name of mother Darlene H. Planchon 9. Full maiden name of mother Dona J. Jean Residence of mother (if deceased so state) Indiana (Greenwood) Residence of mother (if deceased so state) Indiana (Inville) Birthplace of mother (State or foreign country) California Birthplace of mother (State or foreign country) Thiam State of Indiana. HENDRICKS State of Indiana, HENDRICKS sa: I depose and state the information given in this application is true and correct. Signed Jamara R. Hoffman

New Address 101 East Broadway, Danville, IN 46122 mary Jone Russell Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of.... Signed... Signed. Signed. Subscribed and sworn to before me this _______day of ______, 19.____, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 19th day of Oct many of The state of Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, THOMAS PAINO, JR. THOMAS PAINO, JR. TNDPLS. INDPLS. , County of MARION , JOHNSON County, State of IN one thousand nine hundred and 87 Dated this 23rd day of OCT. , 19.87 Signed /s/ THOMA PAINO, JR. Official Designation MINISTER 

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

495 File_ Date of Application

.. Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of I.C. 31-1-3-2 HENDRICE	MARRIAGE LICENSE  KSCounty Date of Application
Effective July 1, 1977	FEMALE Medical Examination Report Dated 10-2-87
MALE Medical Examination Report Dated	Name of Physician  Dever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
Name of Physician	ever procures the issuance of a first in
MALE APPLICANT	Name Kast
Name First Middle Rackon  Date of Birth Month Day Year	Date of Birth Month 30 Year Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Shot City Con
City County State	Residence Address Street or R. R.  State  State
Residence Address Street or R. R. City Contessible	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Morriage Ended By: Death Divorce Annulment
Leet Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	Other (Specify) Dr. & io-
Other (Specify)	Other (Specify)
hear adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   No Ye
No - 1 to " hee the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Yes C  2. Are you afflicted with a transmissible disease?  No Yes C
No Are you efficied with a transmissible disease?	2. Are you afficied with a transfer of the male applicant closer than second cousin? No   No   Yes C
3. Are you related to the female applicant closer than second cousin?  No Yes No Yes	4. Are you now under the influence of intoxicating liquor? No Yes O
4. Are you now under the influence of intoxicating liquor.	5. Are you now under the influence of a narcotic drug? No Yes C
5. Are you now under the influence of a narcotic drug.	6. List the full names of any dependent children.
6. List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support
8. Full name of father This Coules	8. Full name of father
Residence of father (if deceased so state) Magabaland.	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Rath Dulk	9. Full maiden name of mother 11/adown of 1/elson
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	
State of Indiana	State of Indiana.
County of HENDRICKS  88: I depose and state the information given in this application is true and correct.	County of HENDRICKS as: in this application is true and correct.
Signed & //mar D. Kail	Signed X Lay a. White
New Address R.R. #2 BOX 157 G.B. COATS VILLE, IN.	Signed A Say 4 MMM
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of the state o
Clerk HENDRICKS Circuit Court	Mary Jane Wherell Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
Chan of Latin	
State of Indiana, County of HENDRICKS ss:	State of Indiana,
Signed	County of HENDRICKS \$88:
Father	Signed Father
Signed Mother	Signed Mother
Subscribed and sworn to before me this	
Clark	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ISSUED TO	
HENDRICKS County	RT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE	ourt by written order issuedand filed
PETILIPAL	of a marriage license to the above named parties.
the Di Kememberen there was flat	E AND MARRIAGE
day of	Circuit Circuit
Be it further remembered the fell.	and KAYE A. WHITE
Be it further remembered, the following marriage certificate was filed in my  EDWARD DEAN DICKINSON	and KAYE A. WHITE
one thousand nine hundred and	hereby courts
State of Indiana, Groom	and
and, Bride	MARION , County of MARION
were by me united in marriage as authorized by	at INDPLS. County of MARION  Of MARION County, State of IN
were by me united in marriage as authorized by a marriage license issued for Dated this 17th day of OCT. 19.87	HENDRICAS HENDRICAS
10.0.0	Annual Control of the
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ EDWARD DEAN DICKINSON
the State of Indiana this	Official Designation MINISTER
	Signal May of OCT 19.87.

Circuit Court

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

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS File___ __County 10.8.87

Medical Examination Report Dated	FEMALE
Name of Physician	Medical Examination Report Dated 9-18-97
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	ever procures the issuance of a license to marry by any folcoutstand
	The state of the s
Name First Middle Last	Name FEMALE APPLICANT
Date of Birth Month Day Year	Date of Birth Mile Minde
Place of Birth (State or foreign country)	Day, Year
Residence Address Street or R. R. City County State	Place of Birth (State or foreign country)
944 Salton Dr. PHd. County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	was all dide maps.
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
A Other (Specify) Dr. Two.	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	Other (Specify) Driver's License
If answer is "yes", has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?  No Yes
2. Are you afflicted with a transmissible disease?	11 answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?  No Yes
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No Ves	4. Are you now under the influence of intoxicating liquor?
Are you now under the influence of a narcotic drug?      No  Yes       No  Yes       No  Yes	5. Are you now under the influence of a narcotic drug?
Donaldo M.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father kan E. English	8. Full name of father James Gann
Residence of father (if deceased so state) Haville 140	Residence of father (if deceased so state) Harriman lenn.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Loretta M. Flacke	9. Full maiden name of mother Virginia Grace Phillips
Residence of mother (if deceased so state) Mooresville, IN.	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)  State of Indiana,  I depose and state the information given	Birthplace of mother (State or foreign country)  State of Indiana, HENDRICKS  as: I depose and state the information given in this application is true and correct.
County of HENDRICKS ss: in this application is true and correct.	State of Indiana, HENDRICKS  Sas: I depose and state the information given in this application is true and correct.
Signed K Viny V Catholic	Signed annie M. Richardson.
	New Address 944 Walton Dr. plainfield
Subscribed and sworn to before me this and day of Oct. 19	Subscribed and sworn to before me thisday of
Mas Co B. all HENDRICKS	Clerk HENDRICKS Circuit Court
Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
We the parents of this applicant bereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana,	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS ss:
State of Indiana, County of HENDRICKS  signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Sas:  County of.  Father
State of Indiana,	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed.  Signed.  Signed.  Mother
State of Indiana, County of HENDRICKS ss:	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
State of Indiana.  County of HENDRICKS ss:  Signed Father	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed.  Signed.  Signed.  Mother
State of Indiana.  County of HENDRICKS   ss:  Signed Mother  Subscribed and sworn to before me this day of 19	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of.  Signed.  Father  Signed.  Mother  Subscribed and sworn to before me this
State of Indiana.  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19
State of Indiana.  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTED TO CO	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the and filed
State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTENDRICKS  HENDRICKS County	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the partiage license to the above named parties.
State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTENDRICKS  HENDRICKS County	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the partiage license to the above named parties.
State of Indiana.  County of HENDRICKS  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTENDRICKS  in authorizes and directs the issuance of the other parent unnecessary.  State of Indiana.  Father  Signed Mother  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTENDRICKS  in authorizes and directs the issuance of the other parent unnecessary.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the part by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
State of Indiana. County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTENDRICKS  in authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the partition of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court are issued by the clerk of the souring the joining together as husband and wife
State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS  in authorizes and directs the issuance of Indiana dated the day of day of 19 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS County 19 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS COUNTY 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH 10 CREATER TO MARRIAGE LICENSE ISSUED BY ORDER OF COURTH	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
State of Indiana.  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of
State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  County of.  Signed
State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  County of Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the part by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court are issued by the clerk of the see issued by the clerk of the sand formula authorizing the joining together as husband and wife and ANNIE Marking the formula day of OCT. The see issued by that on the see issued of the see issued by the clerk of the see issued
State of Indiana.  County of Signed Father  Signed Mother  Subscribed and sworn to before me this day of Subscribed and sworn to before me this authorizes and directs the issuance of Indiana dated the DANNY V. ENGLISH Be it further remembered, the following marriage certificate was filed in my of the subscribed and sworn to before me this day of Subscribed and directs the issuance of Indiana dated the Subscribed in my office a marriage licer of Indiana dated the Subscribed in my office a marriage licer day of Subscribed in my office and sub	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
State of Indiana.  County of Signed Father  Signed Mother  Subscribed and sworn to before me this day of Signed HENDRICKS  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTIES.  HENDRICKS County authorizes and directs the issuance of Indiana dated the day of Marriage license of Indiana dated the JANNY V. ENGLISH  Be it further remembered, the following marriage certificate was filed in my office and in my o	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
State of Indiana. County of HENDRICKS  Signed Mother Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTENDRICKS  in authorizes and directs the issuance of Indiana dated the day of 19.  Be it Remembered, there was filed in my office a marriage licer of Indiana dated the day of 19.  Be it further remembered, the following marriage certificate was filed in my office and	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
State of Indiana.  County of	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  County of. Signed. Father Signed. Mother  Subscribed and sworn to before me this. day of. 19.  Clerk  T. A marriage license having been refused to the above named parties, the nurt by written order issued. and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court is issued by the clerk of the 19. authorizing the joining together as husband and wife ind. Annie M. Richardson. fiftce, to-wit:  hereby certify that on the 16th day of OCT. hereby certify that on the 16th day of IN HENDRICKS County, State of IN HENDRICKS
State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY OR ARRIAGE LICENSE ISSUED BY ORDER OF COUNTY OF THE ORDER OF COUNTY OF THE ORDER OF TH	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  County of Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  T. A marriage license having been refused to the above named parties, the part by written order issued and filed a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court are issued by the clerk of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the circuit
State of Indiana.  County of	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana. HENDRICKS  County of Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  T. A marriage license having been refused to the above named parties, the part by written order issued and filed a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court are issued by the clerk of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the see issued by the clerk of the circuit Court of the circuit

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 497

10-8-87
Date of Application

Are you now under

If answer is "yes" is compliance with air

Birthplace of father

State of Indiana. County of HB

CONSENT OF PAREN

.. Circuit Court

HENDRICKS

The state of the s	FEMALE Medical Examination Report Dated 9-30-87
MALE Medical Examination Report Dated	Name of Physician William Edwards
Name of Physician	Name of Thysical license to marry by any false statement, representation
Name of Physician	noever procures the issuance of a license to marry by any false statement, representation or pretens
Shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	First Middle O 11
Name Pirat Middle Hy Pemberour	Name flenny The Larriott
Date of Birth Month Day Year 7	Date of Birth Ward 18 1963
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana City County State	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City County	- Crock of the state of the sta
Previous Marital Status: Never Married D OR	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D
Last Marriage Ended By: Death Divorce Annulment C	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate  Judicial Decree	
Other (Specify)	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes
1. Are you now or have you ever been adjudged to be of unsound mind?  No □ Yes □  No □ Yes □	1. Are you now or have you ever been adjudged to be of answeria. No Pest  If answer is "yes", has the adjudication been removed? No Pest
If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease:	3. Are you related to the male applicant closer than second cousin?
3. Are you related to the female applicant closer than second cousin?  No Pres  No P	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug? No Tyes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No U Yes U  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No Yes  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
If answer is 'yes', it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
* Full name of father Not noted faul Buckerberger	8. Full name of father Richard Holl Garrett
Residence of father (if deceased so state) Malagna	Residence of father (if deceased so state) Indiana
Birthplace of father (State or foreign country) Indiana	( A dia a A )
() P H ( ) ( )	of the control of the
I had a see	9. Full maiden name of mother Maron Ale Hason
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Ingliana
Birthplace of mother (State or foreign country) Shalama)	Birthplace of mother (State or foreign country) mollano
State of Indiana. HENDRICKS    Ba: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS   ss: I depose and state the information give in this application is true and correct
	County of this application is true and correct
Signed Small Paul Buskerberge IT	Signed Sterry Jel Larriott
New Address Betweenlyung 1/1	New Address Grownsburg IN
Subscribed and sepre to before me this Stk day of Oct 1987	Subscribed and sworn to before me this. Pth day of Oct 19 5
The Tussell Clerk HENDRICKS Circuit Court	Mary ane Russell Clerk HENDRICKS Circuit Cour
	Clerk
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
igns, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
	the consent of the other parent unnecessary
tate of Indiana, HENDRICKS	
lounty of HENDRICKS 84:	State of Indiana, County of HENDRICKS ss:
Signed	County of TENDRICKS \$88:
Father	Signed Father
Mother Charles and and a second to the control of t	SignedMother
day of	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPPER OF	
County ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the
authorizes and directs the	ourt by written order issued
Drown	mailinge license to the above named marting
Remembered, there was filed in my office a marriage li	E AND MARRIAGE CERTIFICATE use issued by the short of the above named parties.
DOWNED day of Colors	E AND MARRIAGE CERTIFICATE  use issued by the clerk of the HENDRICKS Circuit Court  19 87
e it further remembered, the following	rse issued by the clerk of the HENDRICKS Circuit Court , 19 £7, authorizing the joining together as husband and wife
TANKET R. LITAUMON	IIICe to and
ne thousand nine hundred and 87	hereby certify that on the 17th day of OCT.
nate of Indiana, Groom DONALD DAIL CHO.	at PFLD., day of OCT.
nd, Bride PENNY L. CARRIORE	County of HENDRICKS
ere by me united in marriage as authorized by a	of HENDRICKS County of HENDRICKS  HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit Court of HENDRICKS
ated this 17th	that purpose by the County, State of IN
nted this 17th day of OCT.	HENDRICKS HENDRICKS
iled and recorded in accordance with the laws of the State of Indiana this	Signed Signed St. WILLIAM R. CLAYTON
the State of Indiana this	Official Designation PASTOR
	2 TS-Eday of

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

		A Control	and the same
File			(pi le

....Circuit Court

MALE Medical Examination Report Dated	Date of Application
Name of Physician	FEMALE Medical Examination Report Dated 10-2-87
	Name of Physician Canad A A
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	pever procures the issuance of a license to
Pinet	
Name BRIAN Keith Filast	Name FEMALE APPLICANT
Date of Birth  Febuary  25	Date of Birth Mond M. Watson
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)  Day  Year  966
Residence Address Street or R. R. City County State	Residence Additional Country)
Previous Marital Status: Never Married OR	Boy County State
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Other (Specify)	Date of birth verified by: Birth Certificate Judicial Decree
	Other(Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  No □ Yes □  If answer is "yes", has the adjudication been removed?  No □ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  No Yes  2. Are you afflicted with a transmissible disease?  No Yes
3. Are you related to the female applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
	and water
	- Calson
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
dependent children?  No Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order issued for their support.
8. Full name of father Mysel Briffier	8. Full name of father Starting Wiles
Residence of father (if deceased so state) To ble suille, In.	Residence of father (if deceased so state) Kalamagoo, Micheyan
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Rogenia
9. Full maiden name of mother Doretter See USh	9. Full maiden name of mother Jennietta Ugeph
Residence of mother (if deceased so state) Coctosuelle, Son	Residence of mother (if deceased so state) Barston, Colfornia
Birthplace of mother (State or foreign country) andiana	Birthplace of mother (State or foreign country)
State of Indiana.  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.
	County of And Correct.
Signed Brian Ellet	Signed Corol Waller
New Address 43/26 30th ST. West APT 125 Langster	New Address 4312 to 30th 57 West apt 125 Subscribed and sworm to before me this 8th day of Clathbell, 1987
Subscribed and sworn to before me this day of Closes 19.87	HENDRICKS HENDRICKS
HENDRICKS Circuit Court	John Jane Clerk Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS	County of
Signed Father	Signed Father
Signed	Signed
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of
Clerk	Clerk Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage license having been refused to the above named parties, the
TENDRICKS CON	irt by Written order issue
in authorizes and directs the issuance of	a marriage
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered there was filed in my office a marriage weeks	to the desire together as husband and wife
of Indiana dated the Sth day of OCI.	d CANDY MICHELLE WATSON
Be it further remembered, the following marriage certificate was filed in my of	fice, to-wit:
I, FRED A. ASH	TERRE HAUTE , County of VIGO
one thousand nine hundred and	LOS ANGLES County, State ofCA
of Indiana Cases DDTAN KETTH ELLILL	County State of
were by me united in manifest as such arised by a marriage license issued for	hat purpose by the Clerk of the Circuit Court of
County.	Signed /s/ FRED A. ASH
Dated this 11th day of OCT. , 1987	MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this	fficial Designation
	11th day of Clerk Signed Many Jane Rhardl HENDRICKS Circuit Court

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

499

10 - 9-87 Date of Application

Circuit Court

Ellective	FEMALE Medical Examination Report Dated
MALE Medical Examination Report Dated	Name of Physician
Medical Examination Report Dates	Name of Physician
Name of Physician	Name of 1779  ver procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
shall be fined in any sum interest	Middle
MALE APPLICANT	Name First Day Day
Name Crist Year	Date of Birth
Date of Birth	Place of Birth (State or foreign country)
Place of Birth (State or foreign country).	Residence Address Street of R. R. City County State
Residence Address Street or R. R. City County	2000
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	C 2 2 11
Other (Specify)	Other (Specify)  Are you now or have you ever been adjudged to be of unsound mind?  No Yes D
No Yes W	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes O  If answer is "yes", has the adjudication been removed?  No Yes O
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease. No X Yes D
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No Yes D
3. Are you related to the female applicant closer than second cousin?  No Yes   4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor? No Yes O
5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug? No Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above dependent children? No O Yes O
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support
8. Full name of father Harris R. Warris	8. Full name of father Albert Manual Shitti
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother That with the state of the	9. Full maiden name of mother Dage May 1860
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Williams	Birthplace of mother (State or foreign country)
State of Indiana,  County of HENDRICKS    sa: I depose and state the information given in this application is true and correct.	State of Indiana, I depose and state the information given
County of	Country of
Signed X Date (1, d) our	Signed X Helen Louise De Holyw
New Address.	New Address
Subscribed and sworn to before me this day of 195	Subscribed and sworn to before me this the day of the sword of the swo
HENDRICKS Circuit Court	Many Jane Russell Glerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS ss:	State of Indiana,
Signed	County of HENDRICKS
Signed Father	Signed Father
Subscribed and sworn to before me abi	Signed Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF	
HENDRICKS County OF COUR	CT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance of	ourt by written order issued and filed
DEMINIS	a marriage license to the above named parties
of Indiana dated the 3	E AND MARRIAGE CERTIFICATE use issued by the clerk of the HENDRICKS Circuit Court
DALE A DAVIS	Saled by the clerk of the HENDRICKS Circuit Court
Be it further remembered, the following	, 19.Q., authorizing the joining together as husband and with
one thousand nine h	hereby certify that on the 15th day of OCT.  DANVILLE HENDRICKS
State of Indiana, Cross	hereby certify that on the 15th day of OCT.  at DANVILLE HENDRICKS
and, Bride	of County of HENDRICKS
were by me united in marriage as anth . DE GOLYER	at DANVILLE 15th day of OCT.  at DANVILLE , County of HENDRICKS  of HENDRICKS County, State of IN
Dated this 15th	of HENDRICKS County of HENDRICKS  MARION County, State of IN  that purpose by the Clerk of the County, State of HENDRICKS
Dated this 15th day of OCT.	that purpose by the Clerk of the Circuit Court of HENDRICKS  TOURING STATE OF IN HENDRICKS
	18404
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/-MARY-LEE COMER
of the State of Indiana this	Official Designation JUDGE  15th OCT. 1987
	19

# 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

10-9-87 Date of Application

Circuit Court

Effective July 1. 101	FEMALE Medical Examination Report Dated 10-3-87
MALE Propert Dated	Name of Physician Ronald Stegenveller, M.D.
Medical Examination Report Dated.	Name of a license to marry by any false statement, representation or any
Name of Physician	ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
shall be fined in any sum my	- Middle
MALE APPLICANT	Name Marmi Ruth Wood
Name 7 First Middle Faulkner	Date of Birth Month Day Year
Date of Birth Month Day 1960	Place of Birth (State or foreign country)
Place of Birth (State or foreign gountry) (Beach Stone)	Residence Address Street or R. R. Sity County, State of
Residence Address Street or R. R. City County State New York New York	10047 Lake of Lander Mills Inaple. Nend in
2520 W. Main di,	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment Divorce Divorc
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Date of Dirin verified by	Other (Specify) Wrivers Lie - Victure
Other (Specify) Welves att,	1. Are you now or have you ever been adjudged to be of unsound mind? Now Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?  No□ Yes□  If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No U Yes U
Note: Yes -	2. Are you afflicted with a transmissible disease"  Note: Yes D
No. 1 results the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes
4. Are you now under the influence of intoxicating liquor?	5. Are you now under the influence of a narcotic drug?  Now Yes
5. Are you now under the influence of a narcotic drug:	6. List the full names of any dependent children.
6. List the full names of any dependent children.	Rusty Day -
Scott Daulkner	Star and Colored
	Museum
	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Korvald Facelkner	8. Full name of father Calward Say
Residence of father (if deceased so state) Danvilly, In.	Residence of father (if deceased so state) Slainfield, S.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Lucilly E. Deyo	9. Full maiden name of mother Jessie Barrett
Residence of mother (if deceased so state) Lannille In	Residence of mother (if deceased so state) declared
Birthplace of mother (State or foreign country) South Dakata	-X
	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.	County of HENDRICKS an: in this application is true and correct.
Signed Floyd & Taulbrer	Signed - Masmi Wood
New Address 10047 Lake O'LANTERN N. Dr.	New Address Dame as Jones
Subscribed and sworn to before me this 9 day of Oclober 1957	0 871
MALLA PLANTICKS	man of the sections
Clerk Circuit Court	Maley Jane Kussell aerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSERVE OF PARENTS
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
and other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS ss:	State of Indiana,
	County of HENDRICKS } **:
Signed Father	Signed Father
Signed	Signed
Subscribed and sworn to before me this	Signed
	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE 1937	Clerk
HENDRICKS COUNTY COUNTY	RT. A marriage license having been refused to the above named parties, the
in Clerk's office authorized I	ourt by written order issued Say Warren and filed
the bit wellenmered there are class	E AND MARRIAGE
day of	Circuit Com
Be it further remembered the first	nse issued by the clerk of the HENDRICKS Circuit Court  19 7, authorizing the joining together as husband and wife and NAOMI RUTH WOOD  office, to-wit:
I, GEORGE MONDAY GEORGE MONDAY	IND. NAOMI RUTH WOOD
one thousand nine hundred and 87	and NAOMI RUTH WOOD office, to-wit: hereby certify that on the 17th day of OCT.  at INDPLS.  MAIRON ,,,
tunarea ana or	secretly certify that and the
and, BrideNAOMI R. WOOD	of , County of
were by me united in marriage as authorized.	HENDRICKS County, State of IN
Dated this	of HENDRICKS County, State of IN  HENDRICKS County, State of IN  that purpose by the Clark of IN  HENDRICKS
Dated this 9th day of OCT. , 19 87	that purpose by the Clerk of the Circuit Court of HENDRICKS  HENDRICKS  County, State of IN  HENDRICKS  HENDRICKS
, 10	
Filed and recorded in accordance with the laws of the	Signed /s/ GEORGE MONDAY
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation PASTOR  21st day of OCT 1887
	agy of OCT

.Circuit Court

Form Prescribed By Indiana State Board 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	0	20	
ile_				

MALE Medical Examination Report Dated	FEMALE Date of Application
Name of Physician	Medical Examination Report Dated 8-7-87
Name of Thysical DE ANSWEDED 10 21 Age	Name of Physician Mchael L. Boother
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-13-6 prescribed "False statement—Wheshall be fined in any sum not exceeding five hundred dollars (\$500,00)".	Name of Physician Mchael L. Boothe noever procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	a neense to marry by any false statement, representation or pretense
Name (First Middle B. I. Last	Name O Fiftet APPLICANT
Date of Birth Month Day Year	Middle / Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
mallson street or BIR	Place of Birth (State or foreign country)
Residence Address, Street or R. R. City County State	Residence Address Street of P. P.
Previous Marital Status: Never Married OR	- 120 Shepfield Wanvello State
Last Marriage Ended By: Death Divorce Annulment Divorce	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
Wright Lines	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Writtles Ficense)	Other (Specify Nivers 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?	1. Are you now or have you ever been adjudged to be of unsound mind?
165	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?  No Yes   3. Are you related to the female applicant closer than second cousin?  No Yes   No Yes  No Yes   No Yes   No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes  No Yes	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor?  Now Yes	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug?  Now Yes	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?  No Yes   No Yes
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Tourt Bupton	8. Full name of father Jannie L. Wolf
Residence of father (if deceased so state) Alclased	Residence of father (if deceased so state) Lallow Okio
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country Fallow Ohio
9. Full maiden name of mother Joan Malone	An Bin Roll Hall
dealassel	9. Full maiden name of mother Thanker well reffmed
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Sallow Oklo
Birthplace of mother (State or foreign country) (MACO) 50,	Birthplace of mother (State or foreign country)
State of Indiana,  HENDRICKS    sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Bas: I depose and state the information given in this application is true and correct.
County of the true and correct.	County of
Signed X	Signed Name Tright
New Address / 1/30 Staffeld L	New Address 120 Sheffield Dr.
Subscribed and sworn to before me this 9 day of Let 19.87	Subscribed and sworn to before me this 9th day of Oct 1987.
MARIA PENDRICKS	Mary Jane Russellark HENDRICKS Circuit Court
Great Court Court	The state of the s
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which related to
State of Indiana,	State of Indiana, HENDRICKS } ss:
County of HENDRICKS \$88:	County of
Signed Father	SignedFather
	Signed
Signed	Subscribed and sworn to before me thisday of, 19
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before the difference of the Clerk
Clerk	A Company of the second of the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUF	A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	ourt by written order issued
County	of a marriage license to the above named parties.
authorizes and directs the issuance of	of a marriag
RETURN OF MARRIAGE LICENS	nse issued by the clerk of the Circuit Court
Be It Remembered, there was filed in my office a marriage the	authorizing the joining together as husband and wife
Be It Remembered, there was filed in my office a marriage licer of Indiana dated the day of	
Be it further remembered St. BUXTON certificate was filed in my o	office, to-wit:
Be it further remembered, the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage	hereby certify that on the
the thousand wine t	County State of
State of Indiana, Groom JOHN S. BUXTON	of HENDRICKS County, State of IN
State of Indiana, Groom JOHN S. BUXTON  and, Bride L. DIANE PUGH	HENDRICKS Court of HENDRICKS
JOHN S. BUXTON  Ind, Bride  L. DIANE PUGH  were by me united in marriage as authorized by a marriage license issued for County.	that purpose by the Clerk of the Circuit Court of
County me united in marriage as authorized by a marriage weeks	
Dated this 16th day of OCT., 19 87	Signed /s/ MARY LEE COMER
Filed and recorded in accordance with the laws of the State of Indiana this	16th day of Clerk
and recorded in accordance with the laws of the State of Indiana this	Signed HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

502

... Circuit Court

HENDRICKS

Date of Application _County FEMALE
Medical Examination Report Dated_ 10-5-87

MALE Medical Examination Report Dated	Name of Physician Harvey Humalstein
Name of PhysicianWhoever	Name of Thysical Name of Alicense to marry by any false statement, representation or pretense ver.procures the issuance of a license to marry by any false statement, representation or pretense FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement"	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Last
Name First Middle Last	Date of Birth Month Day Year
Date of Birth Month Day 199	Place of Birth (State or foreign country)
Place of Birth (State or foreign/country)	City - Count
State County State	Residence Address Street or R. R. State State
Residence Address Street or R. R. City County . Handrick	Previous Marital Status: Never Married OR
Provious Marital Status: Never Married OR	Let Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	d Other (Specify) Da. to.
Other (Specify) D. J. V.	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes No Yes No Yes	If answer is "yes", has the adjudication been removed?  No Yes
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease? No ▼Yes□
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin?
3. Are you related to the female applicant closer than second cousin?  No D. Yes   4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor? No Yes D
5. Are you now under the influence of a narcotic drug?  No Yes   No	5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Jason Wales
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support.  8. Full name of father	8. Full name of father Clarke & Workman
Residence of father (if deceased so state) Residence	Residence of father (if deceased so state) had the had
All and the second seco	
Birthplace of father (State or foreign country)	R. 1 ( Mestine)
9. Full maiden name of mother	9. Full maiden name of mother
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS  sa: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
V Vander C Del	VOO 0- 51,200
Signed & State Company	Signed XXXXXIII
New Address 1948 Orango Scient Fe	New Address 8480 Crawfordsirllo Rd-
Subscribed and sworn to before me this day of 150	Subscribed and sworn to before me this 3 day of Oct c 19
HENDRICKS Circuit Court	11/02y Jane Rhall Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, County of HENDRICKS ss:	State of Indiana,
County of	County of HENDRICKS ss:
Signed Father	Signed Father
Signed	
Subscribed and sworn to before me this	Subscribed and 19
Clerk	Subscribed and sworn to before me this day of 19
	Ciera
HENDRICKS COURTS ISSUED BY ORDER OF COURT	RT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE	ourt by written order issued and filed
the issuance	OI a marriage license to the
Be It Remembered, there was filed in many of	SE AND MARRIAGE CERTIFICATE  nse issued by the description.
of Indiana dated the day of	SE AND MARRIAGE CERTIFICATE  nse issued by the clerk of the HENDRICKS Circuit Court  wife
JAMES C. LYONS	nse issued by the clerk of the HENDRICKS Circuit Court  , 19 , authorizing the joining together as husband and wife and CHARLOTTER I
I. DAVID I Townsering certificate was filed in my	and CHARLOTTE J. WEBER office, to-wit:
one thousand nine hundred and	and CHARLOTTE J. WEBER  office, to-wit:  hereby certify that on the 24th day of OCT.
State of Indiana, Groom	at CLERMONT 24th day of OCT.
and, Bride CHARLOTTE J. WERED	of County of
were by me united in marriage as outhoring to	MARION County, State of IN
Dated this 24th day of OCT. 1987	that purpose by the Clerk of the Circuit Court of HENDRICKS
13	
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ DAVID L. JOHNSON
thus of the State of Indiana this	27+1 MINISTER
	Signed Was day of OCT. ,19 87

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County

No	503	
File		

10-14-87

MALE Medical Examination Report Dated	FEMALE Date of Application
Name of Physician	Medical Examination Report Dated 9-24-87
	Name of Physician David B. Haggard
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ver procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	FEMALE APPLICANT
Leonard Dale Mcglothlin	Name First Middle Last
4 / // // // // // // // // // // // //	Date of Birth Month Day Year
Place of Birth (State or foreign country)  Montana	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State 5055 Edinborough Lane Apt 716 Frapls Mar. IN.	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	1.0. box 23-7 Clayton Hen IN.
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Drivers	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	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?	Are you now or have you ever been adjudged to be of unsound mind?     No ✓ Yes ✓     If answer is "yes", has the adjudication been removed?     No ✓ Yes ✓
2. Are you afflicted with a transmissible disease? No Yes	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No Yes □ 4. Are you now under the influence of intoxicating liquor? No Yes □	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of intoxicating liquor?  No Yes   5. Are you now under the influence of a narcotic drug?  No Yes   No Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Debra Sue meglothlin-19	Angela Louise Hutcheson -11
Jennifer lynn Mcglothlin - 15	Randall Gene Hutcheson-7
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?  No Ves  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Morris Thorton Mcglothin	8. Full name of father H. Grene Horner
Residence of father (if deceased so state) Montana	Residence of father (if deceased so state) Clayton TN
Birthplace of father (State or foreign country) Montana	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Myrtle Bernice omsbeerg	9. Full maiden name of mother Betty Lou Phillips
Residence of mother (if deceased so state) Montana	Residence of mother (if deceased so state) Clayton, ID.
Birthplace of mother (State or foreign country) Montana	Birthplace of mother (State or foreign country) India Na
State of Indiana.  HENDRICKS    sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application is true and correct.
County of	County of Signed Cyntha A Utcles
Signed Leaned M'Holler.	New Address R. R. 3, Dox 306, Clayton
New Address R. R. 3 Box 306, Clay ton	New Address. A
Subscribed and sworn to before me this 14 day of OCT 187.	Subscribed and sworn to before me this.  Mary Jane Russell Clerk HENDRICKS Circuit Court
mary Jane Russell Gerk HENDRICKS Circuit Court	- Mary gane
SOUGHING THE CHAPPING	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other	
	State of Indiana, HENDRICKS ss:
State of Indiana, County of HENDRICKS	County of Father
Father	Signed
Signed Mother	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	
	RT. A marriage license having been refused to the above named parties, the Court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	RT. A marriage license having been refused to the above and filed court by written order issued
County	of a marriage license to the above named parties.
authorizes and directs div	SE AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  ense issued by the clerk of the
RETURN OF MARKIAGE ENGLISHED IN THE WAS filed in my office a marriage lic	SE AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  ense issued by the clerk of the  1987, authorizing the joining together as husband and wife  NORTHIA ANN HUTCHESON
of Indiana dated the 2) day of October	ense issued by the clerk of the
, , , , , , , , , , , , , , , , , , , ,	neredy cores of
RONALD E SEARS	and office, to-wit:  hereby certify that on the 14th day of NOV.  CLAYTON , County of HENDRICKS , at HENDRICKS County, State of IN HENDRICKS County, State of HENDRICKS HENDRICKS HENDRICKS
the thousand nine hundred and	, HENLIGHTON TN
and, Bride CVNTHIA ANN HUTCHESON	of
were by me united in marriage as authorized by a marriage license issued for	or that purpose of
Data to the NOV	Signed CURTSTIAN CHURCH
14th day of NYY.	7 Signed /s/ RONALD E. SEARS Official Designation PASTOR CLAYTON CHRISTIAN CHURCH NOV. , 1987
Filed and recorded in accordance with the laws of the State of Indiana this	17th day of Clerk
Filed and recorded in accordance with the laws of the State of Indiana this	17th day of Clerk Signed Many James Rusell HENDRICKS Circuit Court

# APPLICATION FOR MARRIAGE LICENSE

10-14-87 Date of Application

.Circuit Court

HENDRICKS

n Prescribed By ana State Board of Ith under Authority  APPLICATION FOR I	County Date of Application
C. 31-1-3-2 ective July 1, 1977	
Company of the last of the las	FEMALE Medical Examination Report Dated  10-8-87
MALE Medical Examination Report Dated	Name of Physician Larry Lovall
Name of Physician	Name of Physician  Procures the issuance of a license to marry by any false statement, representation or pretense sever procures the issuance of a license to marry by any false statement, representation or pretense sever procures the issuance of a license to marry by any false statement, representation or pretense sever procures the issuance of a license to marry by any false statement, representation or pretense sever procures the issuance of a license to marry by any false statement, representation or pretense sever procures the issuance of a license to marry by any false statement, representation or pretense sever procures the issuance of a license to marry by any false statement, representation or pretense sever procures the issuance of a license to marry by any false statement, representation or pretense sever procures the issuance of a license to marry by any false statement, representation or pretense sever procures the issuance of a license to marry by any false statement.
Name of Frigstellar Reanswered, LC, 31-1-3-6 prescribed "False statement—Who	FEMALE APPLICANT
L QUESTIONS MUST BE ANSWERED. LC, 31-1-3-6 prescribed in any sum not exceeding five hundred dollars (\$500,00)°.	Name First,
MALE AT Doddle Last	Day Year
Year Year	Date of Birth Month 19 63
e of Birth Month	Place of Birth (State or foreign country)  Street or R. R. City County State
ce of Birth (State or foreign country)	Residence Address Street or R. R. Clayton Henriks IN
dence Address Street or R. R. Planfield Hendricks /N	Previous Marital Status: Never Married OR
vious Marital Status: Never Married OR	Ended Ry Death Divorce Annulment
Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate D Judicial Decree
e of birth verified by: Birth Certificate Judicial Decree	Other (Specify) Drivers License
Other (Specify) Divers License	Other (Specify)      No Yes      Are you now or have you ever been adjudged to be of unsound mind?  No Yes
Other (Specify) Other (Specify	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?
Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin?  No. Yes
Are you related to the female applicant closer than second cousin?  No Yes   Are you now under the influence of intoxicating liquor?	4. Are you now under the influence
Are you now under the influence of municating inquiries.  No Yes   Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug?      Ny Yes      List the full names of any dependent children.
List the full names of any dependent children.	O. LIST THE TOTAL
	the share or orders to support the share
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No Yes
dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father James R. O'Brien	8. Full name of father KODOLE M. CLOUDER
Residence of father (if deceased so state) Planfield, IN	Residence of father (if deceased so state) (10 4 TO), 174
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country)
Full maiden name of mother Wilma Sullivan	9. Full maiden name of mother Nellie J. Dimpson
Residence of mother (if deceased so state) Plain Field, Til	Residence of mother (if deceased so state) Clayton, W
Birthplace of mother (State or foreign country) Thinois	Birthplace of mother (State or foreign country) Troigna
tate of Indiana, HENDRICKS    sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    See: I depose and state the information gives in this application is true and corn
county of Micros of the and correct.	County of
Signed Signed De Cal	Signed Silly Sur Cheek
New Address 602 DEaKESIDE OF Plaintick	New Address Le 02-40 Zaklide Min IN
ubscribed and sworn to before me this day of Ot 180.	Subscribed and sworn to before me this day of Oct 19.5
Mary fare Russell Clerk HENDRICKS Circuit Court	Mary Jake Russell Gerk HENDRICKS Circuit Co
ONSENT OF PARENTS, PARENT OR GUARDIAN	
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
	We, the parents, of this applicant hereby give consent for this marriage. If only one pa
gns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
ate of Indiana, HENDRICKS }ss:	State of Indiana,
ounty of	County of HENDRICKS \$88:
SignedFather	Signed Fe
Signed	М.
ubscribed and sworn to before me this	10
Clerk	and sworn to before me this
	***************************************
HENDRICKS COUNTY	URT. A marriage license having been refused to the above named parties,
Authorizes and di	URT. A marriage license having been refused to the above named parties,Court by written order issued
the Issualic	ce of a marriage license to the above named parties
Be It Remembered, there was filed in my office and office and	NSE AND MARRIAGE CERTIFICATE
f Indiana dated the 19th day of OCT	NSE AND MARRIAGE CERTIFICATE icense issued by the clerk of the HENDRICKS Circuit C
SCOTT MICHAEL O'BRIEN	HENDRICKS Circuit C
ne thousand nine hundred and 87	wy office, to-wit: hereby certify that on the 24th day of OCT.  HENDRICKS
SCOMM MACON	C -1 HEND
ALLLY SIE CROWD	HENDRICKS -
were by me united in marriage as authorized by a marriage	HENDRICKS County, State of IN HENDRICKS County, State of IN for that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 24th .	for that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 24th day of OCT.	87
Filed and recorded in accordance with the laws of the State of Indiana this	
ued and recorded in accordance with the	Official D
the laws of the State	Official Designation ROMAN CATHOLIC PRIEST

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File_

MALE Medical Examination Report Dated	FEMALE Date of Application
	Medical Examination Report Dated 18.13-87
Name of Physician	
ALL OUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "Falsy start	Name of Physician . Edwards
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	ever procures the issuance of a license to marry by any false statement, representation and all the statement, representation and the statement of the statemen
MALE APPLICANT	take statement, representation or pretense
Name First Middle Last	Name FEMALE APPLICANT
And Birth Month Day	Middle Last
Date of Direct	Date of Birth Month Ruth Hughes
Place of Birth (State or foreign country)	Place of Plat (9)
Residence Address Street or R. R. City County State	Place of Birth (State on foreign country)
Residence Address County State	Residence Address Street or R. R. City County State
	10029 Bacara Dr. Indols. Hardreks
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married OR
Last Marriage Ended By Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Dr. Lie	
	Other (Specify) Dr. Live.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No Yes	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No A Yes D	
3. Are you related to the female applicant closer than second cousin? No X Yes O	
4. Are you now under the influence of intoxicating liquor? No Yes O	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug? No Yes O	4. Are you now under the influence of intoxicating liquor?  No Yes   5. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No X Yes
South the Brist	6. List the full names of any dependent children.
Marie W. Wille	John 8. Aughor
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?
	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.  8. Full name of father.	compliance with any court order or orders issued for their support.
8. Full name of father Reland C. Pluge	8. Full name of father John W. Hawkaton
Residence of Tather (if deceased so state) \\ \Delta Usells will also \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Residence of father (if deceased so state)
bled.	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother 11 (a) 4	9. Full maiden name of mother May I wanted
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
NESIGENE OF INSTITUTE OF THE SECOND STATES OF THE S	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS  **: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    Section 1   Section 2   Section 3   Section 2   Section 3
County of	County of
and I alas I Duid	Signed Magne R. Dughes
Signed A Color of the Color of	
New Address Same as a Park	11 Mat 87
Subscribed and sworn to before me thing 19 day of OC	Subscribed and sworn to before me this day of day of 1901.
Many Carl Russell Gerk HENDRICKS Circuit Court	May Jave Rusell Clerk HENDRICKS Circuit Court
CHER COURT	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana.
State of Indiana,	State of Indiana, HENDRICKS County of
County of HENDRICKS	County of
Signed Father	Signed
Signed	Signed
Signed	Subscribed and sworn to before me this
Subscribed and sworn to before me thisday of19	Subscribed and sworn w Clerk
Clerk	
	having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above hames part filed
HENDRICKS	ourt by written order issued
in authorizes and directs the issuance of	of a marriage license to the above named parties.
authorizes and directs the issuance of	MARRIAGE CERTIFICATE LIENDRICKS
THE MARRIAGE LICENS	E AND Marie Curt Court
Be It Remembered there was filed in my office a marriage lice	SE AND MARRIAGE CERTIFICATE  The series issued by the clerk of the description of the des
of Indiana dated the 20	, 19, uatter wing
Be It Remembered, there was filed in my office a marriage lices of Indiana dated the day of Be it further remembered, the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage certificate was filed in my of the following marriage was filed in my of the following	andNAOMI-RUTH-HUGHES
ALAN T OHTON	office, to-wit.
I. MYPON DADNADD	hereby certify that of the MARION County of MARION
DIRON BARNARD	at State of IN
the thousand nine hundred and	of HENDRICKS
State of Indiana, GroomALAN. L. QUICK	HENDRICKS County, State of HENDRICKS
and, Bride NAOMI RUTH HUGHES of	by the Clerk of the Circuit Court of
ing license issued for	that nurpose by the court,
were by me united in marriage as authorized by a marriage mens	
County	DANARD
County.  Dated this 23rd day of OCT., 1987	Signed/s/MYRON.BARNARD
County.  Dated this 23rd day of OCT., 1987	Signed/s/MYRON.BARNARD
County.  Dated this 23rd day of OCT., 1987	Signed/s/MYRON.BARNARD
County.	Signed/s/MYRON.BARNARD

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

10-15-87 Date of Application

.. Circuit Court

HENDRICKS

Effective July 1. 1977	FEMALE Medical Examination Report Dated 9-23-87
MALE Medical Examination Report Dated  9-28-87	Name of Physician William Wrew.
Name of Physician  Name of Physician  Name of Physician  Name of Physician	pever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
Name of Physician.	FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 pressure pressure in the state of the	Name First Middle Last
Middle P land	Date of Birth Month Day
Year Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Demand and
City County State	Residence Address Street or R. R. Street or R. R. State
Residence Address Street or R. R. Street or	Province Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Loct Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certification	Other (Specify) DN. Lw.
Other (Specify) No Yes O	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?  No □ Yes □  If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Ves C
No ya Tes -	2. Are you afflicted with a transmissible disease?  No. Yes   3. Are you related to the male applicant closer than second cousin?  No. Yes
3. Are you related to the female applicant closer than second cousin?	4. Are you now under the influence of intoxicating liquor? No Tyes D
4. Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic drug? No Yes D
Are you now under the influence of a narcotic drug?      List the full names of any dependent children.	6. List the full names of any dependent children.
-	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children?  No Yes C
dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Enginee Reinhard	8. Full name of father John Whard Jane
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Edna a. Luk	9. Full maiden name of mother Way Whee Herry
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Web.
State of Indiana, HENDRICKS  I depose and state the information given in this application is true and correct.	State of Indiana,  HENDRICKS    Sas: I depose and state the information given in this application is true and correct.
	County of V
Signed X Eugene J. Klinhard New Address 5 700 E. Marsgato, Apt. 2105	Signed Water Tayle
Subscribed and sworn to before me this.	New Address 165 Palisades 1711 UC, TX 78198
Subscribed and sworn to before me this day of HENDRICKS	Subscribed and sworn to before me this. Subscribed and sworn to before me this.
Mary Jane Rusell Clerk HENDRICKS Circuit Court	Mary Jane Russell Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS } ss:	
County of TEINDRICKS	State of Indiana, County of HENDRICKS } ss:
SignedFather	Take
Signed	Signed
Subscribed and sworn to before me this	Signed
Clerk	Subscribed and sworn to before me thisday of
HENDRICKS County ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
inauthorizes and directs the	urt by written order issuedand filed
PETUDA OF THE ISSUANCE OF	a marriage license to the above named parties.
see of Remembered, there was fled in the RAGE LICENSI	E AND MARRIAGE CERTIFICATE
PHOPPING day of OCT.	Circuit Com
Be it further remembered, the following manifest	, 19.07., authorizing the joining together as husband and will
RICHARD ZORE	fice, to-wit:
State of Indiana G	ndDALRENE MARIE KANE  ffice, to-wit:  hereby certify that on the 17th day of OCT.  atPLFD, County of HENDRICKS
and, Bride DARLENE MARIE WARRENCE REINHARD	of County of HENDRICKS
were by me united in marriage as and	SEDGEWICK County, State of KANSAS
were by me united in marriage as authorized by a marriage license issued for to the county.  Dated this 17th day of OCT.	of SEDGEWICK County, State of KANSAS  BEXAR County, State of TEXAS  that purpose by the Clerk of the Circuit Count of HENDRICKS
Dated this 17th day of OCT.	HENDRICAS HENDRICAS
10	
rued and recorded in accordance with the laws of the State of the	Signed /s/ RICHARD ZORE Official Designation ROMAN CATHOLIC PRIEST
Filed and recorded in accordance with the laws of the State of Indiana this	27th day of OCT. 1987
	C:

....Clerk

Circuit Court

HENDRICKS

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

1411

### PPI ICATION TO INDIANA

### APPLICATION FOR MARRIAGE LICENSE

No. 507

Health 31.1-3-2 of LC. 31.1-3-2 Effective July 1, 1977 HENDRICK	C
MALE Parent Dated	Date of Application
MALE Medical Examination Report Dated	FEMALE
Name of Physician	Medical Examination Report Dated 0-15-57
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	Name of Physician Clark L. Clark
shall be fined in any sum not exceeding tive hundred dollars (\$500,00)*.  MALE APPLICANT	over procures the issuance of a license to marry by any false statement, representation or pretense
O First Middle	FEMALE ADDITIONAL
Date of Birth Month Day Year	Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Plan Braun Year
Mirchelle dy.	Place of Birth (State or foreign country)
Residence Address, Main Dannille Hend State	Residence Address Street or R. R. City County State
Previous Marital Status Never Married OR	TIST E. Main St. Danville Hend. In.
Leet Marriage Ended By Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Oriver's Lie picture	
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify) Ukineis Lie - pecture
If answer is "yes", has the adjudication been removed? No Ves O	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   No Yes
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No. Yes   No. Ye	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug?  6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
Slannon-age 14 Kasey-age 7	Rancel - Age 8
Musey - age	Kanet - age 5
7. Are you required by any court order or orders to support the above	
dependent children? No Ves V	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Court C. Johnson	8. Full name of father Tarlet & Sumpa
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Mysixia Michaelass	9. Full maiden name of mother Eva Drane Callahan
Residence of mother (if deceased so state) Qanville, &w,	Residence of mother (if deceased so state) Thoening they
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.  HENDRICKS  ** I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  88: I depose and state the information given in this application is true and correct.
County of S1	County of Dean Branch
Signed awen Sone	Signed Land Marie Daniel On
New Address 7939 & Myoun Jonwill Fed.	New Address 4959 E. Main Danville
Subscribed and sworn to before me this 15 day of UC. 1957.	Subscribed and sworn to before me this day of HENDRICKS
Mary Jane Kussell Gerk HENDRICKS Circuit Court	Mary Jane Kussell Clerk Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which reduce the constant
State of Indiana.	State of Indiana, HENDRICKS ss:
County of HENDRICKS	County ofFather
Signed Father	Signed
Signed Mother	Signed
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	
	A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the burt by written order issued and filed a marriage license to the above named parties.
in flat b' All's County County	of a marriage license to the above named parties.
in the spinger and directs the issuance	
TO - 70 30 Cladies was office a main the	the common together the readulate and
of Indiana dated the	, 190 /., authorizing the joining way
ady of and any of	ndDEVAJEANBROWN
Be it further remembered, the following marriage certificate was filed in my of I,	hereby certify that on the16thday ofOCT:
I,	at INDPSL, County of
and the nunared and	HENDRICKS IN
one thousand nine hundred and 87 State of Indiana, Groom CALVIN S. JONES and Bride DEVA JEAN BROWN of	HENDRICKS HENDRICKS
one thousand nine hundred and 87  State of Indiana, Groom CALVIN S. JONES and, Bride DEVA JEAN BROWN of were by me writed in the state of the state	that purpose by the Clerk of the
County	DARNARD
Dated this 16th day of OCT., 1987	Signed
	Official DesignationJUDGE, 19.87

Form Prescribed By Indiana State Board of Health under Authority of LC. 31-1-3-2 APPLICATION FOR MARRIAGE LICENSE

10-15-87

HENDRICKS County Date of Application Effective July 1, 1977 Medical Examination Report Dated 10-12-87 Name of Physician Glen W. Baker MALE Medical Examination Report Dated_ ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretens shall be fined in any sum not exceeding five hundred dollars (\$500.00)" MALE APPLICANT Middle Howard Date of Birth 0+.45 Brownsburg HEN Previous Marital Status: Never Married OR 110 E. Franklin Ad. #5 Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree Other (Specify) Drivers License Other (Specify) Drivers License 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No D Yes D No Tyes If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease No Yes D No Yes Are you afflicted with a transmissible disease? 3. Are you related to the male applicant closer than second cousin No Yes D No Yes Are you related to the female applicant closer than second cousin 4. Are you now under the influence of intoxicating liquor No Yes D No Yes Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug No Yes D No Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children ist the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes D No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. compliance with any court order or orders issued for their support. 8. Full name of father William Earl Sherman Wayne Residence of father (if deceased so state) James town, IN Lizton, IN Residence of father (if deceased so state) Indiana Indiana Birthplace of father (State or foreign country)___ Birthplace of father (State or foreign country)_ 9. Full maiden name of mother Patricia Ann Howard Soyce Cowden 9. Full maiden name of mother Myrna Lizton, IN. Residence of mother (if deceased so state) New ROSS, IW. Residence of mother (if deceased so state) Indiana Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country)___ State of Indiana, State of Indiana, I depose and state the information given in this application is true and correct. HENDRICKS Signed Denda O Shurman Signed Vermeth L. Harand New Address 110 E Frank Liu Browsburg Iu New Address 110 E FRANKlin Brownsburg In 46/12 Subscribed and sworn to before me this. day of HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS State of Indiana, County of .... HENDRICKS County of ..... Signed. Subscribed and sworn to before me this ......day of ......day COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the NARD day of October , 1987, authorizing the joining together as husband and wife of Indiana dated the 23 HENDRICKS KENNETH W. HOWARD Be it further remembered, the following marriage certificate was filed in my office, to-wit: BRENDA D. SHERMAN hereby certify that on the 28th day of NOV. one thousand nine hundred and...... 87 and, Bride BRENDA D. SHERMAN Of HENDRICKS County, State of HENDRICKS

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

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

Signed...../s/.WILLIAM.J. BROWN Official Designation MINISTER

Signed. Circuit Court HENDRICKS

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County

No	509
File_	the state of the state of
	10-15-87
THE REAL PROPERTY.	Date of Application

MALE	Date of Application
Medical Examination Report Dated	FEMALE Medical Examination B
Name of Physician	Medical Examination Report Dated 10-12-87
OUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed seal	Name of Physician L. D. Lovall
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (\$500,000".	ever procures the issuance of a license to marry by any false statement, representation or protente
MALE APPLICANT	The state of the s
Name First Middle Last	Name First
Date of Birth Month Day Year	Middle Last
10	Date of Birth Month Day Year
Place of Birth (State or foreign county)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence All .
Time 3	26 Murphy Ct. R. Dura TN County State
Previous Marital Status: Never Married OR	1 0 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by:   Birth Certificate Judicial Decree
Other (Specify) DN. Lie),	Other (Specify) Dy Riv
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No D Yes D	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Yes	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No Yes	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor? No Yes -	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	List and
	Const the
	Joshua Mathan
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Yes	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support
8. Full name of father Sulland Lettle 39.	8. Full name of father Wariel IV. Ronavour
Residence of father (if deceased so state) Rolling Und.	Residence of father (if deceased so state) Pld Id.
Birtheless of father (State on familian country)	Birthplace of father (State or foreign country) Salabama
Birthplace of father (State or foreign country)	Birthpiace of father (State or foreign country)
9. Full maiden name of mother Deventy your state	9. Full maiden name of mother to the state of the state o
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
and the same and t	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)  State of Indiana,  I depose and state the information given	State of Indiana, HENDRICKS    Bas: I depose and state the information given in this application is true and correct.
State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	County of
V 1 1:10: 01/51/19	whinda I trave stal
Signed A Lillian fully	Signed
New Address SAME as above	New Address Dame as accord
Subscribed and sworn to before me this 5 day of Oct . 1987	Subscribed and sworn to before me this day of 19
Mary Care Russ Gerk HENDRICKS Circuit Court	Many Care & Well Glerk HENDRICKS Circuit Court
Gerk Circuit Court	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the
State of Indiana.	State of Indiana, HENDRICKS } ss:
State of Indiana, County of HENDRICKS ss:	State of Indiana, HENDRICKS County of
County of HENDRICKS 58:	State of Indiana, HENDRICKS  County of Signed Father
County of HENDRICKS 58: Signed Father	County of
County of HENDRICKS 58:  Signed Mother	County of
County of HENDRICKS 58:  Signed Mother	County of
Signed Father  Signed Mother  Subscribed and sworn to before me this day of Clerk	Signed
Signed Father  Signed Mother  Subscribed and sworn to before me this day of Clerk	Signed
Signed Father  Signed Mother  Subscribed and sworn to before me this day of Clerk	Signed
Signed Father  Signed Mother  Subscribed and sworn to before me this day of Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	Signed
Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COULTHENDRICKS  County  Liveste the issuance	Signed
Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COULTENERS  HENDRICKS  County  in  authorizes and directs the issuance	Signed
Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  HENDRICKS  in authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE	Signed
Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  HENDRICKS  in authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE	Signed
Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COULT HENDRICKS  in authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE	Signed
Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COULT HENDRICKS  in authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE	Signed
Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COULTED HENDRICKS  in authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Of Indiana dated the day of	Signed
Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY HENDRICKS  in  authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Of Indiana dated the  WILLIAM J. TUTTLE, JR.  Be it further remembered, the following marriage certificate was filed in my  I,  STEVEN T. REEVES	Signed  Signed  Signed  Subscribed and sworn to before me this  Clerk  RT. A marriage license having been refused to the above named parties, the ourt by written order issued  of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  nse issued by the clerk of the  nse issued by the clerk of the  nse issued by the clerk of the  19  nauthorizing the joining together as husband and wife  and  LINDA SUE TRAVELSTED  office, to-wit:  hereby certify that on the  24th  day of  COT.  HENDRICKS  BROWNSBURG  County of  HENDRICKS
Signed  Signed  Signed  Signed  Mother  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COULTENDERICKS  County  in  authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Be it further remembered, there was filed in my office a marriage lice  of Indiana dated the  WILLIAM J. TUTTLE, JR.  Be it further remembered, the following marriage certificate was filed in my  I,  STEVEN T. REEVES  one thousand nine hundred and	Signed  Signed  Signed  Signed  Subscribed and sworn to before me this  Clerk  RT. A marriage license having been refused to the above named parties, the ourt by written order issued  of a marriage license to the above named parties.  REAND MARRIAGE CERTIFICATE  Inse issued by the clerk of the  Inse issued by the clerk of the  Inse issued by the clerk of the  Authorizing the joining together as husband and wife  and  LINDA SUE TRAVELSTED  office, to-wit:  hereby certify that on the  BROWNSBURG  At  HENDRICKS  County of  HENDRICKS  IN
Signed  Signed  Signed  Signed  Mother  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COULTENDERICKS  in  authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Be it further remembered, there was filed in my office a marriage lice  of Indiana dated the  WILLIAM J. TUTTLE, JR.  Be it further remembered, the following marriage certificate was filed in my  I,  STEVEN T. REEVES  one thousand nine hundred and	Signed  Signed  Signed  Signed  Subscribed and sworn to before me this  Clerk  RT. A marriage license having been refused to the above named parties, the ourt by written order issued  of a marriage license to the above named parties.  REAND MARRIAGE CERTIFICATE  Inse issued by the clerk of the  REAND MARRIAGE CERTIFICATE  Inse issued by the clerk of the  Inse issued by the clerk of the  Inse issued by the clerk of the  REAND MARRIAGE CERTIFICATE  Inse issued by the clerk of the  Inse issued by the clerk of the  REAND MARRIAGE  REAND MARRIAGE  Circuit Court  Authorizing the joining together as husband and wife  and  LINDA SUE TRAVELSTED  office, to-wit:  At hereby certify that on the  BROWNSBURG  REANDRICKS  County of  HENDRICKS  IN  IN
Signed  Signed  Signed  Signed  Mother  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COULTENDERICKS  in  authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Be It Remembered, there was filed in my office a marriage lice  of Indiana dated the  MILLIAM J. TUTTLE, JR.  Be it further remembered, the following marriage certificate was filed in my  I,  STEVEN T. REEVES  one thousand nine hundred and	Signed  Signed  Signed  Signed  Subscribed and sworn to before me this  Clerk  RT. A marriage license having been refused to the above named parties, the ourt by written order issued  of a marriage license to the above named parties.  REAND MARRIAGE CERTIFICATE  Inse issued by the clerk of the  REAND MARRIAGE CERTIFICATE  Inse issued by the clerk of the  Inse issued by the clerk of the  Inse issued by the clerk of the  REAND MARRIAGE CERTIFICATE  Inse issued by the clerk of the  Inse issued by the clerk of the  REAND MARRIAGE  REAND MARRIAGE  Circuit Court  Authorizing the joining together as husband and wife  and  LINDA SUE TRAVELSTED  office, to-wit:  At hereby certify that on the  BROWNSBURG  REANDRICKS  County of  HENDRICKS  IN  IN
Signed  Signed  Signed  Signed  Mother  Subscribed and sworn to before me this  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COULT HENDRICKS  County  in  authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Be It Remembered, there was filed in my office a marriage lice of Indiana dated the  MILLIAM J. TUTTLE, JR.  Be it further remembered, the following marriage certificate was filed in my  I,  STEVEN T. REEVES  one thousand nine hundred and	Signed
Signed  Signed  Signed  Signed  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  IN authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  Father  Clerk  RETURN OF MARRIAGE LICENSE  Is authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  Of Indiana dated the  WILLIAM J. TUTTLE, JR.  Be it further remembered, the following marriage certificate was filed in my  I, STEVEN T. REEVES  One thousand nine hundred and  State of Indiana, Groom  WILLIAM J. TUTTLE, JR.  and, Bride  LINDA SUE TRAVELSTED  of  were by me united in marriage as authorized by a marriage license issued for	Signed
Signed  Signed  Signed  Signed  Mother  Subscribed and sworn to before me this  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COULTENDERICKS  in  authorizes and directs the issuance  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Be it further remembered, there was filed in my office a marriage lice  of Indiana dated the  WILLIAM J. TUTTLE, JR.  Be it further remembered, the following marriage certificate was filed in my  I,  STEVEN T. REEVES  one thousand nine hundred and	Signed

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

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

__County

No._

10-16-67 Date of Application

Control HENDRICA

... Circuit Court

Effective July 1, 1977	FEMALE Detect 10-13-87
MALE	Madical Examination Report Dated
Medical Examination Report Dated	Name of Physician Philip Batista
Name of Physician Whose statement - Whose statem	over procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
shall be fined in any sum in a	
MALE APPLICANT	Name First Middle Last HUTST
Name First Middle Thomas	Date of Birth Month 3/
Date of Birth Month 27	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City County Hendricks /N	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Lest Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by:   Birth Certificate Judicial Decree	Other (Specify) Ubrk Identification
Other (Specify) Drivers License No. Yes -	1. Are you now or have you ever been adjudged to be of unsound mind?  No. Yes C
1. Are you now or have you ever been adjudged to be of unsound mind.	If answer is "yes", has the adjudication been removed?
If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?  No. Yes  No. Y
No Yes U	3. Are you related to the male applicant closer than second cousin?  No Yes□  4. Are you now under the influence of intoxicating liquor?  No Yes□
4. Are you now under the influence of intoxicating liquor?  No Yes   Yes  Yes	5. Are you now under the influence of a narcotic drug? No Yes O
Are you now under the influence of a narcotic drug?     List the full names of any dependent children.	6. List the full names of any dependent children.
6. List the rull names of any dependent children.	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No Ves C
dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No U Yes U  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
ompliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Calen G. Thomas	8. Full name of father Donald J. Hurst
Residence of father (if deceased so state) Advance, /N	Residence of father (if deceased so state) Speedway, M
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Tradiana
9. Full maiden name of mother JCOD White	9. Full maiden name of mother Julic A. Davis
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Speedusty, W
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
State of Indiana.  HENDRICKS  BR: I denose and state the information given in this application is true and correct.	State of Indiana,  Countrief HENDRICKS  Ba: I depose and state the information given in this application is true and correct.
1. 16	County of
New Address Name Of Cyclic	Signed fol Della Con Della
7.4 0.40.600	New Address Case St Home
Subscribed and sworn to before me this (4 day of UCTODU) 1987.  The Russill Clerk HENDRICKS Circuit Control of the Control of	Subscribed and sworn to before me this day of Oct 19.51
Clerk Circuit Court	Mary gane Kussell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,  Country of HENDRICKS } ss:	State of Indiana,
County of	County of HENDRICKS }ss:
SignedFather	SignedFather
Signed	Signed Mother
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
	Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	CT. A marriage license having been refused to the above named parties, the
County County	ourt by written order issued and filed
authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE	of a marriage license to the
The Die Remembered there	E AND MADDY
of Indiana dated the 20th NOV	E AND MARRIAGE CERTIFICATE  nse issued by the clerk of the HENDRICKS Circuit Cour
Re if further research TOMMY J. THOMAS	, 19.87 authorizing the joining to the hysband and wife
Be it further remembered, the following marriage certificate was filed in my of	ndJENNIFER A HURST
one thousand nine hundred and 87	hereby certify that
State of Indiana, Groom	hereby certify that on the 15th day of NOV.  at INDPLS., County of MARION
and, Bride JENNIERD	of County of MADADA
County of me united in marriage as authorized by a marriage V	HENDRICKS County, State of IN
were by me united in marriage as authorized by a marriage license issued for Dated this	that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 15th day of NOV. 1987	
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation MINISTER
0110	day of NOV. 19 87

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

### APPLICATION FOR MARRY

No. 511

of I.C. 31-1-3-2  Effective July 1, 1977  HENDRICK	MARRIAGE LICENSE File
	County 10-16-87 Date of Application
MALE Medical Examination Report Dated	FEMALE
Name of Physician	Medical Examination Report Dated 10-15-87
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	Name of Physician M. Rebecca Haak
shall be fined in any sum not exceeding tive numbered dollars (\$500,00)".  MALE APPLICANT	exer procures the issuance of a license to marry by any false statement, representation or pretense
Name First Middle Last	Name FEMALE APPLICANT
Date of Birth Month Day Year	Shery Ann Washer
Place of Birth (State or foreign country)	Month Day Year
Residence Address Street of R. R. L. City County State	Tradicises
320 s. ragge suple.	Residence Address Street or R. R. City County State P.D. 16 AMD Hen. ID.
Previous Marital Status: Never Married D OR	Previous Marital Status: Never Married OR
Last Marriage Ended By: Death Divorce Annulment Dute of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Date of Street	Date of birth verified by: Birth Certificate  Judicial Decree
Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes	Other(Specify)
If answer is "yes", has the adjudication been removed?  No Ves	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Ves V	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Yes   Yes   No Yes   Yes   No Yes
3. Are you related to the female applicant closer than second cousin? No Ves U	2. Are you afflicted with a transmissible disease?  No Yes □  3. Are you related to the male applicant closer than second cousin?  No Yes □
4. Are you now under the influence of intoxicating liquor?  No □ Yes □	4. Are you now under the influence of intoxicating liquor?
<ul> <li>5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐</li> <li>6. List the full names of any dependent children.</li> </ul>	5. Are you now under the influence of a narcotic drug?  No. Yes   6. List the full pares of any dependent with the second of the
	6. List the full names of any dependent children.
	The state of the s
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No□ Yes□	dependent children? No □ Yes □
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order, or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Calvin Sellton	8. Full name of father Richard Earl Waggoner
Residence of father (if deceased so state) Buch Knyu St.	Residence of father (if deceased so state) Coates ville, Jo.
Birthplace of father (State or foreign country) Kenfucky	Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linds Dannell Wilson	9. Full maiden name of mother. The Ima Louise white
January. G.	Residence of mother (if deceased so state) Amo, IN.
Residence of mother (if deceased so state)	Tindin no
Birthplace of mother (State or foreign country)  State of Indiana,  I depose and state the information given	State of Indiana.
State of Indiana, HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	County of HENDRICKS   S8: in this application is true and correct.
Signed Caril 5. Jones	Signed Sheryl a. Wag Johner
New Address P.O. Box 16 Amo	New Address P.O. Box 16 Wyko
Subscribed and sworn to before me this 20 day of Oct . 1997	Subscribed and sworn to before me this day of Oct 1987
Mary Jane Russell Clerk HENDRICKS Circuit Court	mary gane Russell Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other party	
State of Latin	State of Indiana, HENDRICKS } ss:
State of Indiana.  County of HENDRICKS  ss:	County of
Signed Father	Signed Father
SignedMother	Signed
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the above named parties, th
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the determinant and file court by written order issued
County	of a marriage license to the above named parties.
AUGIOTIZES AND ARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Cour
of Indiana dated the DAVID SHELTON JONES  RETURN OF MARRIAGE LICENTER  Marriage lice  of Indiana dated the DAVID SHELTON JONES	SE AND MARRIAGE CERTIFICATE  ense issued by the clerk of the  , 19 9 , authorizing the joining together as husband and wif
of Indiana dated the	SHERYL ANN WHOSE
DAVID SHELTON JONES	office, to-wit: 21 day of NOV.
be it further remembered, the following marriage certificate and	hereby certify that on the
one thousand nine hundred and 87  State of Indiana, Groom DAVID SHELTON JONES  and Bridge SHERVI ANN WAGGONER of	at
TOUSUM nine hundred and	TNI
and, Bride SHERYL ANN WAGGONERof	
were by me united in marriage as authorized by a marriage items	
County.  Dated this 21 day of NOV. 19.87	7 Signed /S/ FRANK W. RODGERS
aay oj	Official Designation MINISTER , 19.87
	day ofNOV.

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

Form Prescribed By Indiana State Board of

Health under Authority

STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Date of Application

.Circuit Court

of I.C. 31-1-3-2 Effective July 1, 1977 Medical Examination Report Dated FEMALE MALE 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."

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense. shall be fined in any sum not exceeding five hundred dollars (\$500,00) MALE APPLICANT Last Middle Date of Birth Name Day Place of Birth (State or foreign country Date of Birth Place of Birth (State or Residence Address State Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No O Yes O Other (Specify)_ No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed No T Yes D No Yes If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease? No 2 Yes D No Yes Are you afflicted with a transmissible disease 3. Are you related to the male applicant closer than second cousin No Yes D No Yes Are you related to the female applicant closer than second cousing 4. Are you now under the influence of intoxicating liquor? No G Yes D No Yes Are you now under the influence of intoxicating liquor? No O Ves D Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? 6. List the full names of any dependent children List the full names of any dependent children. 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes T No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support compliance with any court order or orders issued for their 8. Full name of father_ 8. Full name of father Residence of father (if deceased so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) 9. Full maiden name of mother_ Residence of mother (if deceased so state). Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) and state the information given application is true and correct. State of Indiana, State of Indiana, **HENDRICKS** HENDRICKS County of .... County of .. Subscribed and sworn to before me this HENDRICKS HENDRICKS .. Circuit Court Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.. signs, state facts which render the consent of the other parent unnecessary... State of Indiana. HENDRICKS State of Indiana, HENDRICKS County of .... Signed COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the of Indiana dated the ROGER DALE LA VALLEY

ROGER DALE LA VALLEY

ROGER DALE LA VALLEY Be it further remembered, the following marriage certificate was filed in my office, to-wit: and CAROL SUE RICHHART 87 hereby certify that on the 7th day of NOV one thousand nine hundred and 87 nereoy certify that on the 7th day of HENDRICKS at 2:30 p.m., County of HENDRICKS State of Indiana, Groom ROGER DALE LA VALLEY of HENDRICKS County, State of IN and, Bride CAROL SUE RICHHART of HENDRICKS County, State of HENDRICKS County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ...... Dated this 7th day of NOV. , 19.87 Signed...../s/~LARRY~LILLY Filed and recorded in accordance with the laws of the State of Indiana this 10th day of NOV.

Signed Many Care Russell HENDRICKS Circuit

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

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE 573 Effective July 1, 1977 HENDRICKS _County 10-19-8-MALE Date of Application Medical Examination Report Dated 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 Middle FEMALE APPLICANT Middle Date of Birth Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree 1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes If answer is "yes", has the adjudication been removed No Yes No T Yes If answer is "yes", has the adjudication been rem No T Yes 2. Are you afflicted with a transmissible disease? No Yes 🗆 2. Are you afflicted with a transmissible disea No Yes ou related to the female applicant closer than sec No A Yes Are you related to the male applicant closer than second cousin? No Yes No Yes D 4. Are you now under the influence of intoxicating liquor? No Yes O u now under the influence of a narcotic drug? you now under the influence of a narcotic drug No Yes the full names of any dependent children List the full names of any dependent children Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above dependent children No Yes D No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Residence of father (if deceased so state). Residence of father (if deceased so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country 9. Full maiden name of mother_ Residence of mother (if deceased so state). Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana. HENDRICKS County of cribed and sworn to before me this .... Circuit Court Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of .... Father Signed Mother Signed Subscribed and sworn to before me this ______day of ______, 19...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_____Court by written order issued_____and filed HENDRICKS authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 33 day of October DOLORES TANNAM

LARRY R. HESSON hereby certify that on the 23rd day of OCT. DANVILLE , County of HENDRICKS and, Bride DOLORES TANNAM of HENDRICKS County, State of HENDRICKS

Were h Signed /s/ LARRY R. HESSON County. 23rd day of OCT. , 19.87 Official Designation....JUDGE Dated this.....

23rd day of ....

.... Circuit Court

Signed May

_____and.....

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

DAVID G. HENDERSON

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

Form Prescribed By Indiana State Board of

of I.C. 31-1-3-2

Health under Authority

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

Date of Application

Effective July 1, 1977 Medical Examination Report Dated. FEMALE MALE Name of Physician Medical Examination Report Dated. ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever, procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT Name Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country Residence Address Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By. Death Divorce Annulment Date of birth verified by: 

Birth Certificate 

Judicial Decree Are you now or have you ever been adjudged to be of unsound mind? No Yes D No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed? No Yes D No Yes If answer is "yes", has the adjudication been removed 2. Are you afflicted with a transmissible disease? No Yes D No Yes D Are you afflicted with a transmissible disease? Are you related to the male applicant closer than second cousin? No W Yes No Yes you related to the female applicant closer than second cousin Are you now under the influence of intoxicating liquor? No Yes D No Yes Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug? No Yes D No Yes 5. Are you now under the influence of a narcotic drug? List the full names of any dependent children 6. List the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes No Yes dependent children' If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their supp 8. Full name of father_ Birthplace of father (State or foreign country Residence of mother (if deceased so state)_ Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) depose and state the information given n this application is true and correct. State of Indiana. State of Indiana, I depose and state the information given in this application is true and correct. HENDRICKS HENDRICKS County of .. HENDRICKS Circuit Court Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent un signs, state facts which render the consent of the other parent unnecessary State of Indiana. HENDRICKS State of Indiana, HENDRICKS County of .... Signed. Father Signed... .....Mother Signed Subscribed and sworn to before me this day of ..... 19...... Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 Oct., 19.8.7, authorizing the joining together as husband and wife DAVID E. PETREE Be it further remembered, the following marriage certificate was filed in my office, to-wit: MARY K. MURRAY DONALD R. SWANSON

hereby certify that on the 31st day of OCT. one thousand nine hundred and 87 at DANVILLE , County of HENDRICKS of HENDRICKS County, State of IN County. County, State of HENDRICKS.

County. ...., 19 87 Signed.........../s/..DONALD.R. SWANSON..... 

HENDR

CONSENT OF PARENTS

HENDRICKS

第1 N N

I Indiana dated the

... Circuit Court

.... Circuit Court

Form Prescribed By Indiana State Board 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 Date of Application Medical Examination Report Dated FEMALE Medical Examination Report Dated Name of Physician_ Name of Physician Manne ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". MALE APPLICANT FEMALE APPLICANT Name Date of Birth Place of Birth (State or foreign country Previous Marital Status. Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decre-1. Are you now or have you ever been adjudged to be of un No Yes D 1. Are you now or have you ever been adjudged to be of unsound mind No Wes D If answer is "yes", has the adjudication been removed! No T Yes If answer is "yes", has the adjudication been removed? No T Yes 2. Are you afflicted with a transmissible disease? No Yes D 2. Are you afflicted with a transmissible disease No Yes O 3. Are you related to the female applicant closer than second cousin? No Yes D 3. Are you related to the male applicant closer than second cousin No Yes D 4. Are you now under the influence of intoxicating liquor? No Q Yes D 4. Are you now under the influence of intoxicating liquor No Tes D 5 Are you now under the influence of a narcotic drug? No Yes 5. Are you now under the influence of a narcotic drug? No D Yes List the full names of any dependent children 6. List the full names of any dependent children 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No T Yes dependent children? No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders i Residence of mother (if deceased so state Birthplace of mother (State or foreign country State of Indiana, HENDRICKS HENDRICKS County of ... & Williams CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of .... Father Subscribed and sworn to before me this ______day of _____, 19____. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 26th day of Selection Jennifer L. Knapp one thousand nine hundred and 87 at BETHESDA BAPTIST CHURCH , County of HENDRICKS IN HENDRICKS County, State of IN were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

County. Signed /s/ DONALD TYLER Dated this. 7th day of NOV. , 19.87 Official Designation MINISTER 

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

No.___ File_ Date of Application

Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE  KS County
Health under Authority of LC. 31-1-3-2 Effective July 1, 1977	KS County Date of Application
Effective July 1.	FEMALE Medical Examination Report Dated 10-13-87
MALE	L H Mariall
Medical Examination Report Dated	Name of Physician
Name of PhysicianWho	sever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed 1 and shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	Name Beverly Middle Bray
Name First , Middle Toler	Date of Birth Month Day Year
Date of Birth Month Day Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R.R. City County State
Residence Address Street or R. R. City County State	237 Shefield Dr. Downle
105 Conson Dr. Davig	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment D	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate  Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?  No Yes   3. Are you related to the male applicant closer than second cousin?  No Yes   No Yes  No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes
3. Are you related to the female applicant closer than second cousin?  No Yes No Yes	4. Are you now under the influence of intoxicating liquor?
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug? No Yes D
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Heather Moule
	Katie Wan
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No □ Yes □	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court orders issued for their support.
compliance with any coast order or orders issued for their support.  8. Full name of father.	8. Full name of father
Residence of father (if deceased so state) Rule about the	Residence of father (if deceased so state) Brooks Ind
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
8. Full maiden name of mother. Ruth a. Mosley	Hala & I berick
Residence of mother (if deceased so state)	9. Full maiden name of mother
Birthplace of mother (State or foreign country)	Residence of mother (if deceased so state)
State of Indiana	Birthplace of mother (State or foreign country)  State of Indiana,
County of HENDRICKS  BB: I depose and state the information given in this application is true and correct.	County of HENDRICKS  sa: I depose and state the information given in this application is true and correct.
Signed X tacid R. Tolor	Signed Beverly & Bran
New Address 237 She field Dr. Danville In	New Address 237 Sleffield De Warville
Subscribed and sworn to before me this and day of Oct 19	Subscribed and sworn to before me this and day of the state of the sta
Mary Jane Russell Gerk HENDRICKS Circuit Court	Many Same Ry as O Clerk HENDRICKS Circuit Court
	Clerk
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana.	
County of HENDRICKS	State of Indiana,
Signed	County of HENDRICKS ss:
Signed	Signed Father
Subscribed and sworn to before me this day of	SignedMother
day of 19	Subscribed and sworn to before me thisday of
Clerk	Clark
HENDRICKS LICENSE ISSUED BY ORDER OF COUR	
in County Co	T. A marriage license having been refused to the above named parties, the purt by written order issued
THE STATE OF THE PROPERTY OF THE PARTY OF TH	E AND ARLES
of Indiana dated the 26 day of Oct	E AND MARRIAGE CERTIFICATE use issued by the clerk of the HENDRICKS Circuit Court use, 1982, authorizing the joining together as husband and wife and BEVERLY BRAY
Be it further remembered the fall	, 198), authorizing the joining together as husband and wife
THE PROPERTY OF THE PROPERTY O	the and the second seco
one thousand nine hundred and 87	nd. BEVERLY BRAY  ffice, to-wit:  hereby certify that on the 7th day of NOV.  at 2:30 p.m. HENDRICKS  of HENDRICKS
State of Indiana, Groom DAYID TOLED	at 2:30 p.m. day of NOV.  at 2:30 p.m. County of HENDRICKS  of HENDRICKS County, State of IN  HENDRICKS IN
BEVERLY PRAY	, County of
County	HENDRICKS County, State of IN
Dated this 7th day of NOV. 19 87	Court of
Filed and recorded in accordance	Signed /s/ GREG MONTAGUE
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation ASSOCIATE PASTOR
this	day of NOV

I are the residence in the less

Are you required by any of dependent intiligren." Passer a Ver co req

State of Indiana.
County of HENDI

CONSENT OF PARENTS

... Circuit Court

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File__

HENDRICKS

Circuit Court

	County
MALE Medical Examination Report Dated (0-15-82)	FEMALE Date of Application
Name of Physician Robert Kirtley	Medical Examination Report Dated 16-15-67
	0
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whose	Name of Physician Robert Kirkley
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	ser procures the issuance of a license to marry by any false statement, representation or pretense
First Middle	PEMALE APPLICANT
Ruft David Schoening	Fire Middle
Date of Birth Month Day Year	Date of Birth 100012 Roe Whitmore
Place of Birth (State or foreign country)	Place of Birsh (St. )
Residence Address Street or R. R. City County State	Bitti (State or foreign country)
Residence Address Rox 248 Lizton Hendricks IN	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	4715 Pennington Court Indianapolis larin (N
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Drivers License	A Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes	1. Are you now or have you goes been divided at the
If answer is "yes", has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?  No Yes
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?  No N. Yes
5. Are you now under the influence of a narcotic drug?  No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	The state of the s
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No Yes   If answer is "yes" it is required that this Application be accompanied by estimated by estimated by the control of the transfer in
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Delbert F. Schoening	compliance with any court order or orders issued for their support.  8. Full name of father Dan C. Whit Move
Daville Tel	
	Residence of father (if deceased so state) Indianapolis, TN
Birthplace of father (State or foreign country) [[10013]	Birthplace of father (State or foreign country) PCDNSYLVANIA
9. Full maiden name of mother Margret M. Lawre	9. Full maiden name of mother Corole A. Ward
Residence of mother (if deceased so state) Dorville, TV	Residence of mother (if deceased so state) Cherry Hill, NJ
T-linns	T-1'- 100
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana,  County of HENDRICKS    I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  State of Indiana, HENDRICKS  State of Indiana, HENDRICKS  State of Indiana, In depose and state the information given in this application is true and correct.
County of The this application is true and correct.	Allie Dythers
Signed flust V. Lewern	Signed #
New Address RR / BOX 248 LIZTON IN	New Address T DOY 278
Subscribed and sworn to before me this 22nd day of Otobon 1980	Subscribed and sworn to before me this 200 day of actors 1980
and and and and an	Mary Jane Russell Gerk HENDRICKS Circuit Court
Mary Jane Rusself Glerk HENDRICKS Circuit Court	Thought the second
CONTRACTOR	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS
County of HENDRICKS \$ ss:	County of
SignedFather	Signed
Mother	Signed
SignedMother	Subscribed and sworn to before me thisday of
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to detect to Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	or A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the and filed burt by written order issued
HENDRICKS County Co	for marriage license to the above named parties.
in authorizes and directs the issuance of	
THE REAL PRINCE LICENS	E AND Mark
TO . 74 24 Clad in may office it flittly may	The some of todelner as ausound with will
of Indiana dated the	, 19d., dans.
Vist David Schooning	indTobblekdewiii:
Roll Control of the Ruft David School and filed in my o	office, to-wit.
I,	INDPLS, County of MARION
one thousand nine hundred and 87	HENDRICKS County, State of IN
one thousand nine hundred and 87 State of Indiana, Groom KURT DAVID SCHOENING and Bride Government of the state of the sta	
State of Indiana, Groom	HENDRICKS HENDRICKS
were by me united in the west of the amarriage license issued for	that purpose by the Cities of
Country the united in marriage as authorized by a marriage	PTOWINGON
Dated this 30th day of OCT., 19.87.	Signed /s/ EDWARD DEAN DICKINSON  MINISTER OF GOSPEL  Official Designation NOV , 19.87
	Official Designation, 19.87

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

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

518 No. File_

10-26-87 Date of Application

Furm Prescribed By Indiana State Board of Health under Authority HENDRICK	County Date of Application
of LC. 31-1-3-2 Effective July 1, 1977	FEMALE Medical Examination Report Dated  Medical Examination Report Dated
MALE Medical Examination Report Dated	Name of Physician
Name of Physician	ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
OUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement Who	FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. I.C. ST. Policy (8500,00)".  shall be fined in any sum not exceeding five hundred dollars (8500,00)".  MALE APPLICANT	Name . First . Middle . Last .
Name First Middle Holye	Maty and Craw
Day Year	Date of Birth (State or foreign country)
Place of Birth (State or foreign country)	Indelle the
City County State	Residence Address Street or R. R. Pike Plyd County State
Residence Address Street or R. R. B. Jung	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married O OR	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment Dute of both verified by: Birth Certificate Dudicial Decree	Date of birth verified by: Birth Certificate  Judicial Decree
Date of borth verified by:	Other (Specify)
Other (Specify) No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed? No □ Yes□
No 9 Yes	2. Are you afflicted with a transmissible disease?  No   Yes   No   No   No   No   No   No   No   N
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant close that the second of the se
4. Are you now under the influence of intoxicating liquor:	5. Are you now under the influence of a narcotic drug? No Yes D
Are you now under the influence of a narcotic drug?      List the full names of any dependent children.	6. List the full names of any dependent children.
Taxa.	
St. Al	
8 2019	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children*	dependent children?  No Wes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father There the There the There appears to the support	8. Full name of father Steven of Gran
Residence of father (if deceased to state) See Chand	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
& Full maiden name of mother Ella & owner Brays	9. Full maiden name of mother Linds Q. Way
Residence of mother (If deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)  State of Indiana,  I denote and state the information given
HENDRICKS  as: I depose and state the information given in this application is true and correct.	State of Indiana,  County of HENDRICKS  Sas: I depose and state the information given in this application is true and correct.
Sun Sanh Cettolyn	a Wit A. Even
New Address Get alpha Brownsburg alnd	Now Address (211 A Data Aug Brownshu
Subscribed and sworn to before me this 2 & day of Oct. 10 87	Act Address Oct 37
11/04 Gare Fred Gerk HENDRICKS Circuit Court	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
sigms, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	seeds, state lacts which render the consent of the other parent unincessary
State of Indiana.	
County of HENDRICKS	State of Indiana, County of HENDRICKS } ss:
Signed	,
Father	SignedFather
Subscribed and sworn to before me this day of	Signed
	Subscribed and sworn to before me thisday of
Clerk	Clerk
HENDRICKS LICENSE ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the
the issuance (	of a marriage license to the characteristics
Be M Remembered, there was find of MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE  The property of the above named parties.  HENDRICKS  County Court
of Indiana dated the 30th was filed in my office a marriage licer	SE AND MARRIAGE CERTIFICATE  nse issued by the clerk of the HENDRICKS Circuit Court  Court Court
Be if further sense I RANDY W. DE COLUBB	nse issued by the clerk of the HENDRICKS Circuit Cour , 1982, authorizing the joining together as husband and wife
LYNN COLEMAN LYNC CErtificate was filed in my	office to MISTY LYNN EVAN
State of Indiana, Groom PANNA	hereby certify that on the 31st day of OCT.  at BROWNSBURG HENDRICKS
AND THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A P	OI DENIDETCEC
were by me united in marriage as authorized t	HENDRICKS County, State of IN County, State of IN
The state of a marriage license issued for	that purpose but a County, State of LIENDRICKS
day of OCT. , 1987	the Circuit Court of
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation YOUTH PASTOR
State of Indiana this	4th day of 1997

Are you afflicted I Are you related

i. Full name of fat

State of Indiana

... Circuit Court

Circuit Court

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

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

519 File_

MALE	10-26-87
Medical Examination Report Dated	FEMALE Date of Application
Name of Physician	Medical Examination Report Dated 10. Baken
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	Name of Physician 10-14-87
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	oever procures the issuance of a license to marrie by
Name First R Middle Last	Name FEMALE APPLICANT
Date of Birth Month Day Year	Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Date Year
Residence Address Street or R. R. City County	Place of Birth (State or foreign country)
Residence Address Street of R. R. City County State	Residence Address Street or P. P.
Previous Marital Status: Never Married OR	Street or R. R. P. City County State
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
Other (Specify) Military ID	Date of birth verified by: Birth Certificate Judicial Decree
	Other (Specify) ( 1 . 1 . 1 .
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D	1. Are you now on how
If answer is "yes", has the adjudication been removed?  No  Yes	If anomay is the U.S. I. I.
2. Are you afflicted with a transmissible disease?  No Tyes To See Your related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease? No Yes □
No Tes D	3. Are you related to the male applicant closer than second cousin? No Yes U
4. Are you now under the influence of intoxicating liquor?  No Yes   No Yes	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug? No A Yes
	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children?	7. Are you required by any court order or orders to support the above
dependent children?  No  Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Thomas Newton Wininger	compliance with any court order or orders issued for their support.  8. Full name of father Royald
Residence of father (if deceased so state) In Able In	Dec - De
	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Dary Fillean Nople	9. Full maiden name of mother Tanala & Dawas
Residence of mother (if deceased so state) Inliple. In	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana	
County of HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	County of
Signed Thomas R. Winings	signed Munniew & Freeland
New Address 913 Brookside Act L. Leavenn	H. 145. New Address.
1 1/1, 8/2	Subscribed and sworn to before me this 26 day of 0st 1987
Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this day of HENDRICKS  Circuit Court
Jan Estable Clerk HENDRICKS Circuit Court	
110	Circuit Court
CONSTRUT	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
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We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana, HENDRICKS  County of Signed  Father
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father  Signed Mother	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed Father	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana, HENDRICKS  County of Signed  Father
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father  Signed Mother	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of.  Signed  Signed  Father  Signed  Mother  Subscribed and sworn to before me this  Clerk
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of.  Signed  Signed  Father  Signed  Mother  Subscribed and sworn to before me this  Clerk
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We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS  County County of County	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS  in authorizes and directs the issuance of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed Father  Signed Mother  County Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS  County Cou	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  Signed
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State of Indiana.  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of HENDRICKS  HENDRICKS County Marriage License authorizes and directs the issuance of Indiana dated the day of day of Marriage License of Indiana dated the day of day of Marriage License of Indiana dated the day of day of Marriage License of Indiana dated the day of day of Marriage License of Indiana dated the	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of.  Signed  Signed  Signed  Subscribed and sworn to before me this  Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued  and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  See issued by the clerk of the  Circuit Court  Authorizing the joining together as husband and wife  TENNIFER LQUISE FREELAND.
State of Indiana.  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of HENDRICKS  HENDRICKS County Marriage License authorizes and directs the issuance of Indiana dated the day of day of Marriage License of Indiana dated the day of day of Marriage License of Indiana dated the day of day of Marriage License of Indiana dated the day of day of Marriage License of Indiana dated the	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of.  Signed  Signed  Signed  Subscribed and sworn to before me this  Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued  and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  See issued by the clerk of the  Circuit Court  Authorizing the joining together as husband and wife  TENNIFER LQUISE FREELAND.
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS  County in authorizes and directs the issuance of authorizes and directs the issuance of Indiana dated the day of 19  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHOUSE Authorizes and directs the issuance of Indiana dated the day of 19  THOMAS ROBERT WININGER 19  Be it further remembered, the following marriage certificate was filed in my of the county of the cou	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS County of.  Signed  Signed  Signed  Signed  Mother  Subscribed and sworn to before me this  Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued  and filed fa marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  See issued by the clerk of the  Anthorizing the joining together as husband and wife and JENNIFER. LOUISE FREELAND.  Thereby certify that on the  12. day of DECEMBER.  County of HENDRICKS
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURHENDRICKS County in authorizes and directs the issuance of authorizes and directs the issuance of Indiana dated the day of Marriage license of Indiana dated the day of Marriage license of Indiana dated the Marriage license of Indi	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, HENDRICKS  County of.  Signed.  Signed.  Signed.  Subscribed and sworn to before me this.  Clerk  T. A marriage license having been refused to the above named parties, the partity written order issued.  If a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  See issued by the clerk of the see issued to the above named parties.
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURHENDRICKS County in authorizes and directs the issuance of Indiana dated the day of Marriage licens of Indiana dated the day of Marriage certificate was filed in my office a marriage licens of Indiana dated the Marriage licens of Indiana dated the License Marriage certificate was filed in my of Indiana dated the Marriage licens of Indiana dated the Marriage licens of Indiana dated the Indiana dated the Marriage Certificate was filed in my of Indiana dated the Indian	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of
State of Indiana.  County of Signed Signed Signed Signed Signed State and sworn to before me this authorizes and directs the issuance of Indiana dated the day of Signed S	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
State of Indiana.  County of Signed Signed Signed Signed Signed State and sworn to before me this authorizes and directs the issuance of Indiana dated the day of Signed S	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
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We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of.  Signed.  Signed.  Signed.  Signed.  Signed.  Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued.  and filed f a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  See issued by the clerk of the.  1977, authorizing the joining together as husband and wife and.  JENNIFER LOUISE FREELAND.  Mother  Clerk  Circuit Court  1977, authorizing the joining together as husband and wife named.  JENNIFER LOUISE FREELAND.  Machine County, State of INDIANA  THENDRICKS  County, State of INDIANA  HENDRICKS  HENDRICKS  HENDRICKS  County, State of INDIANA  HENDRICKS  HENDRICKS  HENDRICKS  HENDRICKS  HENDRICKS  HENDRICKS  HENDRICKS  HENDRICKS  HENDRICKS
State of Indiana.  County of Signed Signed Signed Signed Subscribed and sworn to before me this authorizes and directs the issuance of Indiana dated the day of Signed Sig	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of.  Signed.  Signed.  Signed.  Signed.  Signed.  Subscribed and sworn to before me this.  Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued.  and filed f a marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  See issued by the clerk of the.  19 1 authorizing the joining together as husband and wife ind.  JENNIFER LOUISE FREELAND.  Mother  Clerk  Circuit Court  19 2 authorizing the joining together as husband and wife ind.  JENNIFER LOUISE FREELAND.  Machine County of HENDRICKS  10 MARRION  County, State of INDIANA  HENDRICKS  County, State of INDIANA  HENDRICKS  County, State of INDIANA  HENDRICKS  HENDRICKS  HENDRICKS  HENDRICKS  AUTHORY  HENDRICKS

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

520 No._ File_

.Circuit Court

n Prescribed By ana State Board of lith under Authority  C. 31.1.3.2  APPLICATION FOR MA HENDRICKS	County Date of Application
C. 31-1-3-2 etive July 1, 1977	FEMALE Papert Dated 10 - 26 - 87
	Tramination Report Dated
MALE Medical Examination Report Dated	Name of Physician Trving Cohen
Medical Examination	the issuance of a license to marry by any false statement, representation or pretense
Name of Physician  L QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever the control of the control	r.procures the issuant
MALE APPLICATO	Name Retty Lee Ronk
me First Middle Keesee -	Date of Birth Month Day Year 24
te of Birth Month Day 28	Place of Birth (State or foreign country)
of Pirth (State or foreign country)	Proidence Address Street or R. R. City County State
Street or R. R. City County State	RRI BOX 51 CIAGON MEN ID.
R.RI Box 51 Clayton Herr	Previous Marital Status: Never Married OR
evious Marital Status: Never Married OR	Ended Ry Death Divorce Annulment
ast Marriage Ended By: Death Divorce Annulment Divorce Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate  Judicial Decree
te of birth verified by:	Other (Specify)
Other (Specify) No Yes O	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you now or have you ever been adjudged to be of unsound the No. 2 Yes 2	If answer is "yes", has the adjudication been removed? No Yes
If answer is "yes", has the adjudication been removed?	2. Are you afflicted with a transmissible disease?
Are you afflicted with a transmissible disease?  No Yes   Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?  No Yes  No Yes
No 4 1es	<ol> <li>Are you now under the influence of intoxicating liquor? No Yes</li> <li>Are you now under the influence of a narcotic drug? No Yes</li> </ol>
Are you now under the influence of a narcotic drug?	Are you now under the influence of a hartook disasse.     List the full names of any dependent children.
List the full names of any dependent children.	b. List the run hames
11 L V - 1 - 1 - 1	
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No ☐ Ye
dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Herbert Arthur Keesee	8. Full name of father Oliver Harlan Coryell
Residence of father (if deceased so state) dccoased	Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indian a	Birthplace of father (State or foreign country) Indiana
Full maiden name of mother Atlanta M. Kennedy	9. Full maiden name of mother Mildred Viola German
14.0.5	Residence of mother (if deceased so state) deceased
A Consequence of Information of the Consequence of the C	THINAIS
Birthplace of mother (State or foreign country) — nd (ana	Birthplace of mother (State or foreign country)
HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana.  HENDRICKS  Sas: I depose and state the information given this application is true and corrections.
Signed Earnet & Keese	Both for Rock
	Signed Si
New Address RR#1 BOX 51, CLAYTON, IND.	New Address
Subscribed and sworn to before me this 26 day of Oct 1987	Subscribed and sworn to before me this 26 day of OCT 195
mary Jane Russel Clerk HENDRICKS Circuit Court	Mary Jane Russell Gerk HENDRICKS Circuit C
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one pa
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS	State of T. II
County of HENDRICKS ss:	State of Indiana, County of HENDRICKS ss:
Signed Father	Fig. 5
Signed Father  Mother	Signed
Subscribed and sworn to before me this day of , 19	Signed M
	Subscribed and sworn to before me thisday of
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR HENDRICKS County	
HENDRICKS County	CT. A marriage license having been refused to the above named parties,
authorizes and directs the issuance of	RT. A marriage license having been refused to the above named parties, ourt by written order issued
PETUDY OF ALLE	of a marriage license to the above named parties.
Be It Remembered, there was fled in MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
of Indiana dated the day of	ase issued by the clerk of the Circuit
Be it further remembered the following	, 19. authorizing the joining together as husband and
I, DANNY VAUGHN  one thousand nine hundred and 8.7  State of Indiana, Groom	hereby certify that on the
LAKI, KEECER	TENDRICKS - IN
	County State of
	HENDRICKS IN
were by me united in marriage as authorized by a marriage	County State of
were by me united in marriage as authorized by a marriage	County State of
	Court State of

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS

MALE	Date of Application
Medical Examination Report Dated	FEMALE
Name of Physician	Medical Examination Report Dated 10-26-87
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoshall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	Name of Physician J. R. Roskam
shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	ever procures the issuance of a license to marry by any false statement, representation or pretense
First Middle	The state of the s
Bennie Jerome Hollow	Name First Middle
Date of Birth Month Day Year	Date of Birth Sylvia Bernadine Uniker
Place of Birth (State or foreign country)	Day Year
Residence Address Street or R. R. City County State.	State or foreign country)
10304 Quaso Drive Indiampolis Hydricks IN	16 2011 O Street of R. R. City County , State
Previous Marital Status: Never Married OR	THE THOUSE HEIDINGS MY
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Fishing License	
	Other (Specify) Drivers License
The standard series have a series at	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Yes	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin? No. Yes	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No. Yes	3. Are you related to the male applicant closer than second cousin?
5. Are you now under the influence of a narcotic drug? Now Yes	4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No Yes
6. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?      No X Yes      List the full names of any dependent children.
Tree of the Control of the State of the Stat	Sharon A. Walker
	- Control Control
A facility annied by any and order or and a facility of the second of th	
7. Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Homer R. Holland	8. Full name of father John E. Eisert
Residence of father (if deceased so state) Deceased	Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Kenteckly	Birthplace of father (State or foreign country) Trdiana
9. Full maiden name of mother Sybil Deboc	Silie II Triend
Desarted	9. Full maiden name of modier. Co. 1.
Residence of mother (if deceased so state) Decea Sed	Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) KCOHCKY	Birthplace of mother (State or foreign country) Kentucky
State of Indiana.  HENDRICKS    Sa: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    I depose and state the information given in this application is true and correct.
County of	County of Dillo Con
Signed Blynne J. Holland	Signed Street & Catho
New Address Same as albane	New Address
Subscribed and sworn to before me this 274 day of October , 1982	Subscribed and sworn to before me this 22th day of October 1980
Mary Mary Russell Gerk HENDRICKS Circuit Court	Mary Jane Russell Glerk HENDRICKS Circuit Court
Thurse Hardelet Glerk Glerk Circuit Court	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	
State of Indiana,	State of Indiana, HENDRICKS ss:
County of HENDRICKS	County of
Signed Father	Signed
Mother	Signed
Signed	Subscribed and sworn to before me thisday of
Subscribed and sworn to before me thisday of19	Clerk
Clerk	A day the share named narries the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
HENDRICKS CONTROL OF THE PROPERTY OF THE PROPE	ourt by written order issued
in authorizes and directs the issuance of	of a marriage license to the above named parties.
authorizes and discourse LICENS	E AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court use issued by the clerk of the
Be It Remembered, there was filed in my office a marriage licer	use issued by the clerk of the
the M Remembered, there was plea in my open	, 19.0 /, authorizing the joining together as
The It Remembered, there was filed in my office a marriage licer of Indiana dated the 31 day of Oct	indSYLVIA.BERNADINE.WALKER
BENNIE JEROME HOLLAND antificate was filed in my	office, to-wit.
I,CANDACE KINGMA-PIPER	TNDPLS, County of MARION,
I,	HENDRICKS County, State of IN
State of Indiana, Groom BENNIE JEROME HOLLAND	HENDRICKS County, State of HENDRICKS
and, Bride SYLVIA BERNADINE WALKER of	that purpose by the Clerk of the Circuit Court of
State of Indiana, Groom	Market Control of the
D. D	Ciamon Link
day ofday	TIIDGE
Filed and recorded in accordance with the laws of the State of Indiana this	4th day of NOV., 19.8.7
Filed and recorded in accordance with the laws of the State of Indiana this	4th day of Clerk Signed Many Jones have HENDRICKS Circuit Court
THE PARTY OF THE P	Circuit Court

FRONT

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

MALE

HENDRICKS

County

FEMALE
Medical Examination Report Dated_

522

10 2797 Date of Application

Medical Examination Report Dated	Name of Physician
Name of Physician	ever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoo	ever products the
shall be fined in any sum not exceeding	
MALE APPLICANT	Name First a Middle Children Last
Name First Middle Channess	
Dev Year	Date of Birth
Date of Birth Month Day	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Posidence Address Street or R. R. City County State
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
152 N. Selloran St. Durille	Maried D. O.B.
XDA	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment Divorce Divorc	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	O Link
	Other (Specify)
Other (Specify) No D Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D
1. Are you now or have you ever been adjudged to be of unsound mind?	If answer is "yes", has the adjudication been removed? No Ves D
If answer is "yes", has the adjudication been removed:	2. Are you afflicted with a transmissible disease."
2. Are you afflicted with a transmissible disease:	3. Are you related to the male applicant closer than second cousin? No Yes D
3. Are you related to the female applicant closer than second cousin.	4. Are you now under the influence of intoxicating liquor? No Yes O
4. Are you now under the influence of intoxicating liquot.	5. Are you now under the influence of a narcotic drug? No Yes D
5. Are you now under the influence of a narcotic drug?	6. List the full names of any dependent children.
6. List the full names of any dependent children.	6. List the full names of any dependent condens
Charles	Land Wheel
4.100	Danaan
Mather	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father Cosephia Champaged	8. Full name of father with allow Williams
Residence of father (if deceased so state) Lawrello Sho	Residence of father (if deceased so state) Morasuille Jud
The defice of failer (if deceased so state)	*
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Hellew W. White	9. Full maiden name of mother and the Walton
Residence of mother (if deceased so state)	
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS  I depose and state the information given in this application is true and correct	State of Indiana,
County of in this application is true and correct.	County of HENDRICKS   ss: in this application is true and correct.
VA 1/a 5 (1)	1 \ D D D Decon
Signed Allac C	Signed Left My Cl Children
New Address 152 N. SEFFERSON St., PANULUE IN	New Address 150 N. Deferond Chrille
Subscribed and sworn to before me this and any of day of	
	Subscribed and sworn to before me this day of 19
May Case Russell Clerk HENDRICKS Circuit Court	Mary Jones Rusall Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,  County of HENDRICKS } ss:	
County of PENDRICKS ss:	State of Indiana, County of HENDRICKS }ss:
Signed	County of HENDRICKS \$88:
Signed	Signed
Signed	
Subscribed and sworn to before me this	SignedMother
	Subscribed and sworn to before me thisday of
	Clerk
HENDRICKS LICENSE ISSUED BY ORDER OF COUR	RT. A marriage live
County	RT. A marriage license having been refused to the above named parties, the pourt by written order issued and filed
authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE	ourt by written order issued and filed
	and a license to the above named martine
of Indiana dated the day of day of the series of Indiana dated the day of the series of Indiana dated the day of the day of the series of Indiana dated the day of the day of the series of Indiana dated the series of Indiana dated the series of Indiana day of Indiana day of Indiana day of Indiana day	E AND MARRIAGE CERTIFICATE
of Indiana dated the 3) of Indiana dated the 3)	nse issued by the descriptions
day of	Circuit Court
Be it further remembered, the fall	nse issued by the clerk of the HENDRICKS Circuit Court  19 , authorizing the joining together as husband and wife and JENNY A. CHILDRESS  hereby certify the
MARY I EE COMP	O. F UENNY A OILES
one thousand nine hand a	coffice, to-wit:  chereby certify that on the lst day of NOV.  at DANVILLE
DON E. CHAMNESS	at DANVILLE HENDRICKS
ana, Bride JENNY A. CHILDRESS	of
were by me united in marriage as authorized to	at DANVILLE , County of HENDRICKS , County, State of IN
Details:	that mem
Dated this lst day of NOV.	purpose by the Clerk of the Circuit Court of HENDRICKS
, 19 87	
rued and recorded in accordance with the laws of the	Signed /s/ MARY LEE COMER
Filed and recorded in accordance with the laws of the State of Indiana this	2nd JUDGE
The state of the s	Signed day of NOV: 19 87
	Signed Clerk HENDRICKS Circuit Court
	DEL IDRICKE A COURT
	HENDRICKS Cleaning Com

.... Circuit Court

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

MALE

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

FEMALE

File_	
_	Date of Application

Medical Examination Report Dated. Medical Examination Report Dated_ Name of Physician_ Name of Physician. ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)" MALE APPLICANT FEMALE APPLICANT Date of Birth Brown Place of Birth (State or foreign country Residence Address Previous Marital Status. Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: A Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of un No P Yes 1. Are you now or have you ever been adjudged to be of unsound mind No Yes If answer is "yes", has the adjudication been removed! No D Yes D If answer is "yes", has the adjudication been removed No Yes 2. Are you afflicted with a transmissible diseas No X Yes Are you afflicted with a transmissible disease? No X Yes No Y Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin No Yes ou now under the influence of intoxicating liquor? No Yes Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of a narcotic drug? No TYes D Are you now under the influence of a parcetic drug' No Yes List the full names of any dependent children 6. List the full names of any dependent children 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No O Yes O No Yes O dependent children' If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support Birthplace of father (State or foreign country) Residence of mother (if deceased so state) Residence of mother (if deceased so state). Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country State of Indiana. State of Indiana, HENDRICKS **HENDRICKS** Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS State of Indiana, HENDRICKS County of Signed. Signed..... Mother Signed Subscribed and sworn to before me this day of 19......, 19....... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS
Circuit Court We It Remembered, there was filed in my office a marriage license issued by the clerk of the..... one thousand nine hundred and 87

State of Lad. State of Indiana, Groom PATRICK M. HAYMAKER Of MARION County, State of IN Signed.../s/..WILLIAM...J....BROWN Dated this 14th day of NOV., 19.87 Official Designation MINISTER HENDRICKS Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 524

e					
111-1	9	0	,,		_
Uch-	d	7	19	8	7
Date	of	Ann	liant		_
82.48.00	W. Z.	rhh	neat	ion	

Circuit Court

HENDRICKS

Effective July 1, 1977 FEMALE Medical Examination Report Dated_ MALE 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 Last Middle Date of Birth Name Place of Birth (State or foreign country) Date of Birth foreign country Place of Birth (State Residence Address Residence Address Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Previous Marital Status: Never Married OR Date of birth verified by: Birth Certificate Judicial Decree Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Uddicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind No D Yes D Other (Specify)_ No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed No D Yes D No Yes If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease? No Yes D No Ves Are you afflicted with a transmissible disease? Are you related to the male applicant closer than second cousin No D Yes D No Yes Are you related to the female applicant closer than second cousin? 4. Are you now under the influence of intoxicating liquor No V Yes D No Yes Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? No D Yes D No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children List the full names of any dependent children. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No D Yes D No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you arein If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their suppo-8 Full name of father_ 8. Full name of father___ Residence of father (if deceased so state). Residence of father (if deceased so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) 9. Full maiden name of mother_ ( 9. Full maiden name of mother_ Residence of mother (if deceased so state). Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana, and state the information given application is true and correct. HENDRICKS County of ..... County of .... Subscribed and sworn to before me this. HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... signs, state facts which render the consent of the other parent unnecessary.... State of Indiana, HENDRICKS State of Indiana, County of .... **HENDRICKS** County of .... Signed. Subscribed and sworn to before me this ______day of _______, 19......, Signed .. Subscribed and sworn to before me this _____day of_____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 of Indiana dated the ______day of _____day of ______day of ______, 19 ____, authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: and JO ELLEN JUSTUS one thousand nine hundred and 87 Reference of Indiana Groom SCOTT GREGORY MCPIKE at PLFD., County of HENDRICKS State of Indiana, Groom SCOTT GREGORY MCPIKE of HENDRICKS County, State of of HENDRICKS 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 .... , 19.87 Signed /s/ JACQUELINE AMEAN

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE 525 HENDRICKS __County

MALE	Date of Application
Medical Examination Report Dated	FEMALE
Name of Physician	Medical Examination Report Dated 10-29-87
ALL OUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed at 1	Name of Physician Thomas H. Black III
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	ever procures the issuance of a license to marry by any false
	and it is statement, representation or pretense
Name First Middle Last	Name FEMALE APPLICANT
Date of Birth Month, Day Year	Middle D Last
Place of Birth (State or foreign country)	Date of Birth Month Com Day Day
Dennington 2	Place of Birth (State or foreign country) 97
Residence Address- Street or R. R. City County State	Residence Address Street - Parelle Ca
John Holls Mar Dr.	Hesitence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	was sold sall hannely
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
duning her	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) All Millian	Other (Specify) Olysus Alexander
1. Are you now or have you ever been adjudged to be of unsound mind?	1 Average
If answer is "yes", has the adjudication been removed?  No Yes	If answer is "yee" has the street
2. Are you afflicted with a transmissible disease?	2 Are you offlicted with
3. Are you related to the female applicant closer than second cousin? No Ves D	3 Are you polated to the
4. Are you now under the influence of intoxicating liquor?  No Yes	4. Are you now under the influence of intoxicating liquor?  No Yes
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	mening Les Bollo
	Charles of the same of the
	wally face
7. Are you required by any court order or orders to support the above dependent children? No □ Yes □	7. Are you required by any court order or orders to support the above
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?
compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father Olysuan A. Cols	compliance with any court order or orders issued for their support
Sedio 2	8. Full name of father Maron F. Branford
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Detty & Spuls	9. Full maiden name of mother Loseman L. Hardestey
Paridone of mather (1) decreased as a training of the second as a training of the seco	Many in In . I
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS    I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  88: I depose and state the information given in this application is true and correct.
County of	
Signed Cody & Codo	Signed Nanoy Ellen Baifelf
New Address 4136 W 2005 DANVIlle	New Address 4136 15 2005 Danille
90 Oct 87	Subscribed and sworn to before me this. Ig day of UCA 19.87
Subscribed and sworn to before me this day of 19.00	h- HENDRICKS
MANY JOSE SUSSELF CIERRE HENDRICKS Circuit Court	Glerk Circuit Court
	THE PARTY OF CHAPPIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana, HENDRICKS } ss:
County of	County of
	SignedFather
SignedFather	Meta
SignedMother	Signed
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
day of	
	Clerk
Clerk	Clerk
Clerk	Clerk  C. A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the art by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County C	a marriage license to the above named parties.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURSE HENDRICKS  County	a marriage license to the above named parties.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County authorizes and directs the issuance of	a marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County authorizes and directs the issuance of	a marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE Be It Remembered, there was filed in my office a marriage license of Indiana dated the	Ta marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  is issued by the clerk of the  named parties.  Circuit Court  is issued by the clerk of the  NANCY ELLEN BARFELL
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  of Indiana dated the  CODY L. EADS	Ta marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  is issued by the clerk of the  , 19 , authorizing the joining together as husband and wife  NANCY ELLEN BARFELL  fice, to-wit:
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  of Indiana dated the  CODY L. EADS	Ta marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  HENDRICKS  Circuit Court  is issued by the clerk of the  , 19 , authorizing the joining together as husband and wife  NANCY ELLEN BARFELL  fice, to-wit:
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County	Ta marriage license to the above named parties.  CAND MARRIAGE CERTIFICATE  The issued by the clerk of the series issued by the clerk of the s
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County County County County  authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  of Indiana dated the day of CODY L. EADS  Be it further remembered, the following marriage certificate was filed in my of I, MELVIN HEMPHILL  One the COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY.  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Aday of CODY L. EADS  AT COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY.  RETURN OF MARRIAGE LICENSE  AND ADDRESS OF COUNTY.  AND ADDRESS OF COUNTY.  ADDR	Ta marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  The issued by the clerk of the series issued by the clerk of the se
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  in authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE of Indiana dated the day of CODY L. EADS  Be it further remembered, the following marriage certificate was filed in my of the control of Indiana dated the day of CODY L. EADS  Be it further remembered, the following marriage certificate was filed in my of I, MELVIN HEMPHILL one thousand nine hundred and 87	Ta marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  See issued by the clerk of the
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### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

526

... Circuit Court

MAKE  Make of Special Description Report Dated  Name of Special Description Report Description Report Dated  Name	Medical Examination Report Dates  Name of Physician. Grees Black  Procures the issuance of a license to marry by any false statement, representation.  FEMALE APPLICANT  Middle Day Pear  Date of Birth (State or foreign country)  Residence Address Street or R. R. City County  Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by Birth Certificate Judicial Decree  Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes", has the adjudication been removed?  Are you deflicted with a transmissible disease?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of an arrotic drug?  List the full names of any dependent children.  The Are you required by any court order or orders dependent children?  If answer is "yes", it is required that this App compliance with any court order or orders applicated with any court order or orders applicated the process of the proc
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Name of Physician.  MARIA APPLICANT  Or process of the control of	FEMALE APPLICANT    Female   First   Middle   First   Morth   Day   Female   Female   Female   Female   First   Middle   First   Morth   Day   Female   First
MALE APPLICATION  TO THE PROPERTY OF THE PROPE	Date of Birth Month  Place of Birth (State or foreign country)  Residence Address Street or R. R. City Hehr.  Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree  Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?  Are you afflicted with a transmissible disease?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  6. List the full names of any dependent children.  7. Are you required by any court order or orders dependent children?  If answer is "yes", it is required that this App compliance with any court order or orders in S. Full name of father.  Residence of father (if deceased so state).  Birthplace of father (if deceased so state).  Birthplace of father (State or foreign country)
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The Third College of the College of	Date of Birth  Month  Day  Year  Date of Birth  Month  Day  Place of Birth  Place of Birth (State or foreign country)  Residence Address  Street or R. R.  City  Troughs. Hen.  Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree  Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes", has the adjudication been removed?  2. Are you afflicted with a transmissible disease?  3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  6. List the full names of any dependent children.  7. Are you required by any court order or orders dependent children?  If answer is "yes", it is required that this App compliance with any court order or orders is  8. Full name of father.  Residence of father (if deceased so state)  Birthplace of father (State or foreign country)
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State of Indiana.  New Address.  New Address.  New Address.  Signed.  New Address.  Clerk HENDRICKS Circuit Court  Consent of Parents, Parent or guardian  New the parents, of this applicant hereby give consent for this marriage. If only one parent igns, state facts which render the consent of the other parent unnecessary  State of Indiana.  Consent of Parents, Parent or guardian  New the parents, of this applicant hereby give consent for this marriage. If only one parent igns, state facts which render the consent of the other parent unnecessary  State of Indiana.  Consent of Parents, Parent or guardian  New, the parents, of this applicant hereby give consent for this marriage. If only one parent igns, state facts which render the consent of the other parent unnecessary  State of Indiana.  County of HENDRICKS  Signed  Southerhed and sworn to before me this day of	
Signed  New Address.  Signed Subscribed and aworn to before me this day of 19.  Cerk HENDRICKS Circuit Court  We, the parents, of this applicant hereby give consent for this marriage. If only one parent  signs, state facts which render the consent of the other parent unnecessary  signs, state facts which render the consent of the other parent unnecessary  Signed Signed Signed Signed  Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed S	
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CONSENT OF PARENTS, PARENT OR GUARDIAN  No. the parents, of this applicant hereby give consent for this marriage. If only one parent igns, state facts which render the consent of the other parent unnecessary  Signed.  Signed.  Signed.  Signed.  Signed.  Signed.  Signed.  Signed.  Subscribed and sworn to before me this.  day of.  Circuit Courty of.  Signed.  Signed.  Signed.  Subscribed and sworn to before me this.  day of.  Circuit  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent igns, state facts which render the consent of the other parent unnecessary  Signed.  Signed.  Signed.  Subscribed and sworn to before me this.  Aday of.  Circuit  County of.  Signed.  Signed.  Signed.  Subscribed and sworn to before me this.  Aday of.  Circuit  County of.  Signed.  Signed.  Signed.  Signed.  Signed.  Subscribed and sworn to before me this.  Aday of.  Circuit  County of.  Signed.  Signed.  Subscribed and sworn to before me this.  Aday of.  Circuit  County of.  Signed.  Signed.  Subscribed and sworn to before me this.  Aday of.  Circuit  County of.  Signed.  Signed.  Signed.  Signed.  Signed.  Signed.  Signed.  Signed.  Subscribed and sworn to before me this.  Aday of.  Signed.	
Cork HENDRICKS Circuit Court  Cork HENDRICKS Circuit Court  Consent of Parents, Parent or Guardian  We, the parents, of this applicant hereby give consent for this marriage. If only one parent  igns, state facts which render the consent of the other parent unnecessary  Signed, Signed  Signed Mother  Signed Mother  Signed Signed Mother  County of Signed Signed Mother  County of Signed Mother  County of Signed Mother  County of Signed Mother  County of Signed Signed Mother  County of Signed Mother  County of Signed Signed Mother  County of Signed Mother  County of Signed Signed Signed Mother  County of Signed Mother  County of Signed Signed Mother  County of Signed Signed Mother  County of Signed Mother  County of Signed Signed Mother  County of Marriage license having been refused to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  day of Mother Mother Mother was filed in my office a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  day of Mother Mother Was filed in my office a marriage license issued by the clerk of the Mental Signed Mother Signed Si	
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent igns, state facts which render the consent of the other parent unnecessary.  State of Indiana.  HENDRICKS  Signed  Signed  Signed  Subscribed and sworn to before me this  Asy of  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties.  HENDRICKS  County  METURN OF MARRIAGE LICENSE issued in my office a marriage license issued by the clerk of the  Je 3t Remembered, the following marriage certificate was filed in my office, to-wit:  me thousand nine hundred and  State of Indiana, Groom  At County, State of  County, State o	Gerk HENDRICKS
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State of Indiana.    County of   Signed   Father   Signed   Subscribed and sworn to before me this   day of   d	We, the parents, of this applicant hereby give consent for this marriage. If only
State of Indiana.  Signed  Signed  Signed  Subscribed and sworn to before me this.  COUNTY of  Signed  Subscribed and sworn to before me this.  COUNTY of  Signed  Subscribed and sworn to before me this.  COUNTY of  Signed  Subscribed and sworn to before me this.  Subscribed and sworn to before me this.  COUNTY OF  HENDRICKS  COUNTY.  COUNTY A marriage license having been refused to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  and of Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  day of  Indiana dated the  Indiana dated	signs, state facts which render the consent of the other parent unnecessary
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Subscribed and sworn to before me this day of	Signed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties.  County	Signed
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties.  County	Subscribed and sworn to before me thisday of
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE of Indiana dated the day of and and and test the following marriage certificate was filed in my office, to-wit:  me thousand nine hundred and hereby certify that on the day of attention of Indiana, Groom at the following marriage license issued for that purpose by the Clerk of the County, State of County of County of County State of Coun	
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  of Indiana dated the day of 19, authorizing the joining together as husband and 19, authorizing the joining together as husband and 19, hereby certify that on the 19, and 19, an	. A marriage license having have to do the chara named I
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  of Indiana dated the	rt by written order issued
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  one thousand nine hundred and  State of Indiana, Groom	a marriage license to the above
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  one thousand nine hundred and hereby certify that on the state of Indiana, Groom at County of County of County.  Were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS  Dated this day of	AND MARRIAGE CERTIFICATE
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  one thousand nine hundred and hereby certify that on the day of  and, Bride of Indiana, Groom of County 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  Dated this day of marriage as authorized of the Circuit Court of HENDRICKS  , 19 muthorizing the joining together as husband and and and and and and and and and	o tosaed by the clerk of the
I,	, 19, authorizing the joining together as husban
The thousand nine hundred and hereby certify that on the day of state of Indiana, Groom at County of County of County.  The county of County of County, State of County.  The county of County of County, State of County, State of County.  The county of County of County, State of County, State of County.  The county of County of County, State of County of County.  The county of County of County of County of County.  The county of County of County of County of County of County.  The county of County of County of County of County of County of County.  The county of County.  The county of County	fice, to-wit:
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS  ———————————————————————————————————	ereby certify that on the
were 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	County, State of
day of	County State of
	HENDRICE HENDRICE
N/ ·	of the Circuit Court of
Filed and recorded in accordance with the laws of the State of Indiana this	

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County 10.30.8-Date of Application Medical Examination Report Dated FEMALE Medical Examination Report Dated_ Name of Physician_ Name of Physician_ ALL QUESTIONS MUST BE ANSWERED, LC. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT Previous Marital Status. Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Death □ Divorce Annulment □ Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree No Yes D answer is "yes", has the adjudication been rem No Tes D No Yes No R Yes Are you afflicted with a transmissible diseas No No Yes Are you related to the female applicant closer than second cousin No Yes 3. Are you related to the male applicant closer than second cousin? No Yes 0 No Yes -4. Are you now under the influence of intoxicating liquor? No Yes Are you now under the influence of a narcotic drug No X Yes List the full names of any dependent children Are you required by any court order or orders to support the above No Yes dependent children? No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Birthplace of father (State or foreign country) Residence of mother (if deceased so state) Residence of mother (if deceased so state). Birthplace of mother (State or foreign country Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana. HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary. State of Indiana, HENDRICKS HENDRICKS } **: COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 3 - Day Wairly 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 hereby certify that on the 30th day of OCTOBER DANVILLE , County of HENDRICKS State of Indiana, Groom DONALD E. PRESDORF OF HENDRICKS County, State of IN

and, Resident and, Bride DONNA M. CAVALLERO of HENDRICKS County, State of HENDRICKS

were by mere Dated this 30th day of OCT. , 1987 Signed /s/ MARY JANE RUSSELL Signed OCT. Official Designation CLERK OF HENDRICKS COUNTY

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

Southern HENDRICKS

....Circuit Court

Form Prescribed By	FOR MARRIAGE LICENSE
Indiana State Board of Health under Authority of I.C. 31-1-3-2	HENDRICKS County Date of Application
Effective July 1, 1977	
	FEMALE Medical Examination Report Dated    10-27-87
MALE Medical Examination Report Dated	
Medical Examination Report Dated	Name of Physician
Name of Physician	ment—Whoever procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed. Take shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Last
Name First Middle Last	tamela Day Jackson
Date of Birth Month Day Year	Date of Bitti
13 18 36	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. B. City County St.	610 3000
	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
Date of pirts serined by	Other (Specify)
Other (Specify) D. T. W.	Yes 1. Are you now or have you ever been adjudged to be of unsound mind? Now Yes 1
1. Are you now or have you ever been adjudged to be of dissound in the	If answer is "yes", has the adjudication been removed?  No Yes  No Yes
If answer is "yes", has the adjudication been removed:	Yes 2. Are you afflicted with a transmissible disease? No Yes D
2. Are you afflicted with a transmissible disease:	Yes 3. Are you related to the male applicant closer than second cousin? No Yes 0
3. Are you related to the female applicant closer than second cousin.	Yes ☐ 4. Are you now under the influence of intoxicating liquor? No Yes ☐
4. Are you now under the influence of intoxicating inquo.	Yes 5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	Sintered Grandle
	Attacking,
7. Are you required by any court order or orders to support the above dependent children? No C	7. Are you required by any court order or orders to support the above dependent children? No Yes
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that y	
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
8. Full name of father to Mygthe W. Jewston	8. Full name of father Many Dewith When
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country	Birthplace of father (State or foreign country)
9. Full maiden name of mother Esther Ruth, Marlan	Mac Mac Mar I DA
<	9. Full maiden name of mother way the standard of mother than a standa
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana.  County of HENDRICKS  Bas: I depose and state the information in this application is true and	
County of	County of County of in this application is true and correct.
Signed Signed Signed	Signed
New Address	New Address
Subscribed and sworn to before me this 30 day of 04	18 Dat 87
Many Care Musell Gerk HENDRICKS	HENDRICKS
Circu	it Court Court Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS PARENT OF CHARLES
We, the parents, of this applicant hereby give consent for this marriage. If only one	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	one parents, of this applicant hereby give consent for this marriage. If only one parent
The state of the s	signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS	
County of TILITURICKS	State of Indiana, County of
Signed	
Signed	Father Signed Father
Subscribed and sworn to before me this day of	
day of day of	Subscribed and sworn to before me thisday of
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY COMP	
HENDRICKS County	F COURT. A marriage license having been refused to the above named parties, the
in Suthorizes and I	Court by written order issued and filed
Draws	- Bo Heelise to the above named nautice
Be It Remembered, there was filed in my	LICENSE AND MARRIAGE CERTIFICATE  riage license issued by the clerk of the HENDRICKS  Circuit Court
of Indiana dated the	riage license issued by the clerk of the HENDRICKS Circuit Court
MATT DAVID NEWTON	10 × 7
I R F NELCOVING marriage certificate was 51-	TICENSE AND MARRIAGE CERTIFICATE  riage license issued by the clerk of the HENDRICKS  Circuit Court  19.87, authorizing the joining together as husband and wife  and PAMELA 5. JACKSON  d in my office, to-wit:  hereby certify that on the 20th  November
one thousand wire but he had not been all the same thousand wire but he had not been all the same thousand with the same that the	in my office, to-wit:
State of Indiana Common MATT DAVIS	hereby certify that on the 20th November
and Bride PAMELA CUE	at stoomington and of Monroe
were by me united in	d in my office, to-wit:  hereby certify that on the 20th at Bloomington  of Marion  Hendricks  Aday of November  County of Monroe  County, State of Indiana
County. County.	of Marion , County of Monroe
Dated this 20th day of November	sued for that purpose by the Clerk of the Circuit C. HENDRICKS
ofovember	, 19 87
	4 333444
and recorded in accordance with the laws of the State	Signed /s/ B. E. Nelson Official Designation Ministry
State of Indian	a this 24th November 87
	Signed /s/ B. E. Nelson  Official Designation Minister  a this 24th day of November 1987  Signed May Jane Resell Clerk  HENDRICKS Circuit Court
	LIENDRICKS CONT
	HENDRICKS Circuit Com

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

WALE	
MALE Medical Examination Report Dated	FEMALE Date of Application
Name of Physician	Medical Examination Report Dated 11-5-82
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Who hall be fined in any sum not exceeding five hundred dollars (\$500 00)"	Dever procures the investment of the second
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	Il issuance of a license to marry by any false statement, representation or pretense
Name First Middle Last	FEMALE APPLICANCE
Date of Birth Month Day Year	First Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Day
And.	Place of Birth (State or foreign country)
Residence Address Street or R. R. City. County State	Die Old.
The state of the s	Residence Address Street or R. R. Str. Square State
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment
	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) N. J.	
1. Are you now or have you ever been adjudged to be of unsound mind?	Other (Specify) Dr. Lv.
If answer is "yes", has the adjudication been removed? No□ Yes□	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Yes 🗆	If answer is "yes", has the adjudication been removed?  No Yes   2. Are you afflicted with a transmissible disease?  No Yes    No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes    No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   N
3. Are you related to the female applicant closer than second cousin? No Yes	3 Are you related to the
4. Are you now under the influence of intoxicating liquor?  No Yes	4. Are you now under the influence file.
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug?  No Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Joshua J.	Joshua J. Polo B.
	Print
	Mit d.
7. Are you required by any court order or orders to support the above	7 Are you required by
dependent children?	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.  8. Full name of father Allaha Subana Lydick	compliance with any court order or orders issued for their support.
110 01: 40	8. Full name of father John Maker Egges
Residence of father (if deceased so state) catering and	Residence of father (if deceased so state) Plld Ind
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Madanna Madal Whele	9. Full maiden name of mother Laster age Samate
Residence of mother (if deceased so state)	
0.0	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) State of Indiana.	Birthplace of mother (State or foreign country)
County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS  Bas: I depose and state the information given in this application is true and correct.
(1) XIX woling	VIII Lake
Signed X	Signed X Lacy B. Hydrox
New Address.	New Address
Subscribed and sworn to before me this day of 19.	Subscribed and sworn to before me this day of day of 1987
May Care Rwell Clerk HENDRICKS Circuit Court	Many Jane Phasell Gerk HENDRICKS Circuit Court
	- 0 0 1
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, County of HENDRICKS ss:	State of Indiana, HENDRICKS } ss:
County of HEINDRICKS	Father
SignedFather	Signed
Signed	Signed
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Clerk
	busing been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been retused to the and filed
authorizes and directs the issuance of	
DETURN OF MARRIAGE LICENSI	E AND MARKETTO
of Indiana dated the day of Typick a marriage licen	se issued by the clearly authorizing the joining together as husband and wife
Of Indiana 1 1 1 1	mpacy I Lypich
Political and the second secon	ffice, to-wit:
I, LARRY R. HESSON  one thousand nine hundred and 87  State of Indian Grant Provided Action of	at County of IN
State of and nine hundred and	of HENDRICKS County, State of IN
and Paid	HENDRICKS Court of HENDRICKS
State of Indiana, Groom DENNIS A. LYDICK and, Bride TRACY L. LYDICK were by more instance license issued for	that purpose by the Clerk of the Circuit Court of
Country me united in marriage as authorized by a marriage the	
Dated this 12th day of NOV. , 19.87	Signed /s/ LARRY R. HESSON
	Official Designation NOV
Filed and recorded in accordance with the laws of the State of Indiana this	12th day of
"ued and recorded in second was with the laws of the State of Indiana this	Many Much Many MENIDRICKS

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

File_ 11-4-87 Date of Application

530

HENDRICKS

No.

MALE MACION Examination Report Dated Nome of Physician.  Name of Physician Name of Name of Physician Name of Name	f Application	County Date of A	LICATION FOR M HENDRICKS	m Prescribed By iana State Board of APPLIC
MALE Medical Examination Report Dated. Name of Physician. Name of Physician of Phys			HENDRICKS	alth under Authority
Males (Physician)  Name of Physician  Name of Physi	-97-87	FEMALE  Madical Examination Report Dated		ective and
Name of Psychological Commission Report Laboratory (1996).  L. QUESTIONN NOT BE ASSWERDED IN SELECTION Of Sel	THE PERSON			MALE
Name of Birth  Name o	representation	Name of Physician		Medical Examination Report Dated
State of Birth  MADE  Filter  Filter  MADE  MADE	epiresentation or pretense	er procures the issuance of a license to marry by any faist statement.	Whoev	Name of Physician
State of Birth  MADE  Filter  Filter  MADE  MADE		FEMALE APPLICANT	cribed "False state". 500,000".	LI QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescrib
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State of Indiana.  HENDRICKS  ss: I depose and state the information given in this application is true and correct.  Signed  New Address  New Address  Subscribed and sworn to before me this.  Gerk  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana.  County of  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana.  County of  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage isigns, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage isigns, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage isigns, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of  Subscribed and sworn to before me this.  Signed  Subscribed and sworn to before me this.  Signed  Subscribed and sworn to before me this.  Signed  Subscribed and sworn to before me this.  Aday of  County of  County of  Subscribed and sworn to before me this.  Signed  Subscribed and s		Birthplace of mother (State or foreign country)		0 0
County of HENDRICKS  Signed Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana.  County of Signed Father  Signed Father  Signed Subscribed and sworn to before me this day of Signed Signed Signed Signed Signed Signed Southeribed and sworn to before me this day of Signed Subscribed and sworn to before me this day of Signed Signe	state the information gi	State of Indiana.	d state the information given	State of Indiana.
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CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of Signed Father Signed Mother Signed Mother Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above in authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	NDRICKS Circuit C	Mas Ca . R . M HEND	ENDRICKS	01. 0 1111
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Be It Remembered, there was filed in my office.		of a marriage license to the above named parties.	es and directs the issuance	DEMVINA
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	Circuit	ense issued by the clerk of the HENDRICKS	th my office a marriage lice	of Indiana dated the
BECKY I WOWING marriage certificate was Cl		ana	certificate aug. Cl. 1	the following marriage cer
I, MYRON BARNARD hereby certify that on the 28th day of NOV.	The second second	hereby contife 11	, the my	MYRON BARNARD
one thousand nine hundred and 87 hereby certify that on the 28th day of NOV.  State of Indiana, Groom JEFFREY H. SPANNAN of HENDERS County of Management of HE	)∀:	at INDEEd that on the 28th day of NOV		State of Indiana Co
State of Indiana, Groom IEEEDDIS	MADION	LNDPI.S	***	State of Indiana, Groom IFFEDDI
HENDRICKS County State of		HENDRICKS County State of		and, Dride L. YOUNG
County State of	f	County State of	manni !!	real antica in marriage as authorized by a ma
Dated this 28th NOV. NOV. 19 87	HEINDRICKS	purpose by the Clerk of the Circuit Court of	- 100000 10	Dated this 28th NOV.
		3 /	, 19	97
Signed	***************************************	Signed /S/ WYDON		
Filed and recorded in accordance with the laws of the State of Indiana this		Official Designation JUDGE	the State of Indiana	and recorded in accordance with the laws of the
Filed and recorded in accordance with the laws of the State of Indiana this	, 198.7	lst day of DEC	, Indiana this	

... Circuit Court

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

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County

531 11-4-87

MALE Medical Examination Report Dated	FEMALE Date of Application
	Medical Examination Report Dated 10-27-87
Name of Physician	Name of Physician F. Hagasity
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500,000".	ver procures the issuance of a license to marry by any false statement, representation or pretense
MALE APPLICANT	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Name Pirst Middle H. Wast All	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Sup Butter
Place of Birth (State or foreign country)	Day Year
Residence Address Street or R. R. City County State	Place of Birth (State or foreign country)
Respect 22/ Stileville and	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	Previous Marital Status: Never Married 🗘 OR
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate  Judicial Decree
De Other (Specify) W. N. N.	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Y Yes
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease? No Yes	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?  No Yes   No Yes	3. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of intoxicating liquor?  No Yes□  No Yes□  No Yes□	4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No Yes  No Yes
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?  No Yes U  6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No Yes	7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court ofder or orders issued for their support.
8. Full name of father harald that Hurris and	8. Full name of father Loury of Smith
Residence of father (if deceased so state) Stile suil & Shall	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Course for Plummer	9. Full maiden name of mother Share E. Hiss
	Residence of mother (if deceased so state)
Residence of mother (if deceased so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Distiplaced mount (other transfer of the trans
State of Indiana, HENDRICKS	
County VI	Trains Can Butler.
County of I do hereby give my perm	ission for my daughter Elaine Sue Butler,
Signed Signed I do hereby give my perm	ission for my daughter Elaine Sue Butler,
New Address Bo) age 15, of Clayton, Indiana	46118 to marry Donald Gene Hubbard III,
New Address Bo) age 15, of Clayton, Indiana	46118 to marry Donald Gene Hubbard III,
New Address Bo) age 15, of Clayton, Indiana	46118 to marry Donald Gene Hubbard III, diana 46180.
New Address Bo age 15, of Clayton, Indiana Subscribed and sworn to before me this age 20, of Stilesville, In	46118 to marry Donald Gene Hubbard III, diana 46180.
Subscribed and sworn to before me this age 2 0, of Stilesville, Income to parents, parent consent of parents, parents consent of parents consent	46118 to marry Donald Gene Hubbard III,
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Subscribed and sworn to before me this age 2 0, of Stilesville, Income to parents, parent consent of parents, parents consent of parents con	46118 to marry Donald Gene Hubbard III, diana 46180.
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No	5	3	2

Form	Prescrib	bed	Ву	
Indian	a State	Boa	rd	of
Health	under	Aut	hor	ity
of LC.	31-1-3-	2		
Effecti	ve July	1.	197	1

HENDRICKS _County File_ 11-4-87 Date of Application

.Circuit Court

	FEMALE Medical Examination Report Dated 10-26-87
MALE Medical Examination Report Dated	Name of Physician Charles Kelley
Name of Physician  Name of Physician  ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever and the saw sum not exceeding five hundred dollars (\$500.00)".	the issuance of a license to marry by any false statement, representation or pretense
Name of Physician	er procures the issuant
	First Middle Last
MALE APPLICANT	hame bora bene Blackston
Name David Charles Vixon Day  Day	Date of Birth
Date of Birth 8 25	Place of Birth (State or foreign country)  Kentucky  Street or R. R. City County State
Place of Birth (State or foreign country)  Lodiana  City County State	Residence Address Street or R. R. City County State 3950 N. 1000E. Lot 114 Browns burg Hen IN.
Rollings Address Street or R. R. City Lines File.	
3150 0.1000	Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment Divorce	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	A Other (Specify) Drive us License
	Other (Specify)  Other (Specify)  No Yes D
Other (Specify)  No  Yes   1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?  No Yes   No
1. Are you now or have you ever been adjudged to be of the second of the	2. Are you afflicted with a transmissible disease?
2. Are you afflicted with a transmissible disease?	3. Are you related to the male applicant closer than second cousin? No. Yes
3. Are you related to the female applicant closer than second cousin?	4. Are you now under the influence of intoxicating liquor?
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?	5. Are you now under the influence of a narcotic drug? No Yes D
Are you now under the influence of a hard-order day.      List the full names of any dependent children.	6. List the full names of any dependent children.
Dand Napen	Wanda Elizabeth Mosley -10
Lisa Wixon	Joseph Dewey Mosley 1-14
The share the share	7. Are you required by any court order or orders to support the above
7. Are you required by any court order or orders to support the above dependent children?	dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by accompliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support.  8. Full name of father LCC DIXOLO 100	8. Full name of father Warren Graham
Residence of father (if deceased so state)	Residence of father (if deceased so state) New Jersey
Birthplace of father (State or foreign country)  Ken + u c Ku	Birthplace of father (State or foreign country) New Sersey
Birthplace of facility Colored to the Colored to th	9. Full maiden name of mother Wanda Feltner
9. Full maiden name of mother August Dong	T 1-1- T.V.
Residence of mother (if deceased so state)	V. L.aV.
State of Indiana, I denose and state the information given	State of Indiana.
State of Indiana, HENDRICKS  County of HENDRICKS  Ba: I depose and state the information given in this application is true and correct.	County of HENDRICKS   ss: in this application is true and correct.
Signed Naveril C. Wif	signed Dora Cone Blackston
New Address 3950 N. 1000 EAST RD #114	New Address 3950 P 1000 ERQ # 114
Subscribed and sworn to before me this day of Julianity, 19.	Subscribed and sworn to before me thisday of, 19,
May the Russell Clerk HENDRICKS Circuit Court	Clerk HENDRICKS Circuit Court
AU	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS ss:	State of Indiana,
County of	County of HENDRICKS
Signed	SignedFather
Signed Mother	Signed
Subscribed and sworn to before me thisday of19	Subscribed and sworn to before me thisday of
Clerk	Clei
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF	
HENDRICKS County ORDER OF COU	RT. A marriage license having been refused to the above named parties, the
authorizes and directs the issuance	Court by written order issued and file
RETURN OF MARRIAGE LIGHT	of a marriage license to the above named parties.
Be It Remembered, there was filed in my office a marriage lice	SE AND MARRIAGE CERTIFICATE  ense issued by the clerk of the HENDRICKS Circuit Cou
of Indiana dated the day of My	tosaed by the clerk of the
Be it further remembered, the following marriage contists	and and some state of the pointing together as husband and some and
I,IERRY P NACH	office, to-wit:
one thousand nine hundred and	hereby certify that on the
DAVID CHARLES	DKOWNSBURG HENDRICK
County.	County, State of
Dated this 9th day of NOV. 19.8	r that purpose by the Clerk of the Circuit Court of HENDRICKS
19.8.	
Filed and recorded in accordance with the laws of the State of Indiana this	Signed /s/ JERRY R. NASH
the laws of the State of Indiana this	Official Designation MINISTER 87

MALE

Name

Name of Physician_

Previous Marital Status: Never Married OR

Other (Specify)

2. Are you afflicted with a transmissible disease?

Residence of mother (if deceased so state) Birthplace of mother (State or foreign country)

HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

HENDRICKS

Signed. Signed

We, the parents, of this applicant hereby give consent for this signs, state facts which render the consent of the other parent

State of Indiana.

State of Indiana,

County of ..

Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Judicial Decree

1. Are you now or have you ever been adjudged to be of unsound mind If answer is "yes", has the adjudication been removed?

3. Are you related to the female applicant closer than second cousin? Are you now under the influence of intoxicating liquor? 5. Are you now under the influence of a narcotic drug? List the full names of any dependent children.

Are you required by any court order or orders to support the above

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

Signed asker & Hales
New Address R PM BOX 121

Medical Examination Report Dated_

ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 shall be fined in any sum not exceeding five hundred dollar

MALE APPLICANT

#### STATE OF INDIANA APPLICA

LICATION FOR	MADDY	No 533
HENDRIC	MARRIAGE LICENSE	File
	County	11-4-87
Marketty T	FEMALE	Date of Application
	Medical Examination Report Dated_	THE PARTY OF THE PARTY OF
	Name of Di	1/20 d =
prescribed "False statement—Whes (\$500,00)".	oever procures the issuance of a license to marry by any	from doctor
Waste )	Name First	
Year		Middle Last
7799	/month	Day Year
County State	Place of Birth (State or foreign country)	1951
le, Mogan, L.	Residence Address Street or R/R.	City County State
The state of the s	Previous Marital Status: Never Married OR	ue Nend. In.
	Last Marriage Ended By: Death Divorce Appula	ment D
2	Date of birth verified by: Birth Certificate Judic	tial Decree
citure	A Other (Specify) Orineis L	ic Picture
No ∀Yes □	1. Are you now or have you ever been adjudged to be of ur	nsound mind? Not Yes D
No Yes D	If answer is "yes", has the adjudication been removed?	No□ Yes□
No Yes 🗆	Are you afflicted with a transmissible disease?  3. Are you related to the male and the second	No. Yes O
No Yes 🗆	Are you related to the male applicant closer than second     Are you now under the influence of intoxicating liquor?	d cousin? No Yes O
No Yes 🗆	5. Are you now under the influence of a narcotic drug?	No Yes
	6. List the full names of any dependent children.	
	8 th Lanel Welson	-17
	Gatrick Jemes Welson	-14
The same of the sa	Treka Lynn Ropessa	-5
No □ Yes □	<ol> <li>Are you required by any court order or orders to suppor dependent children?</li> </ol>	No □ Yes □
by satisfactory proof that you are in	If answer is "yes", it is required that this Application be a	
Jacker	compliance with any court order or orders issued for the  8. Full name of father whald Must	er support. Newlin
,	Residence of father (if deceased so state Plain	field In.
na	Birthplace of father (State or foreign country)	tian
a Rile	9. Full maiden name of mother Etlet Ma	e Adams
elle, In.	Residence of mother (if deceased so state)	rfield In.
lana	Birthplace of mother (State or foreign country)	entucky
d state the information given	DENDRICKS ( 88.	I depose and state the information given in this application is true and correct.
	County of Signed Margare	VO Parent
ch0 30 = 11	DD 1 6	Sor 100 Stilosilla
Stilesville IN	New Address	The Duestice of
NDRICKS	Subscribed and sworn to before me this Thanks Jane Rusself	day of HENDRICKS
Circuit Court	- July fore with the	Glerk Circuit Court
a attendition to desire the ca	CONSENT OF PARENTS, PARENT OR GUARDIA	N TOTAL POPULATION OF THE PARTY OF
marriage. If only one parent	We, the parents, of this applicant hereby give conservations	nt for this marriage. If only one parent
unnecessary	signs, state facts which render the consent of the ot	ther parent unnecessary
Contracted annihilation (mail	State of Indiana, HENDRICKS	
	County of Signed	Father
Father	Signed	
Mother	Subscribed and sworn to before me this	
, 19	Subscribed and seed of the see	Clerk
Clerk		o the shave named parties the
BY ORDER OF COURT	C. A marriage license having been refused to	and filed
Cou	art by written order issued	s.
	TOTAL CE CERTIFICATE	
OF MARRIAGE LICENSE my office a marriage licens	e issued by the clerk of the	ORICKS Circuit Court
nov.	MARCARET LENORA LOPOSSA	g together as husbana and wife
rupcate was pied in my ob	ereby certify that on the 14th day o	JOHNSON JOHNSON

COMPLETE IF MARRIAGE LICENSE ISSUED HENDRICKS .....County.....

authorizes

RETURN

Be It Remembered, there was filed in of Indiana dated the 9th day of ALFRED EUGENE HACKER Be it further remembered, the following marriage ce I, SHAN RUTHERFORD GREENWOOD one thousand nine hundred and..... MORGAN ..... County, State of ... HENDRICKS .County, State of ....

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County. Signed ....../s/ SHAN RUTHERFORD Dated this 14th day of NOV. , 19.87 Official Designation MINISTER

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

18th

HENDRICKS Circuit Court

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

534

r ne	11-4-87
	Date of Application
	11

SOUTHERN HENDRICKS

Circuit Court

to the second second second	FEMALE Medical Examination Report Dated  11687
MALE Medical Examination Report Dated	Name of Physician Patricia Sobcytk
Name of Physician	Name of Friguence of a license to marry by any false statement, representation or pretangent
Name of Physician	ver procures the issuance of a license to marry by any false statement, representation or pretense  FEMALE APPLICANT
ALL QUESTIONS MUST BE ANSWERED. IC. 31 Polymer and the state of the st	First Middle Lost
First Middle Powel/	Name Lisa Sue Burks
Only Year	Date of Birth // /2 /960
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Kentuky City County State	Residence Address Street or R. R. Plfd. Nend. State
1730 N. Cottonwood Court Plainfield Hendricks ///	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
ast Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
ate of birth verified by: Birth Certificate Judicial Decree	driver's Lucius
Other (Specify) Drivers Cicense No Yes -	Other (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  Not Yes   1. Ye
Are you now or have you ever been adjudged to be of unsound mind.	If answer is "yes", has the adjudication been removed?  No Yes O
If answer is "yes", has the adjudication been removed?  No Yes  No Yes	2. Are you afflicted with a transmissible disease?
Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of intoxicating liquor?	4. Are you now under the influence of intoxicating liquor?  Not Yes   Not Ye
Are you now under the influence of a narcotic drug?	6. List the full names of any dependent children.
List the full names of any dependent children.	
	7. Are you required by any court order or orders to support the above
Are you required by any court order or orders to support the above dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
compliance with any court order or orders issued for their support.  Full name of father. Charles A. Romcy	8. Full name of father Mornas Melvin Burks
Residence of father (if deceased so state) Catletts burg, KY	Residence of father (if deceased so state) Indplo, In
Birthplace of father (State or foreign country) KONTEKKY	Birthplace of father (State or foreign country)
Full maiden name of mother Bothy K. Tubb 5	Elin & Valamas
Residence of mother (if deceased so state) CatlettSburg, Ky	9. Full maiden name of mother
T128d	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)  State of Indiana,  I denote and state the information given	Birthplace of mother (State or foreign country)  State of Indiana,  I denote and state the information given
County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	County of HENDRICKS  State of Indiana,  HENDRICKS  Sas: I depose and state the information given in this application is true and correct in this application is true and correct.
Signed Soul January	Signed Hosa & Burks
New Address. Same as above	New Address 1730 N. Cottonwood CT (Same as
Subscribed and sworn to before me this. U.M. day of MOUNDEN 19 80	Subscribed and sworn to before me this 13 day of Marshull 19
Mary Jane Russell Clerk HENDRICKS Circuit Court	Maky Jane Rusself Clerk HENDRICKS Circuit Cour
or teat court	Gerk Greuit Cour
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
gns. state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
State of Indiana, HENDRICKS ss:	State of Indiana,
	County of HENDRICKS ss:
SignedFather	SignedFather
Signed	Signed Mother
Mother	THE REPORT OF THE PARTY OF THE
ubscribed and sworn to before me thisday of, 19	
ubscribed and sworn to before me this day of , 19	
ubscribed and sworn to before me this	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY COUN	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE	T. A marriage license having been refused to the above named parties, the urt by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY COUN	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTED HENDRICKS County  Complete and directs the issuance of authorizes and directs the issuance of RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  Findiana dated the  13th  day of  NOV.  JOHN CHARLES RAMEY  Retiremembered, the following authorizes and directs the issuance of marriage licen.  JOHN CHARLES RAMEY	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY COUN	Subscribed and sworn to before me this
Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  RETURN OF MARRIAGE LICENSI  RETURN OF MARRIAGE LICENSI  Indiana dated the  13th  day of  NOV.  JOHN CHARLES RAMEY  Be it further remembered, the following marriage certificate was filed in my of  CARL AKARD RILEY  The statement of the second of	Subscribed and sworn to before me this
Complete IF Marriage License Issued by Order of Courty  Hendricks County  authorizes and directs the issuance of Return of Marriage License for Indiana dated the 13th day of NOV.  John Charles Ramey  Be it further remembered, the following marriage certificate was filed in my of Carl Akard Riley  Carl Akard Riley  The thousand nine hundred and 87	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTENDRICKS  County	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  RETURN OF MARRIAGE LICENSI  Grant Hendred and series and directs the issuance of the series of th	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTENDRICKS  County	Subscribed and sworn to before me this

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County

No	535	
File		100
	11 11 0-	9777

MALE Medical Examination Report Dated	FEMALE Date of Application
	Medical Examination Report Dated
Name of Physician	
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoe shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	ever procures the issues
MALE APPLICANT	the issuance of a license to marry by any false statement, representation or pretense
Name First Middle . Logt .	Name First
Date of Birth Month Day Year	Rita: Middle Last
Place of Birth (State or foreign country)	Month Day Year
dry :	Place of Birth (State or foreign country)
Residence Address Street or R. R. CityP17d County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married OR	- 233 Krewson, PIfd. ID
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of high profile by Death Divorce
A Other (Specify) Dr. Lie.	Date of birth verified by: Birth Certificate Judicial Decree
	Other (Specify) Dr. Tw.
1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes ☐  If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No Yes	If answer is "yes", has the adjudication been removed?
3. Are you related to the female applicant closer than second cousin? No Yes	2. Are you afflicted with a transmissible disease?
4. Are you now under the influence of intoxicating liquor? No Yes -	3. Are you related to the male applicant closer than second cousin?  4. Are you now under the influence of intoxicating liquor?  No Yes
5. Are you now under the influence of a narcotic drug? No Yes	5. Are you now under the influence of a narcotic drug? No Yes
6. List the full names of any dependent children.	6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father	compliance with any court order or orders issued for their support.  8. Full name of father Solve Solv
	Le d'ille
Residence of Factor (1) deceased as a season	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Senting to The Thirds	9. Full maiden name of mother while it was a supplementary of the supple
Residence of mother (if deceased so state)	Residence of mother (if deceased so state) Tours will O New
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Two galy
State of Indiana, HENDRICKS  Bas: I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS    I depose and state the information given in this application is true and correct.
County of HEIVERICKS	County of All A
Signed & Muchael K. Merrell M.	Signed The Table 1
New Address Same as above	New Address.
Subscribed and sworn to before me this day of 1907	Subscribed and sworn to before me this
May Cone Russell Gerk HENDRICKS Circuit Court	May gave Fraull Clerk HENDRICKS Circuit Court
The state of the s	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
	State of Indiana, PRICKS
State of Indiana, Country of HENDRICKS }**:	State of Indiana, HENDRICKS County of
ovanty of	SignedFather
Signed Father	SignedMother
Signed Mother	Subscribed and sworn to before me thisday of
Subscribed and sworn to before me this day of 19	Subscribed and sworld Clerk
Clerk	land a named parties the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	RT. A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE OF COMPLE	and filed ourt by written order issued
TICI VURICAS	1 1 named parties.
THE TICENS	E AND MARKETTON
RETURN OF MARRIAGE Electric	nse issued by the clerk of the the joining together as husband and wife
Be It Remembered, there was filed in my office of	, 19, authorizing the foliating together
MICHAEL W MEDDILL CP	and KIIA EQUIS
Be it further remembered, the following marriage certificate was filed in my	hereby certify that on the 20th day of November
I, REV. GEORGE A. PURNELL	and KITA LOVING office, to-wit: hereby certify that on the 20th day of November hereby certify that on the County of Hendricks at Pittsboro , County of Indiana of Hendricks County, State of Indiana
thousand nine hundred and	of Henditory Indiana
State of Indiana, Groom MICHAEL K. MERRILL, SR.	Hendricks County, State of HENDRICKS
State of Indiana, Groom MICHAEL K. MERRILL, SR. and, Bride Rita Lovko were by me united in marriage as authorized by a marriage license issued for County.  8	that purpose by the court
were by me united in a surface of by a marriage license issued )	
100	7 /s/ Roy George A. Purnell
Dated 41: 20th	Signed Pittsboro United Methodisc
Dated 41: 20th	Signed Pittsboro United Methodisc
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Pittsboro United Methodisc

#### STATE OF INDIANA

536

APPLICATION FOR MARRIAGE LICENSE Form Prescribed By 11-6-87 Indiana State Board of Health under Authority of LC 31-1-3-2 HENDRICKS County Date of Application Effective July 1, 1977 FEMALE Medical Examination Report Dated MALE 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 Last Middle Birch Date of Birth Place of Birth (State or foreign country) County Street or R. R. Residence Address burg 450 N 5305 Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes D No Yes Are you now or have you ever been adjudged to be of unsound mind No D Yes D If answer is "yes", has the adjudication been removed? No Yes If answer is "yes", has the adjudication been removed? 2. Are you afflicted with a transmissible disease? NoX Yes No Yes Are you afflicted with a transmissible disease Are you related to the male applicant closer than second cousing No Yes D No Yes Are you related to the female applicant closer than second cousing 4. Are you now under the influence of intoxicating liquor? No Yes D No P Yes Are you now under the influence of intoxicating liquor 5. Are you now under the influence of a narcotic drug? No Yes D No Yes -Are you now under the influence of a narcotic drug 6. List the full names of any dependent children. List the full names of any dependent children 7. Are you required by any court order or orders to support the above Are you required by any court order or orders to support the above No Yes dependent children? If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. 8. Full name of father____ Full name of father, Residence of father (if deceased so state) Residence of father (if deceased so state) Birthplace of father (State or foreign country) 9. Full maiden name of mother-Residence of mother (if deceased so state). Residence of mother (if deceased so state) Birtholace of mother (State or foreign country) Birthplace of mother (State or foreign country) State of Indiana. State of Indiana, I depose and state the information given in this application is true and correct. I depose and state the information given in this application is true and correct. New Address 104 N. Grant; Brownsburg, IN46110 0 Subscribed and sworn to before me this. HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent is, state facts which render the consent of the other parent unnecessary... signs, state facts which render the consent of the other parent unnecessary. State of Indiana. State of Indiana, County of ... HENDRICKS County of .... Mother Subscribed and sworn to before me this..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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..... of Indiana dated the CHRISTOPHER A. BIRCH ....., 19.8...., authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: and JULIE A. KONOVSEK one thousand nine hundred and ... hereby certify that on the 21st day of November State of Indiana, Groom CHRISTOPHER A. BIRCH at Brownsburg , County of Hendricks and, Bride JULIE A. KONOVSEK of HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... of HENDRICKS County, State of INDIANA

County, State of INDIANA . 19 87 Filed and recorded in accordance with the laws of the State of Indiana this...... 23rd Signed /s/ Rev. Martin A. Peter Official Designation Catholic Priest day of November

Signed // ary met

State of Indiana

.Circuit Court

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS

11-9-87 Date of Application

County MALE Medical Examination Report Dated. FEMALE Medical Examination Report Dated. Name of Physician_ Name of Physician. ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense MALE APPLICANT FEMALE APPLICANT Date of Birtl Previous Marital Status Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment D Last Marriage Ended By: Death □ Divorce □ Annulment □ Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: Birth Certificate Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind? No 9 Yes D 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes O If answer is "yes", has the adjudication been removed? If answer is "yes", has the adjudication been removed? No Ves O 2. Are you afflicted with a transmissible disease? No Yes D No Tyes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin No E Yes Are you now under the influence of intoxicating liquor? No G Yes D No Ves D now under the influence of a narcotic drug? 5. Are you now under the influence of a narcotic drug? No TYes 6. List the full names of any dependent children Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No T Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Residence of father (if deceased so state). Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country)... State of Indiana, HENDRICKS State of Indiana. HENDRICKS County of Signed Ledleychen Nichol K.R. 2 BOX 169 New Address R. A. BOX 169-B CLAYTON ... 19.77 HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... signs, state facts which render the consent of the other parent unnecessary..... State of Indiana, HENDRICKS State of Indiana. County of..... HENDRICKS County of ... Father Signed Mother COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _____Court by written order issued _____and filed .....authorizes and directs the issuance of a marriage license to the above named parties. HENDRICKS RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the NH day of NHORDY KIMPERLY ANN SCHLUDECKER STEPHEN C. NICHOLS

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

I, MARY 157 I, MARY LEE COMER DANVILLE DANVILLE , County of ...... and, Bride KIMBERLY ANN SCHLUDECKER of HENDRICKS County, State of HENDRICKS Signed....../s/..MARY..LEE..COMER.... Dated this 3rd day of DEC. , 19.87 Official Designation JUDGE  STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By

HENDRICKS

Indiana State Board of Health under Authority HENDRICKS County Date of Application of I.C. 31-1-3-2 Effective July 1, 1977 FEMALE Medical Examination Report Dated MALE 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 licens shall be fined in any sum not exceeding five hundred dollars (\$500,00)". FEMALE APPLICANT MALE APPLICANT Day Date of Birth Place of Birth (State or foreign Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: 

Birth Certificate 

Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be No Yes D No Yes 🗆 1. Are you now or have you ever been adjudged to be of unsound mind? No D Yes D If answer is "yes", has the adjudication been removed No Yes If answer is "yes", has the adjudication been removed Are you afflicted with a transmissible disease No Yes 2. Are you afflicted with a transmissible disease? Are you related to the male applicant closer than second cousing No Yes D Are you related to the female applicant closer than second cousing Are you now under the influence of intoxicating liquor No Tes D Are you now under the influence of intoxicating liquor? Are you now under the influence of a narcotic drug' No PYes Are you now under the influence of a narcotic drug? List the full names of any dependent children. Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above dependent children If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for the support 8. Full name of father_ Residence of father (if deceased so state) Birthplace of father (State or foreign country) 9. Full maiden name of mother_ Residence of mother (if deceased so state) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country State of Indiana, State of Indiana, I depose and state the information given in this application is true and correct. state the information given **HENDRICKS** HENDRICKS New Address Subscribed and sworn to before HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary..... signs, state facts which render the consent of the other parent unnecessary... State of Indiana, HENDRICKS State of Indiana, County of ... HENDRICKS County of Signed Subscribed and sworn to before me this..... Subscribed and sworn to before me this COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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..... Be it further remembered, the following marriage certificate was filed in my office, to-wit: and TERRI LYNN WYANT I, MYRON BARNARD

1, hereby certify that on the 14th day of NOV. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... Dated this 14th day of NOV. Signed /s/-MYRON-BARNARD Official Designation JUDGE

tends.

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File___

MALE Medical Examination Report Dated  Medical Examination Report Dated	FEMALE Date of Application
	Medical Evania
Name of Physician	Medical Examination Report Dated /1-9-87
MUST BE ANSWERED 10 21126 - 2	Name of Physician O'Bolom
ALL QUESTIONS MUST BE ANSWERED TO STEED Prescribed "False statement—Whose	ver progues the image.
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whose shall be fined in any sum not exceeding five hundred dollars (\$500,00)".  MALE APPLICANT	issuance of a license to marry by any false statement, representation or pretense
First A Middle	
Name Malace Have R Last	Name First FEMALE APPLICANT
Date of Birth Month Day Year	Middle Last
(1/1/01)	Date of Birth Menth Sea adams
Place of Birth (State or forgign country)	Place of Division   Day Year
	Place of Birth (State or foreign country)
Residence Address Street or R. R. Sity County State	Residence Address Street or R. R.
Harry Hours	741 Winter RD Dy County State
Previous Marital Status: Never Married OR	During eld find.
Lost Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate U Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
Date of off an Artistan	Date of birth verified by: Birth Certificate  Judicial Decree
T Out of Specific)	
Other (Specify)	Other(Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	1. Are you now or hove you and
If answer is "yes", has the adjudication been removed? No Ves-	If anomar is the first terms of
2. Are you afflicted with a transmissible disease?	If answer is "yes", has the adjudication been removed?  No□ Yes□
3. Are you related to the female applicant closer than second cousin?	2. Are you afflicted with a transmissible disease?
	3. Are you related to the male applicant closer than second cousin?
	4. Are you now under the influence of intoxicating liquor?
5. Are you now under the influence of a narcotic drug? No Yes D	5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.	6. List the full names of any dependent children.
	and the same and any dependent children.
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children?	dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	
( K K K K K K K K K K K K K K K K K K K	compliance with any court order or orders issued for their support.  8. Full name of father Solvert So
8. Full name of father form of to fall of the father	di e · · · · · · · · · · · · · · · · · ·
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1 00	K A
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother I fary C. Stugelf	9. Full maiden name of mother Cynthus J. Clossey
	S. Tull made manie of models
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
The state of the s	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	
State of Indiana.  HENDRICKS    I depose and state the information given in this application is true and correct.	State of Indiana, HENDRICKS     I depose and state the information given in this application is true and correct.
County of	County of
mid (1) Beren	Signed Gelly Jua Adams
Signed 1100	412 1 Yelellaten Ct - Lidyla o
New Address 7/2 Willston Ct.	New Address.
9 4 7/02/ 1087	Subscribed and sworn to before me this day of 198
Subscribed and sworn to before me this day of	HENDRICKS
MENDRICKS Circuit Court	[ Dru Jue   Leading Clerk Circuit Court
	- ( A ()
CONSTRUCTION OF THE PROPERTY O	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give content to
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signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
State of Indiana,	State of Indiana, HENDRICKS County of
County of HENDRICKS	
Signed	Signed
	SignedMother
Signed Mother	dev of
	Subscribed and sworn to before me thisday of
	Clerk
Subscribed and sworn to before me thisday of, 19	
Clerk	
Clerk	hear refused to the above named parties, the
Clerk	hear refused to the above named parties, the
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COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTED HENDRICKS  County Count	RT. A marriage license having been refused to the above named parties, the court by written order issued
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COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTED HENDRICKS  in authorizes and directs the issuance of RETURN OF MARRIAGE LICENS  Be It Remembered, there was filed in my office a marriage licens of Indiana dated the 13 day of Movember	RT. A marriage license having been refused to the above named parties, the court by written order issued
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COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTED HENDRICKS  County  authorizes and directs the issuance of Indiana dated the 13 day of Movember of Michael David Brown  Be it further remembered, the following marriage certificate was filed in my office as filed in my office of Indiana dated the Michael David Brown  Be it further remembered, the following marriage certificate was filed in my office of Indiana, Andrew P. Crowley  one thousand nine hundred and 8.7.  State of Indiana, Groom Michael David Brown  and, Bride Kelly Lea Adams  were by me united in marriage as authorized by a marriage license issued for County.  Dated this	RT. A marriage license having been refused to the above named parties, the court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  County  authorizes and directs the issuance of Indiana dated the 13 day of Movember of Michael David Brown  Be it further remembered, the following marriage certificate was filed in my of I, ANDREW P. CROWLEY  one thousand nine hundred and 87.  State of Indiana, Groom MICHAEL DAVID BROWN  and, Bride KELLY LEA ADAMS  were by me united in marriage as authorized by a marriage license issued for County.  Dated this	RT. A marriage license having been refused to the above named parties, the court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTED HENDRICKS  County  authorizes and directs the issuance of Indiana dated the 13 day of Movember of Indiana dated the 13 day of Movember of Indiana dated the following marriage certificate was filed in my office a marriage license issued for County.  County Count	RT. A marriage license having been refused to the above named parties, the court by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTING Authorizes and directs the issuance of authorizes and directs the issuance of Indiana dated the 13 day of Movember of Indiana dated the 13 day of MICHAEL DAVID BROWN  Be it further remembered, the following marriage certificate was filed in my of I, ANDREW P. CROWLEY  one thousand nine hundred and 8.7  State of Indiana, Groom MICHAEL DAVID BROWN  and, Bride KELLY LEA ADAMS  were by me united in marriage as authorized by a marriage license issued for	RT. A marriage license having been refused to the above named parties, the and filed out by written order issued

FRONT

#### 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_

HENDRICKS

11-9-87 Date of Application

1/12	Medical Examination Report Dated
MALE Medical Examination Report Dated	Name of Physician
Medical Examination Neperture	Name of Thysological Statement of a license to marry by any false statement, representation or pretense of a license to marry by any false statement, representation or pretense of the statement
Name of Physician What is a prescribed "False statement - Whoever	ver procures the issuance of a ficense to the first terms of pretense
ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed shall be fined in any sum not exceeding five hundred dollars (\$500,00)", shall be fined in any sum not exceeding five hundred dollars (\$500,00)".	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Last
Name First Raddle General III	Date of Birth Month Day Pear
Harry Day Year	1/5// 2/ 1/35
Date of Birth Month 1959	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Addiess Street or R. R. City County State
Residence Address Africative to R. R. City County State	· Same
10016 Januar 71. 41. Anna	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	De Lines
-/ Dr. Lynne	Other (Specify)  Other (Specify)  No D Yes D
Other (Specify)  No Yes   1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   No Yes	1. Are you now of hard you
" to the adjudication been removed?	If answer to year, the
No I res	2. Are you afflicted with a classification
No if Yes I have related to the female applicant closer than second cousin?	3. Are you related to the man approach
No Prest	4. Are you now under the influence of intoxicating liquor?  No. Yes D  No. Yes D
5. Are you now under the influence of a narcotic drug?	5. Are you now under the inflation
6. List the full names of any dependent children.	6. List the full names of any dependent children.
Section 199	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No□ Yes□
dependent children?  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court prier or orders issued for their support.	compliance with any court order or orders issued for their support.
Charles Colones Co.	8. Full name of father Donald Dark
8. Full name of father 10 www. 15 processes 15 cm.	Adde
Residence of father (if deceased so state)	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
9. Full maiden name of mother Strude Dechart	9. Full maiden name of mother arrol of tamprosky
1 dans	Jame -
Residence of mother (if deceased so state)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS    Sa: I depose and state the information given in this application, is, true and correct.	State of Indiana.  HENDRICKS    as: I depose and state the information given in this application is true and correct.
County of	County of
Signed Navy D, & Leene III	Signed Teresa D. Viilous
New Address	
9 7 5	New Address.
Subscribed and sworn to before me this	Sabscribed and sworn to before me this day of day of
Clerk HENDRICKS Circuit Court	Mary And Transfell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	
annecessary.	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	
County of HENDRICKS ss:	State of Indiana,
Sign-4	County of HENDRICKS
SignedFather	Signed Father
Signed Mother	Wothe
Subscribed and sworn to before me this	SignedMount
	Subscribed and sworn to before me thisday of
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED DV	
HENDRICKS COUNTY TO SOURCE BY ORDER OF COUNTY	RT. A marriage license having been refused to the above named parties, th
inC	Court by written order issued and file
the issuance	OI a marriage license to the
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE  The property of the short of
of Indiana deal is the state of	AND MARRIAGE CERTIFICATE
UARRY CREATE day of day	the clerk of the
HARRY GREENE  Be it further remembered, the following	ense issued by the clerk of the HENDRICKS Circuit Country of the description of the HENDRICKS Circuit Country of the description of the HENDRICKS Circuit Country of the description of
I, HOWARD ELV	office, to-writ:
one thousand nine hundred at 197	hereby contife is
State of Indiana Cro	office, to-wit: hereby certify that on the 14th day of NOV. at INDPLS. MARION
THERESA LINKOUS	
Country	C 4 C4-4-4
Dated this 14th day of NOV.	r that purpose by the Clerk of the Circuit County, State of HENDRICKS
day of NOV.	7
, 19	
Filed and recorded in accordance with	Signed /s/ HOWARD GENE ELY
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation PASTOR
Critis	

Form Prescribed By Indiana State Board of Health under Authority

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE Effective July 1, 1977 HENDRICKS _County MALE Date of Application Medical Examination Report Dated_ 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 Name FEMALE APPLICANT Date of Birth awson Place of Birth (State or Place of Birth (State or foreign country) Residence Addres Previous Marital Status: Never Married OR Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce A Annulment D Last Marriage Ended By: Death □ Divorce Annulment □ Date of birth verified by: Birth Certificate Judicial Decree Date of birth verified by: 

Birth Certificate 

Judicial Decree 1. Are you now or have you ever been adjudged to be of un No Yes D 1. Are you now or have you ever been adjudged to be of unsound mind If answer is "yes", has the adjudication been removed? No□ Yes□ No Yes If answer is "yes", has the adjudication been rem Are you afflicted with a transmissible disease? No T Yes No Y Yes 2. Are you afflicted with a transmissible disease Are you related to the female applicant closer than second cousing No Yes D No A Yes Are you related to the male applicant closer than see Are you now under the influence of intoxicating liquor? No Yes No Y Yes Are you now under the influence of intoxicating liquor Are you now under the influence of a narcotic drug? No Yes No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children 6. List the full names of any dependent children Are you required by any court order or orders to support the above No Yes No T Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in Birthplace of father (State or foreign country Residence of mother (if deceased so state) Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country) State of Indiana, HENDRICKS State of Indiana. HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary State of Indiana, HENDRICKS State of Indiana. HENDRICKS County of Father Mother ..... Subscribed and sworn to before me this ______day of ______, 19...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 13 day of November Des ABICATI LAWSON I, MYRON BARNARD hereby certify that on the 14th day of NOV.

State of Indiana, Groom DAVID PAUL ACKER of HENDRICKS County, State of IN

ABIGAIL LAWSON of HENDRICKS County, State of IN

Dated this 14th day of NOV. , 19.87

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

Signed /s/...MYRON BARNARD. Official Designation JUDGE

Signed Many Jame & well Circuit Court Form Prescribed By Indiana State Board of

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

HENDRIC

COMPLETE IF

day of November , 19 87...

HENDRICKS

... Circuit Court

Health under Authority Date of Application of I.C. 31-1-3-2 Effective July 1, 1977 FEMALE Medical Examination Report Dated MALE Medical Examination Report Dated_ ALL QUESTIONS MUST BE ANSWERED, I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500,00)". Name of Physician_ MALE APPLICANT Place of Birth (State or Residence Address Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married OR Last Marriage Ended By: Death Divorce Annulment ☐ Birth Certificate ☐ Judicial Decree Date of birth verified by: Date of birth verified by: 

Birth Certificate 

Judicial Decree Other (Specify)_ 1. Are you now or have you ever been adjudged to be of unsound mind No Yes D No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No T Yes If answer is "yes", has the adjudication been removed No Yes If answer is "yes", has the adjudication been removed? No Yes D Are you afflicted with a transmissible disease No Yes 2. Are you afflicted with a transmissible disease? 3. Are you related to the male applicant closer than second cousin? No Yes D No Yes Are you related to the female applicant closer than second cousing Are you now under the influence of intoxicating liquor No D Yes D No Yes you now under the influence of intoxicating liquor? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children List the full names of any dependent children Are you required by any court order or orders to support the above 7. Are you required by any court order or orders to support the above No Yes D dependent children No Yes If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their compliance with any court order, or orders issued for their support. Residence of father (if deceased so state) Residence of father (if deceased so state). Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) 9. Full maiden name of mother. Residence of mother (if deceased so state). Residence of mother (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given in this application is true and correct. HENDRICKS HENDRICKS New Address 861 Pc HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. signs, state facts which render the consent of the other parent unnecessary... HENDRICKS State of Indiana, HENDRICKS Signed. Mother Subscribed and sworn to before me this Subscribed and sworn to before me this _____day of_____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS 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 of Indiana dated the day of the clerk of the dienk of the joining together as husband and wife ROBERT L. MC DANIEL

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

WENDELL W. MAYER ROBERT L. MC DANIEL hereby certify that on the 20th day of November one thousand nine hundred and .. State of Indiana, Groom ROBERT L. MC DANIEL

CYNTHIA R. HORTON

MADION

MADION

COUNTY, State of INDIANA at Indianapolis , County of Marion marriage lies of MARION County, State of INDIANA County, State of INDIANA 20th day of November , 19 87 Signed /s/ Wendell W. Mayer Filed and recorded in accordance with the laws of the State of Indiana this..... 24th Official Designation Judge

Signed ....

12/2 10/12 12/12

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_County

No	
File_	
	11-10-87

MALE Medical Examination Report Dated	FEMALE Date of Application
Name of Physician	FEMALE Medical Examination Report Dated 11-12-87
Name of Physician	Name of Physics
ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 prescribed False statement—Who shall be fined in any sum not exceeding five hundred dollars (\$500,00).  MALE APPLICANT	oever procures the immediate t
MALE APPLICANT	the issuance of a license to marry by any false statement, representation or pretense
Name First. Mings	Name FEMALE APPLICANT
Date of Birth Month Day Year	Middle Middle
Place of Birth (State or Joreign country)	Date of Birth Month Day
Residence Address Street or R. R. City County State	Place of Birth (State or foreign country)
2076 nd 200 S. Wanvelle In State	Residence Address Indiana
Previous Marital Status Never Married OR	Comby Morgan This
Last Marriage Ended By Death Divorce Annulment D	Previous Marital Status: Never Married OR
Date of birth verified by Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment Date of birth verified by:
D Other (Specity) Nouvers Lecense	Date of birth verified by: Birth Certificate Judicial Decree
1 Are you now or have you ever been adjudged to be of unasound mind? No O Yes O	Drivers License
If answer is "yes" has the adjudication been removed? No D Yes D	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you afflicted with a transmissible disease? No O Yes O	If answer is "yes", has the adjudication been removed?  No Ves C  Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin? No P Yes D  4. Are you now under the influence of intexicating figure?	3. Are you related to the male and the mal
4. Are you now under the influence of intexacating liquid?  No Yes O  No Yes O  No Yes O	4. Are you now under the influence of intoxicating liquor?  No Yes   Yes
6. List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?
	6. List the full names of any dependent children.
Are you required by any court order or orders to support the above	
dependent children" No D Yes D	7. Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father and the Country of the Count	compliance with any court order or orders issued for their support.
A margatt . In	8. Full name of father Larry Wayne Allen
Residence of father (if deceased so state) AVIIIVELLE	Residence of father (if deceased so state) Camby, JN.
Birthplace of father (State or foreign gountry) Mallona	Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother mention of mother medical market webseleger	9. Full maiden name of mother Soe ann Sapp
Residence of mother (if decreased so states Vangrelle, In.	Residence of mother (if deceased so state) Camby, IN.
Birthplace of mother i State or foreign country) Indiana	Birthplace of mother (State or foreign country) Kentucky
State of Indiana.  HENDRICKS and I depose and state the information given	State of Indiana
County of in this application is true and correct.	County of HENDRICKS  88: I depose and state the information given in this application is true and correct.
signed Victor I Yeler	Signed Laura alle
New Address Same	New Address 207 E Kd 200 5 Denvill
Subscribed and sweet to before morphis 10 they of 900- 1987	Subscribed and sworn to before me this 12 day of Now , 19.8.7
Mary are Russell ark HENDRICKS Circuit Court	mary game Russell Clerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	State of Indiana,
County of HENDRICKS	State of Indiana, HENDRICKS County of
Signed Father	SignedFather
	Signed Mother
Signed Mother	Subscribed and sworn to before me this
Subscribed and sworn to before me this day of	Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage license having been refused to the above named parties, the
TIEND DIE V.C.	we by written order modernment
n authorizes and directs the issuance of	a marriage license to the above named partial
DETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage licens	e issued by the clerk of the
f Indiana dated the 16th day of Ow	e issued by the clerk of the
VICTOR COLLEGE TO THE STATE OF	idLAUDA
The it further remembered, the following marriage certificate was filed in my off  HARLAN KINCADE  and the state of the st	ereby certify that on the5thday ofDEC.
HARLAN KINCADE	WHITESTONE CHRISTIAN CHURCH, County of
MILE OF I	Chata of
nd, Bride LAURA ANN ALLEN of	f HENDRICKS County, State of IN  HENDRICKS MORGAN County, State of HENDRICKS  that purpose by the Clerk of the Circuit Court of HENDRICKS
nd, Bride	rat purpose by the Clerk of the Circuit Court of
DEC	/c/ HARLAN KINCADE
ated this 5th day of DEC. 1987	WINTEMED.
iled and recorded in accordance with the laws of the State of Indiana this	ficial Designation
iled and recorded in accordance with the laws of the State of Indiana this	Signed Many Jave Rhard HENDRICKS Circuit Court
accordance with the take of	Signed Circuit Court

FRONT

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

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

__County

File_ //-/2-97
Date of Application

Seat Street, S. St. Lett.

to film.

Day 6. HENDRICKS

Circuit Court

	FEMALE Medical Examination Report Dated 11-13-87
MALE MALE Dated	Medical Examination Report Dated
Medical Examination Report Dated	Name of Physician A. Harvey Himebstein
Name of Physician	pever procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED. LC. 31-1-3-6 prescribed "False statement - who	DEMANE ADDITIONS
shall be fined in any sum not exceeding five hundred dollars (8500,00)".  MALE APPLICANT	FEMALE APPLICANT
Middle Last	Name Neanna Kal Clark
Richard Allen Meyer	Date of Birth Month Day Year
Date of Birth Month Day	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R.R. City County State
Residence Address Street or R. R. City County State	9937 Medallin dr. maple. Nend. State
9937 Hedallian Drive Indianapolis Heranices IN	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR	Last Marriage Ended By: Death Divorce Annulment
Last Marriage Ended By: Death Divorce Annulment	Date of birth verified by: Birth Certificate  Judicial Decree
Date of birth verified by: Birth Certificate Judicial Decree	
Other (Specify)	Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than second cousin?	3. Are you related to the male applicant closer than second cousin?  No. Yes   4. Are you now under the influence of intoxicating liquor?  No. Yes   No. Yes
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No. Yes	5. Are you now under the influence of a narcotic drug?
/	6. List the full names of any dependent children.
6. List the full names of any dependent children.	6. List the full fiames of any dependent emission
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Yes	dependent children? No Ves Ves
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.	If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
8. Full name of father William R. MTVC	8. Full name of father Abrild Carel Clark
Dis Cald Tal	7-110 2
	Residence of father (if deceased so state) Adples, Two
Birthplace of father (State or foreign country) To ana	Birthplace of father (State or foreign country)
9. Full maiden name of mother NCIQ D. Phillips	9. Full maiden name of mother Jackquelyn Kay Rodgels
Residence of mother (if deceased so state) Turpinsprings, Floring	Of the state of th
Birthplace of mother (State or foreign country)	
State of Indian	Birthplace of mother (State or foreign country)
County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.
Signed History a Stage	D M b
New Address Sque 45 Above	Signed Danna Kal Clark
	New Address Dame as about
Subscribed and sworn to before me this. 12th day of November, 1980	Subscribed and sworn to before me this day of Now, 1987
Many Jane Gust HENDRICKS Circuit Court	Mary Jane Rusself Clerk HENDRICKS Circuit Court
	Clerk Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary	
	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	
County of HENDRICKS } ss:	State of Indiana,
Simul	County of HENDRICKS ss:
Signed Father	)
Signed	Signed Father
Subscribed and sworn to before me thisday of19	SignedMother
	Subscribed and sworn to before me thisday of, 19
COMPLETE ID WARDEN	
DOMPLETE IF MARRIAGE LICENSE ISSUED DE	Utt
HENDRICKS TOUR TOUR OF COMMENT	
HENDRICKS County ORDER OF COURT	A marriage license having been refused to the above named parties, the
HENDRICKS County COURT  authorizes and directs the issues of the county	Clerk  A marriage license having been refused to the above named parties, the rt by written order issued
of directs the issuance of	a marriage license to the ab
RETURN OF MARRIAGE LICENSE	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE of Indiana dated the	a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENSE of Indiana dated the	a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENSE  of Indiana dated the	a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  e issued by the clerk of the HENDRICKS Circuit Court  d. DEANNA RAE CLARK
RETURN OF MARRIAGE LICENSE  It Remembered, there was filed in my office a marriage license  Aday of Marriage license  RICHARD ALLEN MEYER  Be it further remembered, the following marriage certificate was filed in my office and	a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  e issued by the clerk of the HENDRICKS Circuit Court  , 19 7, authorizing the joining together as husband and wife  d DEANNA RAE CLARK
RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  of Indiana dated the	a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  e issued by the clerk of the HENDRICKS Circuit Court  d. DEANNA RAE CLARK  Creby certify that on the 21 day of NOV
RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  of Indiana dated the	a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  e issued by the clerk of the HENDRICKS Circuit Court  d DEANNA RAE CLARK  ice, to-wit:  preby certify that on the 21 day of NOV.  WASHINGTON TOWNSHIP County of HENDRICKS
RETURN OF MARRIAGE LICENSE  Be It Remembered, there was filed in my office a marriage license  f Indiana dated the day of Corende  RICHARD ALLEN MEYER  Be it further remembered, the following marriage certificate was filed in my office the marriage in my office in	a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  e issued by the clerk of the HENDRICKS Circuit Court  d DEANNA RAE CLARK  ice, to-wit:  preby certify that on the 21 day of NOV.  WASHINGTON TOWNSHIP County of HENDRICKS
RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  of Indiana dated the day of day of RICHARD ALLEN MEYER  Be it further remembered, the following marriage certificate was filed in my off me thousand nine hundred and 87  State of Indiana, Groom RICHARD ALLEN MEYER OF INDIANA RICHARD ALLEN MEYER	a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  e issued by the clerk of the HENDRICKS Circuit Court  , 19 7, authorizing the joining together as husband and wife  DEANNA RAE CLARK  creby certify that on the 21 day of NOV.  WASHINGTON TOWNSHIP County of HENDRICKS  HENDRICKS County, State of IN
RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  of Indiana dated the	a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  e issued by the clerk of the HENDRICKS  Circuit Court  , 19  , authorizing the joining together as husband and wife  DEANNA RAE CLARK  creby certify that on the 21 day of NOV.  WASHINGTON TOWNSHIP , County of HENDRICKS  HENDRICKS County, State of IN.
RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  of Indiana dated the day of day of RICHARD ALLEN MEYER  Be it further remembered, the following marriage certificate was filed in my off me thousand nine hundred and 87  State of Indiana, Groom RICHARD ALLEN MEYER of many of me united in marriage as authorized by a marriage license issued for the day of NOV.  Outed this 18th day of NOV. 1987	a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  e issued by the clerk of the HENDRICKS  Circuit Court  d DEANNA RAE CLARK  creby certify that on the 21 day of NOV.  WASHINGTON TOWNSHIP County of HENDRICKS  HENDRICKS County, State of IN  HENDRICKS County, State of HENDRICKS  at purpose by the Clerk of the Circuit Court of HENDRICKS
RETURN OF MARRIAGE LICENSE  Be It Remembered, there was filed in my office a marriage license  f Indiana dated the day of Corporate  RICHARD ALLEN MEYER  Be it further remembered, the following marriage certificate was filed in my office the second of th	a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  e issued by the clerk of the HENDRICKS Circuit Court
RETURN OF MARRIAGE LICENSE  Be It Remembered, there was filed in my office a marriage license  f Indiana dated the day of day of RICHARD ALLEN MEYER  Be it further remembered, the following marriage certificate was filed in my office the thousand nine hundred and 87  that of Indiana, Groom RICHARD ALLEN MEYER of Indiana, Groom Ind. Bride DEANNA RAE CLARK  Series by me united in marriage as authorized by a marriage license issued for the Indiana India	a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  e issued by the clerk of the HENDRICKS Circuit Court

Circuit Court

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

MALE

EKEKEE!

Medical Examination Report Dated_

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _County

545 11-13-87

Date of Application

MALE Medical Examination Report Dated	FEMALE Medical Examination Report Dated //-5-87
Name of Physician	Name of Physics Joseph F Thomas Com
MUST BE ANSWERED IC 31-1-32 mount to D.	Maine of Physician Joseph F. Mompson
L QUESTIONS MUST BE exceeding five hundred dollars (\$500,000).  MALE APPLICANT	reprocures the issuance of a license to marry by any false statement, representation or pretense
First Middle Last	Name Final APPLICANT
Null Ree Deposet	Doning Middle Last
e of Birth Month Day Year (6)	Date of Birth Month Day Year
ce of Birth (State or foreign country)  Indiana	Place of Birth (State or foreign country)
idence Address Street or R. R. City County State  The 2 Dan Jones Rd. Plainfield Hen. IN.	Residence Address Street or R. R. City County State
169 1411	762 Dan Jones Rd. Plainfield Hew. IN.
Nous Marital Status Never Married OR  Marriage Ended By: Death Divorce X Annulment O	Previous Marital Status: Never Married OR
at Marriage Ended by Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
te of birth verified by	Date of birth verified by: KBirth Certificate  Judicial Decree
Other (Specify)	Other(Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes", has the adjudication been removed?  No Yes   No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
	If answer is "yes", has the adjudication been removed?
Are you afflicted with a transmissible disease?  No Yes   Are you related to the female applicant closer than second cousin?  No Yes   No Yes   I	2. Are you afflicted with a transmissible disease?
Are you related to the female applicant closer than second cousin?  No Yes   Are you now under the influence of intoxicating liquor?  No Yes   No Yes	3. Are you related to the male applicant closer than second cousin?
Are you now under the influence of a narcotic drug!  No Yes	4. Are you now under the influence of intoxicating liquor?  No ✓ Yes □  No ✓ Yes □  No ✓ Yes □
List the full names of any dependent children.	5. Are you now under the influence of a narcotic drug?  No Yes U  6. List the full names of any dependent children.
same	Kurt Aron Deppert-6
	Matthew Michael Deppert - 3
Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above
dependent children? No Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No Yes   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any court order or orders issued for their support.
Full name of father Chester Eugene Deppert Sr.	8. Full name of father Michael Dewayne Richardson
Residence of father (if deceased so state) Ind pls. In.	Residence of father (if deceased so state) Plainfield, IN.
Todiana	Birthplace of father (State or foreign country) Indiana
Birthplace of father (State or foreign country)	Sandra Vall Glaver
Full maiden name of mounty	Tool of S. Tal
Residence of mother (if deceased so state) Plainfield, IN.	Residence of informer (in december 2)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
State of Indiana.	State of Indiana, HENDRICKS  ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS in the application is true and correct.	County of Paring Kay No thest
Signed But Doe Napput	Signed Off
New Address 762 Dan Jones Rd.	New Address 12 12 12 87
Subscribed and sworn to before me this 13 day of Mov. 1987	Subscribed and sworn to before me this day of 1990.
Mary Jane Russell Gerk HENDRICKS Circuit Court	Subscribed and sworld to the Aussell Clerk HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT OR GUARDIAN
CONSENT OF PARENTS, PARENT OR GUARDIAN	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	we, the parents, of this approximately we will be signs, state facts which render the consent of the other parent unnecessary
signs, state facts which render the consent of the other parent unnecessary	signs, state facts which relider the control
The second secon	
	State of Indiana, HENDRICKS } ss:
State of Indiana. HENDRICKS	County of
County of	SignedFathe
Signed	Signed
Signed Mother	Subscribed and sworn to before me thisday of
Subscribed and sworn to before me this day of	Subscribed and short
	nowing th
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUL	DT A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU.	RT. A marriage license having been refused to the above mand file  Court by written order issuedand file  of a marriage license to the above named parties.
County	of a marriage license to the above
in authorizes and directs the	MARRIAGE CERTIFICATE HENDRICKS Circuit Cour
RETURN OF MARRIAGE LICEN	ense issued by the clerk of the
Be It Remembered, there was filed in my opice a	, 19 authorizing
of Indiana dated the 18 day of	and REGINA KAY DEFICE.
of Indiana dated the	office, to-wit: 27th day of NOV.
of Indiana dated the day of KURT LEE DEPPERT  Be it further remembered, the following marriage certificate was filed in my  I, MYRON BARNARD	hereby certify that on the MARION, County ofMARION
, MYRON BARNARD	at INDRICKS County, State of IN
Be it further remembered, the following marriage certificate was filed in my  I, MYRON BARNARD  one thousand nine hundred and 87  State of Indiana, Groom KURT LEE DEPPTER  and Bride REGINA KAY DEPPERT of	HENDRICKS County, State of HENDRICKS
and B indiana, Groom KURT DER DEPERT	by the Clerk of the Circuit Court of
one thousand nine hundred and 87 State of Indiana, Groom KURT LEE DEPPTER of and, Bride REGINA KAY DEPPER of were hy magniful in the sized by a marriage license issued for the sized by a marriage license issued by a marriage license issued for the sized by a marriage license issued by a marriage license issued by a marriage	w that pw P
	37 Signed /S/ MYRON BARNARD
County.  Dated this 27th day of NOV. 19.8	
Filed	1st day of Cle HENDRICKS Circuit Con

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

FRONT

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

546

HENDRICKS

... Circuit Court

Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE
Health under Authority of I.C. 31-1-3-2 Effective July 1, 1977 HENDRIC	County Date of Application
Effective day in term	FEMALE Institute Papert Dated 11-9-87
MALE	Medical Examination Report Dated
Medical Examination Report Dated	Name of Physician Allie Duck 1118.
Name of Physician The Physicia	bever procures the issuance of a license to marry by any false statement, representation or pretense
ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed a shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	FEMALE APPLICANT
MALE APPLICANT	Name First And Middle Hast
Name First Middle falmer	Date of Birth Month Day Year
Date of Birth Month Pay Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. Sity County State
Residence Address Street or R. R. City County State	105 O College Spouradeura
T.D. Box 119 House	Previous Marital Status: Never Married OR
Previous Marital Status: Never Married OR  Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment D
Date of birth verified by: Birth Certificate Judicial Decree	Date of birth verified by: Birth Certificate Judicial Decree
1 O. Leneus	Other (Specify) Dr. House
Other (Specify)  No Yes   1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No 2 Yes 0
If answer is "yes", has the adjudication been removed?	If answer is "yes", has the adjudication been removed?  No Tyes D
2. Are you afflicted with a transmissible disease?	2. Are you afflicted with a transmissible disease?  No Yes D  3. Are you related to the male applicant closer than second cousin?  No Yes D
3. Are you related to the female applicant closer than second cousin?  No Yes  No Yes	4. Are you now under the influence of intoxicating liquor. No P Yes D
4. Are you now under the influence of intoxicating liquor?  5. Are you now under the influence of a narcotic drug?  No □ Yes □	5. Are you now under the influence of a narcotic drug?  No Yes D
6. List the full names of any dependent-children.	6. List the full names of any dependent children.
assocla talmer - 18	Christina Hawten - 17
Greage " - 17	
- Francisco de la companya della companya della companya de la companya della com	
7. Are you required by any court order or orders to support the above	7. Are you required by any court order or orders to support the above dependent children? No Pes D
dependent children?  No Yes  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in	dependent children?  No Ves U  If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for the support.	compliance with any court order or orders issued for their support.
8. Full name of father Success Falmer	8. Full name of father house that
Residence of father (if deceased so state) / polleswelle & -	Residence of father (if deceased so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign couptry)
9. Full maiden name of mother willia Col	9. Full maiden name of mother Sougelle Humanoton
Residence of mother (if deceased so state) (Allease)	Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
State of Indiana,  County of HENDRICKS  Sa: I depose and state the information given in this application is true and correct.	State of Indiana.
County of this application is true and correct.	County of HENDRICKS as: I depose and state information gives in this application is true and correct.
Signed Oxfle Moderner	Signed Donna D. Hawtin
New Address 105 & College Brownsburg IN	New Address 105 E. College Ave Brownshu
Subscribed and sworn to before me this day of 192	Subscribed, and sworn to before me this 13 day of 1927.
Clerk HENDRICKS Circuit Court	Thary pret treath Gerk HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN
signs, state facts which render the consent of the other parent unnecessary	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
at the other parent unnecessary.	signs, state facts which render the consent of the other parent unnecessary
State of Indiana,	
County of HENDRICKS ss:	State of Indiana,
Signed	County of HENDRICKS
SignedFather	Signed Father
Signed Mother  Subscribed and sworn to before me this day of 19	SignedMother
day of, 19	Subscribed and sworn to before me thisday of
	Clerk
HENDRICKS LICENSE ISSUED BY ORDER OF COLUMN	
in County	RT. A marriage license having been refused to the above named parties, the ourt by written order issued and filed
The Di Rememberch them.	SE AND MADE
of Indiana dated the	SE AND MARRIAGE CERTIFICATE  nse issued by the clerk of the HENDRICKS Circuit Court  wife
Re it further DOSEPH PALMED	nse issued by the clerk of the HENDRICKS Circuit Court  , 19. On, authorizing the joining together as husband and wife and
I Apply	and DONNA HAWTIN
one thousand nine hundred and	and DONNA HAWTIN  hereby certify that on the 27th day of DEC.
State of Indiana, Groom	at BROWN PROMISE 27th day of DEC.
and, BrideDONNA HAWITTA	of County of HENDRICKS
were by me united in marriage as authorized by a marriage as authorized by a marriage as	HENDRICKS County, State of IN
Dated this	HAMILTON County, State of IN  HENDRICKS County, State of IN  that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 27th day of DEC. , 19 8	7
teorited in accordance with the	0 # :
the laws of the State of Indi	Signed /s/ LARRY A. STAFFORD  Official Designation MINISTER  29th day of DEC 10 67

County of

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE 547 HENDRICKS County 11-13-87 MALE Date of Application Medical Examination Report Dated_ FEMALE Medical Examination Report Dated 10-29-47 Name of Physician_ Name of Physician ALL QUESTIONS MUST BE ANSWERED, LC, 31-1-3-6 p.

shall be fined in any sum not exceeding five hundred dollars (\$500,000)".  MALE APPLICANT	-Whoever procures the issuance of a license to marry by any false statement, representation or pretense
Name Mrst / Middle	
rank Edgar Mutti	Name First
Date of Birth Month Say Year	Date of Rivet Alsa (Une ) I Last
Place of Birth (State or foreign country)	Day Year
Residence Address Street or R. R. Kity Churty	(State or foreign country)
1639 71. Washington, Danville stal State	Residence Address Street or R. R. City   County State
Previous Marital Status Never Married OR	3631 St. Thomas Blut. apt & Solly Market
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married OR
Date of birth verified by: Birth Certificate Judicial Decree	Last Marriage Ended By: Death Divorce Annulment D
Date of officers	Date of birth verified by: Birth Certificate Judicial Decree
Other (Specify) Whereis Lie - Buture	1 1 1 :
1. Are you now or have you ever been adjudged to be of unsound mind? No Y	Other (Specify) Whereir die Preture
If answer is "yes", has the adjudication been removed? No U Y	Yes C
a transmissible disease?	If answer is "yes", has the adjudication been removed?
As you related to the female applicant above they are a life of the female applicant above they are a life of the female applicant above they are a life of the female applicant above they are a life of the female applicant above they are a life of the female applicant above they are a life of the female applicant above they are a life of the female applicant above they are a life of the female applicant above they are a life of the female applicant above they are a life of the female applicant above they are a life of the female applicant above they are a life of the female applicant above they are a life of the female applicant above they are a life of the female applicant above the life of the life o	2. Are you afflicted with a transmissible disease?
J. S.	3. Are you related to the male applicant closer than second cousin?
1	4. Are you now under the influence of intoxicating liquor?
6. List the full names of any dependent children.	Yes V
Iricia - age 16	6. List the full names of any dependent children.
June 1	
Are you required by any court order or orders to support the above	7 Are you required by any county
dependent children?	
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you as	e in If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in
compliance with any court order or orders issued for their support.	compliance with any cours order or orders issued for their support.
8. Full name of father And E. Author , K.	- 8. Full name of father Charles Eugene Sleiger
Residence of father (if deceased so state) Alchael	Residence of father (if deceased so state) anderson, on
Birthplace of father (State or foreign country) Indiana	21.
Here del Medi	Birthplace of father (State or foreign country)
9. Full maiden name of mother with a ful	9. Full maiden name of mother Cloude Breeze
Residence of mother (if deceased so state) Narvelle, Indiana	Residence of mother (if deceased so state) Anderson, In.
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Adeana.
State of Indiana.	Charles of Fundament
County of HENDRICKS   **: in this application is true and corr	LIEVIDDICAC L'act y debose sud state me untormation kiven
TEAR & SH HO	Lin a. Hainer
Signed Name Zurium	Signed (Control of the Control of th
New Address 1657 N. Woshington St.	New Address 1639 N. Washington St.
Subscribed and sworn to before me this 15 day of 1000. 19.0	Subscribed and sworn to before me this day of 1000, 19
Mary Jane Russell HENDRICKS	Make Jane Rusself Gerk HENDRICKS Circuit Court
Gerk Circuit Co	
CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
	this marriage If only one parent
We, the parents, of this applicant hereby give consent for this marriage. If only one par	
igns, state facts which render the consent of the other parent unnecessary	signs, state facts which render the consent of the other parent unnecessary
tate of Indiana,	State of Indiana, HENDRICKS } ss:
HENDRICKS ***:	County of

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

Signed Father

authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 17 day of LISA A. GEIGER

FRANK E. GUTHRIE III and LISA A. GEIGER

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

ROBERT T. ROBE

I, ROBERT E. PEBLEY

One the annual of the series of the s one thousand nine hundred and 87 at MADISON , County of MADISON State of Indiana, Groom FRANK E. GUTHRIE III of MARION County State of IN and, Bride LISA A. GEIGER Of HENDRICKS

Dated this 21st day of NOV. , 19.87 Signed /s/ ROBERT E. PEBLEY Official Designation SENIOR MINISTER Clerk Filed and recorded in accordance with the laws of the State of Indiana this .... .....Circuit Court