Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 459

File

8-28-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician R. Steigmeier

MALE APPLICANT

Name First Kurt Middle D. Last Hudson

Date of Birth Month 10 Day 26 Year 56

Place of Birth (State or foreign country) Ind.

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

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Bio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Joaque Rene Hudson
6. (a) Full name of father ~~of dependent children~~ D. Clinton Hudson
   Residence of father (if deceased, so state) Indpls. Ind
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Ercil M. Silcox
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X [signature] 28 August 89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]

New Address

Subscribed and sworn to before me this 28 day of Aug. 19 89

[signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Carole Middle A. Last Barry

Date of Birth Month 10 Day 26 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. 410 E. Broadway City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Dr. Bio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Estel Barry Jr
   Residence of father (if deceased, so state) Danville Ind
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Mary Ann Malatte
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Carole Barry 8/28/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Carole Barry

New Address

Subscribed and sworn to before me this 28 day of Aug. 19 89

[signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-28-89, *authorizing the marriage of* KURT HUDSON *and* CAROLE ANN BARRY.

I further certify that the following marriage certificate was filed in my office:

I, PHILIP H. GULLEY *(name), certify that on* 9-2-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KURT HUDSON *of* HENDRICKS *County,* IN *(state), and* CAROLE ANN BARRY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-2-89

Signed by: /s/ PHILIP H. GULLEY, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-6-89 *(date).*

Signed [signature] *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 460

File

HENDRICKS County

8-28-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated N/A
Name of Physician

MALE APPLICANT

Name: First Phillip Middle T. Last Doerre

Date of Birth: Month 5 Day 1 Year 31

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 5207 S. 6 Pk. Rd. City Indpls. County Hendricks State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of father of dependent children Lee H. Doerre
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Mary Doerre (adoptive)
   Residence of mother (if deceased, so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) PA.

FEMALE APPLICANT

Name: First Ruby Middle A. Last Coons

Date of Birth: Month 9 Day 16 Year 39

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 1223 S. Dogwood City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of father of dependent children William Pickenbaugh
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Mary Jane Jenkins
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Phillip T Doerre — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Phillip Doerre

New Address

Subscribed and sworn to before me this 28 day of Aug, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

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

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Ruby A Coons — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Ruby A Coons

New Address

Subscribed and sworn to before me this 28 day of Aug, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-28-89, *authorizing the marriage of* PHILLIP T. DOERRE *and* RUBY A. COONS.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 8-28-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* PHILLIP T. DOERRE *of* HENDRICKS *County,* IN *(state), and* RUBY A. COONS *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-28-89.

Signed by: /s/ CYNTHIA J. SPENCE, 1st DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 8-28-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 2161

File

8-29-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Larry Lovell

MALE APPLICANT

Name: First Scott Middle D. Last Minnard

Date of Birth: Month 7 Day 8 Year 61

Place of Birth (State or foreign country) Moline. Ill.

Residence Address: 1330 Street or R.R. Eastgate #A2 City Toledo, Ohio County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Shawna Douglas Minard
6. (a) Full name of father of dependent children Russell William Minard
   Residence of father (if deceased, so state) Batavia, N. Y.
   Birthplace of father (State or foreign country) Moline. Ill.
   (b) Full maiden name of mother of dependent children Lavonne Wolmgren
   Residence of mother (if deceased, so state) Normality, Ill.
   Birthplace of mother (State or foreign country) Moline. Ill.

FEMALE APPLICANT

Name: First Michelle Middle A. Last Selvy

Date of Birth: Month 11 Day 27 Year 67

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: 1009 Street or R.R. E. Wallstreet City Pike County Pitts State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children Michael Eugene Selvy
   Residence of father (if deceased, so state) Pitts. In.
   Birthplace of father (State or foreign country) Newcastle. In.
   (b) Full maiden name of mother of dependent children Annetta Lou Hicks
   Residence of mother (if deceased, so state) Pitts. In.
   Birthplace of mother (State or foreign country) Newcastle. In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Scott D. Minard 8-29-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Connie Lawson 8-29-89
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

× Signed Scott D. Minard

New Address

Subscribed and sworn to before me this 29 day of Aug, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Michelle A Selvy 8-29-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Connie Lawson 8-29-89
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

× Signed Michelle A Selvy

New Address 1009 E. Wallstreet Pk. Pitts. IN

Subscribed and sworn to before me this 29 day of Aug, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-29-89, *authorizing the marriage of* SCOTT D. MINARD *and* MICHELLE A. SELVY.

I further certify that the following marriage certificate was filed in my office:

I, GENE P. CRAWFORD *(name), certify that on* 9-16-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* SCOTT D. MINARD *of* LUCAS *County,* OHIO *(state), and* MICHELLE A. SELVY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-16-89

Signed by: /s/ GENE P. CRAWFORD, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-20-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4162

File

8-29-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 8-7-89
Name of Physician Wm. Edwards

MALE APPLICANT

Name: First John Middle Michael Last Thurman
Date of Birth: Month Aug Day 26 Year 1959
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 1031 Parkside Ct N. City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☑ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children Joseph H. Thurman
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of mother of dependent children Ella Cox
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

FEMALE APPLICANT

Name: First Lynda Middle J. Last Grossmann
Date of Birth: Month April Day 22 Year 1965
Place of Birth (State or foreign country) In
Residence Address: Street or R.R. 5976 Oakhill E. Dr. City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children James L. Grossmann
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) S.D.
   (b) Full maiden name of mother of dependent children Lorna Ruckston
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x John M. Thurman — Signature of Applicant — 8-29-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x John M. Thurman
New Address 1031 Parkside Ct. N.

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

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

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

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Lynda J. Grossmann — Signature of Applicant — 8-29-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Lynda J. Grossmann
New Address 1031 Parkside Ct. N.

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

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-29-89, *authorizing the marriage of* JOHN MICHAEL THURMAN *and* LYNDA JEAN GOSSMANN.

I further certify that the following marriage certificate was filed in my office:

I, ANN L. DAVIDSON *(name), certify that on* 10-7-89 *(date), at* FAIRFIELD FRIENDS *in* HENDRICKS *County, Indiana,* JOHN M. THURMAN *of* HENDRICKS *County,* IN *(state), and* LYNDA JEAN GOSSMANN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-89.

Signed by: /s/ ANN L. DAVIDSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-11-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD

A B C D E F G H I J K L M Mc N O P Q R S T U V W X Y Z

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 463

File

8-29-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 5-17-89
Name of Physician Allen Baker M.D.

MALE APPLICANT

Name First Dale Middle Edwin Last Larrison

Date of Birth Month 11 Day 21 Year 1962

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

Residence Address Street or R.R. RR1 Box 39 City Jamestown County In State 46147

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Joshua Edwin Larrison - 3 mos.
6. (a) Full name of father of dependent children Roy E. Larrison
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Etta M. Williams
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name First Laurie Middle Ann Last Worley

Date of Birth Month 7 Day 18 Year 65

Place of Birth (State or foreign country) Danville Indiana

Residence Address Street or R.R. RR1 Box 175 City Clayton County In State 46149

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Matthew Wayne Odom - 3 yrs.
   Joshua Edwin Larrison - 3 mo.
6. (a) Full name of father of dependent children James Wm. Worley Sr.
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Laura Marie Ray
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Dale C Larrison — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Dale C Larrison

New Address

Subscribed and sworn to before me this 29 day of Aug 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Laurie A. Worley — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Laurie A. Worley

New Address

Subscribed and sworn to before me this 29 day of Aug 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-29-89, *authorizing the marriage of* DALE EDWIN LARRISON *and* LAURIE ANN WORLEY.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 9-13-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DALE E. LARRISON *of* BOONE *County,* IN *(state), and* LAURIE A. WORLEY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-13-89.

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-13-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 464

File

HENDRICKS County

8-30-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 8-29-89
Name of Physician Dr Eric Clark

MALE APPLICANT

Name: First Christopher Middle N Last Birge
Date of Birth: Month June Day 19 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 422 William Dr City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ Timmie E. Birge
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother ~~of dependent children~~ Betty J Igrter
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Lisa Middle A Last Hicks
Date of Birth: Month November Day 22 Year 1969
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 507 Ensley Lane City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ Doyel Hicks
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother ~~of dependent children~~ Martha Ann Withington
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Christopher N Birge — 30 Aug 89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)
Signed Christopher N Birge
New Address 422 William Dr Brownsburg
Subscribed and sworn to before me this 30 day of Aug 1989
Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Lisa A. Hicks — Aug 30, 1989
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)
Signed Lisa A. Hicks
New Address Same
Subscribed and sworn to before me this 30 day of Aug 19 89
Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-30-89, *authorizing the marriage of* CHRISTOPHER N. BIRGE *and* LISA A. HICKS.

I further certify that the following marriage certificate was filed in my office:

I, RAYMOND H. DUFF *(name), certify that on* 9-2-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* CHRISTOPHER N. BIRGE *of* NEWRIGHT *County,* IN *(state), and* LISA A. HICKS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-30-89

Signed by: /s/ RAYMOND H. DUFF, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-6-89 *(date).*

Signed Connie Johnson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 465
File
8-30-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 8-29-89
Name of Physician Dr Mary Knotts

MALE APPLICANT

Name Dale First E Middle Lanham Last
Date of Birth October Month 9 Day 1963 Year
Place of Birth (State or foreign country) Indiana
Residence Address 534 Enderly Ave. Brownsburg Hendricks In
Street or R.R. City County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ Edward Lloyd Lanham
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother ~~of dependent children~~ Emma Lou Jaynes
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Dale E Lanham 8/30/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ✗ Dale E Lanham
New Address SAME
Subscribed and sworn to before me this 30 day of Aug. 19 89
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name Ane First marie Middle Norris Last
Date of Birth August Month 14 Day 1968 Year
Place of Birth (State or foreign country) California
Residence Address 534 Enderly Ave. Brownsburg Hendricks In
Street or R.R. City County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ Robert Hulbert Norris
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of mother ~~of dependent children~~ Carolyn Ann Covington
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✗ Ane Marie Norris 8-30-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ✗ Ane Marie Norris
New Address Same
Subscribed and sworn to before me this 30 day of Aug. 19 89
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-30-89, *authorizing the marriage of* DALE EDWARD LANHAN *and* ANE MARIE NORRIS.

I further certify that the following marriage certificate was filed in my office:

I, KENNETH J. FAHR(?) *(name), certify that on* 9-2-89 *(date), at* FIRST PRESBYTERIAN OF DEL *in* ~~CARROLL~~ *County, Indiana,* DALE E. LANHAN *of* HENDRICKS *County,* IN *(state), and* ANE MARIE NORRIS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-2-89.

Signed by: /s/ KENNETH J. FAHR(?), Minister *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-7-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 466

File

HENDRICKS County

8-30-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 8-30-89
Name of Physician M. Rebecca Hook

MALE APPLICANT

Name: First Durwin Middle G. Last Holmes

Date of Birth: Month 2 Day 3 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 3245 Whipple City Dr. County Hdpls. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Chrystal
6. (a) Full name of father ~~of dependent children~~ Carlos Holmes)
   Residence of father (if deceased, so state) Dallas Ky
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Pat Henshaw
   Residence of mother (if deceased, so state) Some
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Mary Middle H. Last White

Date of Birth: Month 8 Day 30 Year 70

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 916 1/2 E. Broadway City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   —
6. (a) Full name of father ~~of dependent children~~ Carl C. White Jr.
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Lois Carol Drennan)
   Residence of mother (if deceased, so state) Avon Ind
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Durwin Holmes — Signature of Applicant — 8-30-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Durwin Holmes

New Address

Subscribed and sworn to before me this 30 day of Aug. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

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

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Mary White — Signature of Applicant — 8-30-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Mary White

New Address

Subscribed and sworn to before me this 30 day of Aug. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-1-89, *authorizing the marriage of* DURWIN G. HOLMES *and* MARY H. WHITE.

I further certify that the following marriage certificate was filed in my office:

I, DONALD R. SWANSON *(name), certify that on* 9-30-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DURWIN G. HOMES *of* MARION *County,* IN *(state), and* MARY H. WHITE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-89.

Signed by: /s/ DONALD R. SWANSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-3-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

No. 467

File

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

8-30-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician J. Thompson

MALE APPLICANT

Name First Eric Middle L. Last Jones

Date of Birth Month 5 Day 9 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. 246 N. Vine St. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

~~☐~~ Other (Specify) Dr. Eric.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of father ~~of dependent children~~ John Paul Jones
   Residence of father (if deceased, so state) Ludlow, Ky.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Elsie Kessler
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Eric L. Jones
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Eric L. Jones
New Address Same as Above

Subscribed and sworn to before me this 30 day of Aug., 19 89

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

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

— Clerk

FEMALE APPLICANT

Name First Carol Middle A. Last Wisor

Date of Birth Month 3 Day Dec Year 64

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. 201 Vestal Rd. City County Plfd. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

~~☐~~ Other (Specify) Dr. Eric.

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

6. (a) Full name of father ~~of dependent children~~ Earl Roger Wisor
   Residence of father (if deceased, so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Sharon Kay Jerrard
   Residence of mother (if deceased, so state) Deadwell
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).

X Carol A Wisor
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the abo acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information give in this application is true and correct.

Signed X Carol Wisor
New Address —

Subscribed and sworn to before me this 30 day of Aug. 19 89

Clerk of the 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 sig state facts which make the consent of the other parent unnecessary —

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Fa
Signed — Mo

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indi dated* 8-30-89, *authorizing the marriage of* ERIC L. JONES *and* CAROL A. WISOR

I further certify that the following marriage certificate was filed in my office:

I, CARL AKARD RILEY *(name), certify that on* 9-30-89 *(date), at* PLAINFIELD, HENDRICKS *County, Indiana,* ERIC L. JONES *of* HENDRICKS *County,* IN *(state), and* CAROL A. WISOR *of* HENDRICKS *County,* IN *(state) were married by m authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, d* 9-30-89

Signed by: /s/ CARL AKARD RILEY, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-4-89 *(date).*

Signed Connie Lawson

HENDRICKS *Circuit*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 468

File

8-31-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-7-89
Name of Physician Fred Hendricks

MALE APPLICANT

Name: First Martin Middle D. Last Allen
Date of Birth: Month 4 Day 23 Year 41
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. RR 1 Box 228 City Lizton County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. Files

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Philip Robert Allen
   Residence of father (if deceased, so state) Lizton Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Yuk Hayden
   Residence of mother (if deceased, so state) Missouri Heights
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Diane Middle L. Last Goulding
Date of Birth: Month 9 Day 29 Year 64
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 2216 E. 70th St. City Indpls. County State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Files

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

6. (a) Full name of father ~~of dependent children~~ William John Goulding
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) PA.
   (b) Full maiden name of mother ~~of dependent children~~ Marilyn Eliane Hays
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Martin Allen — Signature of Applicant — 8-31-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Martin Allen
New Address R1 Box 228 Lizton, IN. 46149
Subscribed and sworn to before me this 31 day of 8, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Diane Goulding — Signature of Applicant — 8-31-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Diane Goulding
New Address
Subscribed and sworn to before me this 31 day of 8, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-8-89, *authorizing the marriage of* ~~MARTIN D. ALLEN~~ *and* ~~DIANE L. GOULDING~~.

I further certify that the following marriage certificate was filed in my office:

I, ROBERT W. MYERS *(name), certify that on* 9-30-89 *(date), at* ~~CHRIST CHRUCH CATHEDRAL~~ IN MARION *County, Indiana,* ~~MARTIN D. ALLEN~~ *of* HENDRICKS *County,* IN *(state), and* DIANE L. GOULDING *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-89

Signed by: /s/ ROBERT W. MYERS, CANON RESIDENTIARY *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-3-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 469

File

8-31-88
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician L. Isaacs

MALE APPLICANT

Name: First Roger Middle Alan Last Graham
Date of Birth: Month 4 Day 11 Year 52
Place of Birth (State or foreign country) Franklin In.
Residence Address: Street or R.R. 1011 9 Old U.S. 40 City Indpls. County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

   /

6. (a) Full name of father of dependent children Byron Eugene Graham
   Residence of father (if deceased, so state) Franklin In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Doris Buchanan
   Residence of mother (if deceased, so state) Franklin, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Roger A Graham — Signature of Applicant — 8-31-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Roger A Graham
New Address SAME

Subscribed and sworn to before me this 31 day of Aug 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

FEMALE APPLICANT

Name: First Juanita Middle Rose Last Jacobs
Date of Birth: Month 7 Day 18 Year 49
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. 1011 9 Old U.S. 40 City Indpls. County State In. 46231
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. Lic.

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

6. (a) Full name of father of dependent children Noah Harris Hawkins
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Christine Hall
   Residence of mother (if deceased, so state) Mooresville Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Juanita R Jacobs — Signature of Applicant — 9-6-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Juanita R Jacobs
New Address SAME

Subscribed and sworn to before me this 6 day of Sep. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana* *dated* 10-13-89, *authorizing the marriage of* ROGER ALAN GRAHAM *and* JUANITA R. JACOBS

I further certify that the following marriage certificate was filed in my office:

I, DAVE HAMILTON *(name), certify that on* 9-16-89 *(date), at* HAMBLEN ESTATE JOHNSON *County, Indiana,* ROGER ALAN GRAHAM *of* HENDRICKS *County,* IN *(state), and* JUANITA R. JACOBS *of* HENDRICKS *County,* IN *(state) were married by me authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dat* 9-6-89

Signed by: /s/ DAVID D. HAMILTON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-13-89 *(date).*

Signed Connie Lawson *Cl*

HENDRICKS *Circuit Co*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 470

File

HENDRICKS County

8-31-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Charles H. Driggs

MALE APPLICANT

Name: First Delbert Middle K. Last Beach

Date of Birth: Month 12 Day 9 Year 43

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. None → City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Daniel K. Beach
   None
6. (a) Full name of father ~~of dependent children~~ Maxwell Beach Paul A. Hordon-Step Father
   Residence of father (if deceased, so state) Fortworth Tx
   Birthplace of father (State or foreign country) ? IN or KY
   (b) Full maiden name of mother ~~of dependent children~~ Hazel Marie Williams
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky

FEMALE APPLICANT

Name: First Valerie Middle A. Last Steele

Date of Birth: Month 9 Day 21 Year 52

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 1316 Eastern Ave City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Aaron K. Steele Sarah A. Steele
   Amanda L. "
6. (a) Full name of father ~~of dependent children~~ Richard Davon Robinson
   Residence of father (if deceased, so state) Bloomington, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother ~~of dependent children~~ Elizabeth Ann Weliver
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Delbert K Beach — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Delbert K. Beach

New Address

Subscribed and sworn to before me this 31st day of Aug 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Valerie A. Steele — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Valerie A. Steele

New Address

Subscribed and sworn to before me this 31st day of Aug, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)) ss: County of HENDRICKS)

Signed Father

Signed Mother

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

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)) ss: County of HENDRICKS)

Signed Father

Signed Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-31-89, *authorizing the marriage of* DELBERT K. BEACH *and* VALERIE ANN STEELE.

I further certify that the following marriage certificate was filed in my office:

I, HAMILTON F. NISS *(name), certify that on* 9-9-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DELBERT K. BEACH *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-9-89, *and* VALERIE ANN STEELE *of* HENDRICKS *County,* IN *(state).*

Signed by: /s/ HAMILTON F. NISS, ASST. SECRETARY, BAHAI ASSEMBLY OF INDPLS *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-13-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

No. 471

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

8-31-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 5-17-89
Name of Physician Dr. Mullin D.O.

MALE APPLICANT

Name First Joseph Middle Lee Last Biviens

Date of Birth Month 10 Day 30 Year 64

Place of Birth (State or foreign country) Pontiac, Michigan

Residence Address Street or R.R. 1423 Rose Ct. City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Melissa Marie Biviens 4 yrs.
   Joseph Lee Biviens III - 2 yrs.
6. (a) Full name of father of dependent children Joseph Lee Biviens Sr.
   Residence of father (if deceased, so state) Lake ~~Orion~~ Mi
   Birthplace of father (State or foreign country) Pontiac, Mi.
   (b) Full maiden name of mother of dependent children Darnita Lee Beach
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Pontiac, Mi.

FEMALE APPLICANT

Name First Nyla Middle Ann Last Reeves

Date of Birth Month 12 Day 13 Year 66

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

Residence Address Street or R.R. 1423 Rose Ct. City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Heather ~~Reeves~~ Cooper 4 yrs
6. (a) Full name of father of dependent children Nyal Anthony Reeves
   Residence of father (if deceased, so state) Muncie, In.
   Birthplace of father (State or foreign country) Indiana (?)
   (b) Full maiden name of mother of dependent children Nora May Long
   Residence of mother (if deceased, so state) Muncie, In.
   Birthplace of mother (State or foreign country) Kokomo, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Joseph Lee Biviens 8-31-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Joseph Lee Biviens
New Address SAME

Subscribed and sworn to before me this 31st day of Aug 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Nyla A. Reeves 8-31-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Nyla A. Reeves
New Address Same

Subscribed and sworn to before me this 31st day of Aug 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-31-89, *authorizing the marriage of* and .

I further certify that the following marriage certificate was filed in my office:

I, (name), *certify that on* (date), *at* in *County, Indiana,* of *County,* (state), *and* of *County,* (state) *were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* .

Signed by: , (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on (date).

Signed Clerk

HENDRICKS Circuit Court

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 472

File

9-1-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician David Haggard

MALE APPLICANT

Name: First Merle Middle E. Last Teskey Jr.
Date of Birth: Month Aug Day 8 Year 1968
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 1330 Locust Ln City Brownsburg County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

6. (a) Full name of father of dependent children Merle E. Teskey, Sr.
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Beverly Gray
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

FEMALE APPLICANT

Name: First Tina Middle L. Last Fay
Date of Birth: Month July Day 17 Year 1969
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 6 Church Rd City Brownsburg County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

6. (a) Full name of father of dependent children Howard L. Fay
   Residence of father (if deceased, so state) Cory, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Lorene Schroer
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Merle E Teskey Jr 9-1-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Merle E Teskey Jr
New Address 3410 Marabou Mills Place Indpls.

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

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

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

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Tina L. Fay
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Tina L. Fay
New Address 3410 Marabou Mills Place. Indpls.

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

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-1-89, *authorizing the marriage of* MERLE EUGENE TESKEY JR. *and* TINA LYNETTE FAY.

I further certify that the following marriage certificate was filed in my office:

I, HAROLD L. LEININGER *(name), certify that on* 9-30-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MERLE E. TESKEY JR. *of* HENDRICKS *County,* IN *(state), and* TINA L. FAY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-89.

Signed by: /s/ HAROLD L. LEINIGER, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 473

File

9-1-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 8-23-89
Name of Physician K. Farella M.D.

MALE APPLICANT

Name: First Hubert Middle Wayne Last Grim

Date of Birth: Month 1 Day 18 Year 68

Place of Birth (State or foreign country) Salem, Ohio

Residence Address: Street or R.R. 57 Campbell Ct. City Mooresville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children Ronald Edward Grim
   Residence of father (if deceased, so state) Salem, Oh.
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of mother of dependent children Joan Kay VanKirk
   Residence of mother (if deceased, so state) Salem, Oh.
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name: First Tina Middle Louise Last Hafley

Date of Birth: Month 3 Day 19 Year 68

Place of Birth (State or foreign country) Peoria, Ill.

Residence Address: Street or R.R. 5515 Northport City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children Stanley Morris Hafley
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Danville, Ky.
   (b) Full maiden name of mother of dependent children Judy Kay Warman
   Residence of mother (if deceased, so state) Indpls, In.
   Birthplace of mother (State or foreign country) Christopher, Il

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Hubert W. Grim 9-1-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Hubert W. Grim
New Address Same

Subscribed and sworn to before me this 1st day of Sept 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Tina Hafley 9-1-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Tina Hafley
New Address 57 Campbell Ct Mooresville

Subscribed and sworn to before me this 1st day of Sept 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-1-89, *authorizing the marriage of* H. WAYNE GRIM *and* TINA HAFLEY.

I further certify that the following marriage certificate was filed in my office:

I, MORRIS HAFLEY *(name), certify that on* 9-16-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* H. WAYNE GRIM *of* HENDRICKS *County,* IN *(state), and* TINA HAFLEY *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-16-89

Signed by: /s/ MORRIS HAFLEY, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-19-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 474

File

HENDRICKS County

9-1-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Robert Aiello

MALE APPLICANT

Name: First David Middle L. Last Steele

Date of Birth: Month 9 Day 9 Year 58

Place of Birth (State or foreign country) Ind.

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

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of father of dependent children Everett Wayne Steele
   Residence of father (if deceased, so state) Bloomfield
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Marjorie Mae York
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Christine Middle S. Last Stidham

Date of Birth: Month 3 Day 31 Year 65

Place of Birth (State or foreign country) P.O. Box 3 Danville

Residence Address: Street or R.R. Ind. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of father of dependent children Clyde Stidham
   Residence of father (if deceased, so state) Linton Ind.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother of dependent children Helen Rector
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X David L. Steele 9-1-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X David L. Steele

New Address

Subscribed and sworn to before me this 1 day of 9 19 89

Connie Tate Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Christine S. Stidham 9-1-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Christine S. Stidham

New Address

Subscribed and sworn to before me this 1 day of 9 19 89

Connie Tate Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-1-89, *authorizing the marriage of* DAVID L. STEELE *and* CHRISTINE S. STIDHAM.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 9-1-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID L. STEELE *of* HENDRICKS *County,* IN *(state), and* CHRISTINE S. STIDHAM *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-1-89

Signed by: /s/ CONNIE TATE, 1st D EPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-1-89 *(date).*

Signed Connie Tate *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 475

File

9-1-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician G. Sparkman

MALE APPLICANT

Name First James Middle B. Last Toole

Date of Birth Month 10 Day 10 Year 61

Place of Birth (State or foreign country) Ky.

Residence Address Street or R.R. RR 2 Box 336 City E. Main St. County Apt 4 State Danville

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rice.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Robert Chas. Toole
   Residence of father (if deceased, so state) Ft. Franklin Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother ~~of dependent children~~ Dana Joyce Pearson
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) VA.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X James B. Toole 9-1-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X James B. Toole
New Address Same as Above

Subscribed and sworn to before me this 1 day of 9 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Katrina Middle M Last Hoeper

Date of Birth Month 2 Day Year 54

Place of Birth (State or foreign country) Florida

Residence Address Street or R.R. MS RR2 Box 155 City Cloverdale County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Rice.

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

6. (a) Full name of father ~~of dependent children~~ Paul Edward Hoeper
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Yolanda Marie Sevit
   Residence of mother (if deceased, so state) Cloverdale Ind
   Birthplace of mother (State or foreign country) Unk.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Katrina M. Hoeper 9-1-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Katrina M. Hoeper
New Address

Subscribed and sworn to before me this 1 day of 9 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-13-89, *authorizing the marriage of* JAMES B. TOOLE *and* KATRINA M. HOEPER.

I further certify that the following marriage certificate was filed in my office:

I, CHARLES S. CHESEBROUGH *(name), certify that on* 9-9-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JAMES B. TOOLE *of* HENDRICKS *County,* IN *(state), and* KATRINA M. HOEPER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-9-89.

Signed by: /s/ CHARLES S. CHESEBROUGH, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-13-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 476

File

9-1-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 5-4-89
Name of Physician Larry D. Lovell, M.D.

MALE APPLICANT

Name: First Bruce Middle Alan Last Hazelgrove
Date of Birth: Month 7 Day 25 Year 61
Place of Birth (State or foreign country) Lebanon, In.
Residence Address: Street or R.R. P.O. Box 82 City Centerburg County State In 46114
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License

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

6. (a) Full name of father of dependent children Donald Eugene Hazelgrove
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Walcott, In.
   (b) Full maiden name of mother of dependent children Alice Marie Knoop
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Smith
Date of Birth: Month 5 Day 12 Year 61
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. P.O. Box 82 City Centerburg County State In. 46114
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Kelly Smith 10 yrs.
   Heather Smith 4 yrs.
6. (a) Full name of father of dependent children Sylvester Joseph Knoop
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Marita Katherine Gress
   Residence of mother (if deceased, so state) ~~Danville~~ Centerburg, Indiana
   Birthplace of mother (State or foreign country) Jasper, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Bruce A Hazelgrove 9-1-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Bruce A Hazelgrove
New Address Same

Subscribed and sworn to before me this 1st day of Sept 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Patricia A Smith 9/1/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Patricia A. Smith
New Address Same

Subscribed and sworn to before me this 1st day of Sept 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-1-89, *authorizing the marriage of* BRUCE ALAN HAZELGROVE *and* PATRICIA ANN SMITH.

I further certify that the following marriage certificate was filed in my office:

I, CHARLES S. CHESEBRAUGH *(name), certify that on* 9-16-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRUCE A. HAZELGROVE *of* MARION *County,* IN *(state), and* PATRICIA A. SMITH *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-16-89

Signed by: ~~/s/ CHARLES S. CHESEBRAUGH~~ PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-19-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 477

File

9-1-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 8-19-89
Name of Physician Thomas M. Walker M

MALE APPLICANT

Name: First Keith Middle Louis Last Reed

Date of Birth: Month 3 Day 21 Year 67

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

Residence Address: Street or R.R. 371 E. Jessup Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree ☑ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children Robert Louis Reed
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Lavada Carol Biles
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Texas

FEMALE APPLICANT

Name: First Stacy Middle Diane Last Smith

Date of Birth: Month 7 Day 27 Year 68

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

Residence Address: Street or R.R. 9615 Karen Dr. W. City Indpls. County State In. 46

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree ☑ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children Lester Martin Smith
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Indpls. In.
   (b) Full maiden name of mother of dependent children Diane Elizabeth Fre
   Residence of mother (if deceased, so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indpls, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Keith Louis Reed — Signature of Applicant — 9-1-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Keith Louis Reed

New Address 1156 Whitcomb Ave. Speedway IN.

Subscribed and sworn to before me this 1st day of Sept, 1989

Cranie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Stacy D. Smith — Signature of Applicant — 9-1-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Stacy D. Smith

New Address 1156 Whitcomb Ave. Speedway IN

Subscribed and sworn to before me this 1st day of Sept, 1989

Cranie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-1-89, *authorizing the marriage of* KEITH LOUIS REED *and* STACY DIANE SMITH.

I further certify that the following marriage certificate was filed in my office:

I, PAUL E. BLEDSOE *(name), certify that on* 9-23-89 *(date), at* CHAPEL ROCK CHRISTIAN CHU *in* MARION *County, Indiana,* ~~KEITH L. REED~~ *of* ~~HENDRICKS~~ *County,* IN *(state), and* STACY DIANE SMITH *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-23-89

Signed by: /s/ PAUL E. BLEDSOE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-26-89 *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 478

File

9-5-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 7-13-89
Name of Physician D. Baker M.D.

MALE APPLICANT

Name First: Eric Middle: Rene Last: Lyon

Date of Birth Month: 1 Day: 5 Year: 68

Place of Birth (State or foreign country) Greencastle In.

Residence Address Street or R.R.: 8500 Viscount City: El Paso County: Co State: Tx.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children Richard Allen Lyon
   Residence of father (if deceased, so state) Fillmore In.
   Birthplace of father (State or foreign country) Greencastle, In.
   (b) Full maiden name of mother of dependent children Jeneene Elaine Robinson
   Residence of mother (if deceased, so state) Fillmore In.
   Birthplace of mother (State or foreign country) Greencastle, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Eric R. Lyon — Signature of Applicant — 9-5-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Eric R. Lyon
New Address 8500 VISCOUNT APT 4P El Paso Tx 79925
Subscribed and sworn to before me this 5th day of Sept 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

FEMALE APPLICANT

Name First: Pamela Middle: Jo Last: Hendershot

Date of Birth Month: 11 Day: 22 Year: 69

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

Residence Address Street or R.R.: P O Box 112 City: Cartersburg County: In State:

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of dependent children Dwight William Hendershot
   Residence of father (if deceased, so state) Cartersburg In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Keldonna Lou Coons
   Residence of mother (if deceased, so state) Cartersburg In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Pamela J. Hendershot — Signature of Applicant — 9-5-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Pamela J. Hendershot
New Address 8500 Viscount Apt 4P El Paso, TX 79925
Subscribed and sworn to before me this 5th day of Sept 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-5-89, *authorizing the marriage of* ERIC RENE LYON *and* PAMELA JO HENDERSHOT.

I further certify that the following marriage certificate was filed in my office:

I, DWIGHT S. BRADFORD *(name), certify that on* 9-9-89 *(date), at* ~~PLAINFIELD~~ *in* HENDRICKS *County, Indiana,* ERIC RENE LYON *of* EL PASO *County,* TEXAS *(state), and* PAMELA JO HENDERSHOT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-9-89.

Signed by: /s/ DWIGHT S. BRADFORD, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-12-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 479

File

9-5-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-1-89
Name of Physician J. Baker M.D.

MALE APPLICANT

Name First: Walter Middle: Scott Last: Steward

Date of Birth Month: 2 Day: 4 Year: 68

Place of Birth (State or foreign country): Dalton, Maine

Residence Address Street or R.R.: RFD #4 Box 5436 City: Farmington County: Me. State:

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

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

6. (a) Full name of father of dependent children Robert James Steward
   Residence of father (if deceased, so state) Plainfield, Vt.
   Birthplace of father (State or foreign country) Ellsworth, Me
   (b) Full maiden name of mother of dependent children Lena Bernice ~~Aspelund~~ Marstellar
   Residence of mother (if deceased, so state) Farmington, Me.
   Birthplace of mother (State or foreign country) Lisbon Falls, Me.

FEMALE APPLICANT

Name First: Kimberly Middle: Sue Last: Hartley

Date of Birth Month: 4 Day: 11 Year: 67

Place of Birth (State or foreign country): Blumfield, Ma.

Residence Address Street or R.R.: Rt #1 Box 235 A City: Liston County: In. State:

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

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

6. (a) Full name of father of dependent children David Clifton Hartley
   Residence of father (if deceased, so state) Liston In.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of mother of dependent children Judith Ann Groves
   Residence of mother (if deceased, so state) Liston, In.
   Birthplace of mother (State or foreign country) Mass.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Walter S. Steward — 5 Aug 89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Walter S. Steward

New Address BSC Box 1309 England AFB LA 71311

Subscribed and sworn to before me this 5th day of Aug, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Kimberly S. Hartley — 9-5-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Kimberly S. Hartley

New Address PSC 2 Box 14926 APO SF, CA 96367

Subscribed and sworn to before me this 5th day of Aug, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-5-89, *authorizing the marriage of* WALTER SCOTT STEWARD *and* KIMBERLEY SUE HARTLEY.

I further certify that the following marriage certificate was filed in my office:

I, DAVID K. CARNEY *(name), certify that on* 9-9-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* WALTER S. STEWARD *of* FRANKLIN *County,* IN *(state), and* KIMBERLEY S. HARTLEY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-9-89

Signed by: /s/ DAVID K. CARNEY, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-12-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 480

File

HENDRICKS County

9-5-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 8-31-89
Name of Physician W. Macy

MALE APPLICANT

Name: First Jerry Middle Allen Last Cobia

Date of Birth: Month February Day 11 Year 1964

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 9725 Nebo Lane City Avon County Hendricks State In. 46231

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

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

   None

6. (a) Full name of father ~~of dependent children~~ Robert Eugene Cobia
   Residence of father (if deceased, so state) Decased
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of mother ~~of dependent children~~ Melba J. Luxon
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

FEMALE APPLICANT

Name: First Terry Middle Kay Last Reed

Date of Birth: Month January Day 10 Year 1953

Place of Birth (State or foreign country) Green County In.

Residence Address: Street or R.R. 105 S. Mill St. City Pleasant County Hendricks State In. 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

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

   None

6. (a) Full name of father ~~of dependent children~~ Francis Eugene Borders
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Freda Jane Gates
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Jerry A. Cobia — Signature of Applicant — 9/5/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Jerry A. Cobia
New Address 105 S. Mill, Pleasant

Subscribed and sworn to before me this 5th day of Sept. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Terry K. Reed — Signature of Applicant — 09/05/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Terry K. Reed
New Address same

Subscribed and sworn to before me this 5th day of Sept. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-5-89, *authorizing the marriage of* JERRY ALLEN COBIA *and* ~~TERRY KAY REED~~.

I further certify that the following marriage certificate was filed in my office:

I, MITCHELL CHEATHAM *(name), certify that on* 9-19-89 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* JERRY ALLEN COBIA *of* HENDRICKS *County,* IN *(state), and* TERRY KAY REED *of* HENDRICKS *County,* ~~IN~~ *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-19-89.

Signed by: /s/ MITCHELL CHEATHAM, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-20-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 481

File

9-5-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 4-8-89
Name of Physician D. Bray

MALE APPLICANT

Name: First Mark Middle Adrian Last Meunier

Date of Birth: Month June Day 1 Year 1958

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

Residence Address: Street or R.R. 6120 Westlake N. Dr. Apt. B, City Indpls County State 46224

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Amy Kathleen Meunier
6. (a) Full name of father of dependent children Raymond Leonard Meunier
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Eleanor Marie Bate
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Janet Middle Kay Last Dixon

Date of Birth: Month October Day 5 Year 1960

Place of Birth (State or foreign country) Muncie Indiana

Residence Address: Street or R.R. 4575 N. 900E City Brownsburg County State In. 46112

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Amy Kathleen Meunier
   Carrie Elizabeth Guernsey
6. (a) Full name of father of dependent children Jim Ray Dixon
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Janice Lee Snodgrass
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Mark Meunier — 9-5-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Mark Meunier
New Address 4575 N. 900E Brownsburg, In.

Subscribed and sworn to before me this 5th day of Sept 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Janet Kay Dixon — 9-5-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Janet Kay Dixon
New Address Same

Subscribed and sworn to before me this 5th day of Sept 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-5-89, *authorizing the marriage of* MARK ADRIAN MEUNIER *and* JANET KAY DIXON.

I further certify that the following marriage certificate was filed in my office:

I, DANIEL B. DONAHOE *(name), certify that on* 9-23-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MARK A. MEUNIER *of* MARION *County,* IN *(state), and* JANET K. DIXON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-23-89.

Signed by: /s/ DANIEL B. DONAHOE, CATHOLIC PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-26-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 482

File

9-5-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Does not apply

Medical Examination or Report Dated

Name of Physician

MALE APPLICANT

Name: First John Middle Robert Last Fleming

Date of Birth: Month 4 Day 13 Year 1921

Place of Birth (State or foreign country) Silver Park, Ohio

Residence Address: Street or R.R. 290 Meadow Bank Rd. City Danville County State In 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Driver's License

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

6. (a) Full name of father of dependent children Charles Albert Fleming
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Mae C. Hammond
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Ruby Middle Lee Last Cline

Date of Birth: Month 2 Day 14 Year 1918

Place of Birth (State or foreign country) W. Virginia

Residence Address: Street or R.R. 5661 E. Maple Dr. City Danville County State In 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Ind. Identification Card

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

6. (a) Full name of father of dependent children James Perry
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of mother of dependent children Lydia Yoder
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) W. Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x John R Fleming — 9-5-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x John R Fleming

New Address

Subscribed and sworn to before me this 5th day of Sept, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Ruby Lee Cline — 9-5-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Ruby Lee Cline

New Address

Subscribed and sworn to before me this 5 day of Sept, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-5-89, *authorizing the marriage of* JOHN ROBERT FLEMING *and* RUBY L. CLINE.

I further certify that the following marriage certificate was filed in my office:

I, DAVID J. GIBSON *(name), certify that on* 9-16-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JOHN R. FLEMING *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* RUBY L. CLINE *of* HENDRICKS *County,* IN *authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-16-89

Signed by: /s/ DAVID J. GIBSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-12-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

No. 483

File

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-6-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-6-89
Name of Physician Thomas Gaylord

MALE APPLICANT

Name: First Thomas Middle R. Last Wall
Date of Birth: Month 5 Day 15 Year 34
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 5110 S. Six Points Rd. City Indpls. County State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children D. R. Wall
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Hettie B. Fields
   Residence of mother (if deceased, so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Thomas R Wall — Signature of Applicant
9-6-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Thomas R Wall
New Address Same

Subscribed and sworn to before me this 6 day of Sept, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

FEMALE APPLICANT

Name: First Shirley Middle M. Last Young
Date of Birth: Month 7 Day 18 Year 49
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 5110 S. Six Points Rd. City Indpls. County State In 46231
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. No
6. (a) Full name of father of dependent children Ray Nelson
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Virginia Burton
   Residence of mother (if deceased, so state) Virginia
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Shirley M Young — Signature of Applicant
9-6-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Shirley M Young
New Address Same

Subscribed and sworn to before me this 6 day of Sept, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-6-89, *authorizing the marriage of* THOMAS R. WALL *and* SHIRLEY M. YOUNG.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 9-6-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* THOMAS R. WALL *of* HENDRICKS *County,* IN *(state), and* SHIRLEY M. YOUNG *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-6-89.

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-6-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 484

File

9-6-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician M. D. Tindall

MALE APPLICANT

Name: First Mark Middle David Last Wilson

Date of Birth: Month 1 Day 5 Year 70

Place of Birth (State or foreign country) Doniphan Co. In.

Residence Address: Street or R.R. 1455 Sugar Grove Rd. City Plfd. County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ James Leon Hensley
   Residence of father (if deceased, so state) Alexandria, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Margaret Lenora Newlin
   Residence of mother (if deceased, so state) Stilesville In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Julie Middle Ann Last Adams

Date of Birth: Month 4 Day 15 Year 71

Place of Birth (State or foreign country) Ind.

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

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father ~~of dependent children~~ Archie D. Adams
   Residence of father (if deceased, so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Martha M. Benge
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Mark D. Wilson 9/6/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Mark D. Wilson
New Address Same

Subscribed and sworn to before me this 6th day of Sept, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Julie A. Adams 9/6/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Julie A. Adams
New Address 1455 Sugar Grove Rd. Plfd. In

Subscribed and sworn to before me this 6th day of Sept, 1987
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-6-89, *authorizing the marriage of* MARK DAVID WILSON *and* JULIE ANN ADAMS.

I further certify that the following marriage certificate was filed in my office:

I, CHARLES A. BERDEL *(name), certify that on* 9-15-89 *(date), at* PLFD. *in* HENDRICKS *County, Indiana,* MARK D. WILSON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-15-89.

(state), and JULIE ANN ADAMS *of* HENDRICKS *County,* IN

Signed by: /s/ CHARLES A. BERDEL, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-20-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 485

File

9-1-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-30-88
Name of Physician Nicholas Prochoroff

MALE APPLICANT

Name: First Keith Middle Randal Last Bloomer
Date of Birth: Month 2 Day 10 Year 1965
Place of Birth (State or foreign country) Spokane, Washington
Residence Address: Street or R.R. Mars Lane City Danville County Hendricks State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Jack W. Bloomer
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother ~~of dependent children~~ Phyllis Sipf
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Sheila Middle Marlene Last Izor
Date of Birth: Month 4 Day 23 Year 1964
Place of Birth (State or foreign country) Cincinnati, Ohio
Residence Address: Street or R.R. 6209 Beachview Dr. #69 City Indpls. County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Kenneth M. Izor
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Cecile Harrison
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Keith R Bloomer — 9-7-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Keith R Bloomer
New Address 6209 BEACHVIEW DRIVE APT 69 INDPLS IN

Subscribed and sworn to before me this 7th day of Sept., 19 89
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Sheila M. Izor — 9-7-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Sheila M. Izor
New Address 6209 Beachview Dr #69 Indpls. IN

Subscribed and sworn to before me this 7th day of Sept. 19 89
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-7-89, *authorizing the marriage of* KEITH BLOOMER *and* SHEILA IZOR.

I further certify that the following marriage certificate was filed in my office:

I, DALE R. CHRISTIAN *(name), certify that on* 9-16-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KEITH BLOOMER *of* HENDRICKS *County,* IN *(state), and* SHEILA IZOR *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-16-89.

Signed by: /s/ DALE R. CHRISTIAM, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-20-89 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 486

File

9-8-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-12-89
Name of Physician Thomas M. Davis (?)

MALE APPLICANT

Name: First Michael Middle David Last Wilson

Date of Birth: Month 9 Day 16 Year 57

Place of Birth (State or foreign country) Ill. (Carrollton)

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

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Rec.

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

6. (a) Full name of father of ~~dependent children~~ Palmer (Dave) Wilson
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Patricia Carol McPeters
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Tara Middle Ann Last Handlon

Date of Birth: Month 10 Day 23 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 3236 Six Pts. Rd. City N-7 County Indpls. State Hendricks Co.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Rec.

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

6. (a) Full name of father of ~~dependent children~~ Howard J. Handlon
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Linda Leigh Pauley
   Residence of mother (if deceased, so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Michael David Wilson 9-8-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Michael David Wilson
New Address

Subscribed and sworn to before me this 5 day of 9 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Tara A. Handlon
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Tara A. Handlon
New Address Same as above

Subscribed and sworn to before me this 8 day of 9 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-13-89, *authorizing the marriage of* MICHAEL DAVID WILSON *and* TARA A. HANDLON.

I further certify that the following marriage certificate was filed in my office:

I, A. W. FARNSWORTH IV *(name), certify that on* 9-17-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL D. WILSON *of* MARION *County,* IN *(state), and* TARA A. HANDLON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-17-89

Signed by: /s/ A. W. FARNSWORTH IV, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-19-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 487

File

9-11-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 7-12-89
Name of Physician L. Lovell M.D.

MALE APPLICANT

Name First Joseph Middle Thomas Last Keers
Date of Birth Month 8 Day 7 Year 64
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. 18 Sherry Lane City Brownsburg County In State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☒ Judicial Decree
☒ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children Josiah Frederick Keers
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indpls., In.
   (b) Full maiden name of mother of dependent children Barbara Ann Gore
   Residence of mother (if deceased, so state) Brownsburg In
   Birthplace of mother (State or foreign country) Indpls., In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Joseph Thomas Keers — Signature of Applicant — 9-11-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Joseph Thomas Keers
New Address Same

Subscribed and sworn to before me this 11th day of Sept, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

FEMALE APPLICANT

Name First Nannette Middle Marie Last Williams
Date of Birth Month 4 Day 20 Year 69
Place of Birth (State or foreign country) Danville In.
Residence Address Street or R.R. 18 Sherry Lane City Brownsburg County In State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

6. (a) Full name of father of dependent children Jerry Michael Williams
   Residence of father (if deceased, so state) North Salem In.
   Birthplace of father (State or foreign country) Danville In.
   (b) Full maiden name of mother of dependent children Jill K. Gleason
   Residence of mother (if deceased, so state) North Salem In.
   Birthplace of mother (State or foreign country) Danville In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Nannette M. Williams — Signature of Applicant — 9-11-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Nannette M. Williams
New Address Same

Subscribed and sworn to before me this 11th day of Sept, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-11-89, *authorizing the marriage of* JOSEPH THOMAS KEERS *and* NANNETTE MARIE WILLIAMS.

I further certify that the following marriage certificate was filed in my office:

I, RICHARD ZORE *(name), certify that on* 10-21-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JOSEPH T. KEERS *of* HENDRICKS *County,* IN *(state), and* NANNETTE M. WILLIAMS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89.

Signed by: ~~/s/ RICHARD ZORE~~, ~~CATHOLIC PRIEST~~ *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Lawson *Clerk*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 488
File
9-11-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-7-89
Name of Physician Thomas Black

MALE APPLICANT

Name First William Middle J. Last Tyson
Date of Birth Month 9 Day 10 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. R.R. #2, Box 47 City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   William J. Tyson Jr.
   Jonathan P. Tyson
   Elizabeth R. Tyson
6. (a) Full name of father ~~of dependent children~~ James A. Tyson
   Residence of father (if deceased, so state) Wyoming
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Cheryl V. Watkins
   Residence of mother (if deceased, so state) Wyoming
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Dana Middle S. Last Johnson
Date of Birth Month 8 Day 11 Year 1956
Place of Birth (State or foreign country) Iowa
Residence Address Street or R.R. Box 33, City North Salem, County, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Paul D. Johnson
   Joshua D. Johnson
6. (a) Full name of father ~~of dependent children~~ Gerald Mantor
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Joan Miller
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x William J. Tyson 9-11-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed William J. Tyson
New Address P.O. Box 33 North Salem Ind

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

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

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

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Dana S. Johnson 9-11-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Dana S. Johnson
New Address P.O. Box 33 North Salem, In

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

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-11-89, *authorizing the marriage of* WILLIAM J. TYSON *and* DANA S. JOHNSON.

I further certify that the following marriage certificate was filed in my office:

I, JAMES R. HARLAN II *(name), certify that on* 9-17-89 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* WILLIAM J. TYSON *of* HENDRICKS *County,* IN *(state), and* DANA S. JOHNSON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-11-89.

Signed by: /s/ JAMES R. HARLAN II, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-20-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 489

File

9-12-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-12-89
Name of Physician J. Cohen M.D.

MALE APPLICANT

Name: First David Middle — Last Busse
Date of Birth: Month 2 Day 3 Year 53
Place of Birth (State or foreign country) Queens, N. Y.
Residence Address: Street or R.R. 1186 Dallas Dr. City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   /
6. (a) Full name of father of dependent children Julius Busse
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of mother of dependent children Regina Brady
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

David Busse — 9/12/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed David Busse
New Address Same

Subscribed and sworn to before me this 12th day of Sept. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

FEMALE APPLICANT

Name: First Joyce Middle Ellen Last Hardin
Date of Birth: Month 10 Day 5 Year 53
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 1186 Dallas Dr. City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   George D Hardin III 15 yrs
   Caroline Sue Hardin 9 yrs
6. (a) Full name of father of dependent children James Edward Finney
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Sue Krna Chaplin
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Joyce E. Hardin — 9/12/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Joyce E. Hardin
New Address Same

Subscribed and sworn to before me this 12th day of Sept. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-12-89, *authorizing the marriage of* DAVID BUSSE *and* JOYCE ELLEN HARDIN.

I further certify that the following marriage certificate was filed in my office:

I, G. DAYLE CAIN *(name), certify that on* 9-26-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID BUSSE *of* HENDRICKS *County,* IN *(state), and* JOYCE ELLEN HARDIN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-26-89.

Signed by: /s/ G. DAYLE CAIN, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-28-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 490

File

HENDRICKS County

9-13-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-5-89
Name of Physician D. Walker MD. (Bates)

MALE APPLICANT

Name First: Jeffrey Middle: Alan Last: Hunsucker

Date of Birth Month: 6 Day: 21 Year: 67

Place of Birth (State or foreign country) Martinsville In.

Residence Address Street or R.R.: 55 Melton Dr. City: Mooresville County: State: In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of dependent children Orin Marshall Hunsucker
   Residence of father (if deceased, so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Kathleen Rose Bocock
   Residence of mother (if deceased, so state) Mooresville, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First: Betsy Middle: Jane Last: Steele

Date of Birth Month: 4 Day: 27 Year: 69

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

Residence Address Street or R.R.: 101 86 N. 650 E. City: Brownsburg County: State: In 46112

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of dependent children Kenneth Edward Steele
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of mother of dependent children Jane Kathryn Aurandt
   Residence of mother (if deceased, so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jeffrey A Hunsucker — Signature of Applicant — 9/13/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jeffrey A Hunsucker
New Address RR 2 Box 319 Mooresville, In 46157

Subscribed and sworn to before me this 13th day of Sept. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Betsy J. Steele — Signature of Applicant — 9-13-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Betsy J. Steele
New Address R.R. 2 Box 319 Mooresville, In 46157

Subscribed and sworn to before me this 13th day of Sept. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-16-89, *authorizing the marriage of* JEFFREY ALAN HUNSUCKER *and* BETSY JANE STEELE.

I further certify that the following marriage certificate was filed in my office:

I, JACK W. ELLIOTT JR. *(name), certify that on* 9-6-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JEFFREY A. HUNSUCKER *of* MORGAN *County,* IN *(state), and* BETSY JANE STEELE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-13-89.

Signed by: /s/ JACK W. ELLIOTT JR., PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-10-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 491

File

9-13-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician M. Stine

MALE APPLICANT

Name First Steven Middle E. Last Yant

Date of Birth Month 6 Day 7 Year 55

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. same City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Amy Marie
   Jonathon Charles
6. (a) Full name of father of dependent children Charles Herbert Yant
   Residence of father (if deceased, so state) Ladoga, Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Mary Maxine Brannon
   Residence of mother (if deceased, so state) Daytona Florida
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name First Arlana Middle R. Last Yant

Date of Birth Month 7 Day 23 Year 58

Place of Birth (State or foreign country) Mich.

Residence Address Street or R.R. 131 E. Main City Pittsboro County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   ES None
6. (a) Full name of father of dependent children Daniel B.V. Wilder
   Residence of father (if deceased, so state) Greenwood Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Marilyn Sue Pierson
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Steven E. Yant — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Steven E. Yant

New Address

Subscribed and sworn to before me this 13 day of Sept. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Arlana R Yant — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Arlana R Yant

New Address

Subscribed and sworn to before me this 13 day of Sept. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-13-89, *authorizing the marriage of* STEVEN G. YANT *and* ARLANA R. YANT.

I further certify that the following marriage certificate was filed in my office:

I, ORVAL V. SUTTON *(name), certify that on* 9-29-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* STEVEN G. YANT *of* HENDRICKS *County,* IN *(state), and* ARLANA R. YANT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-29-89.

Signed by: /s/ ORVAL V. SUTTON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-3-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 492

File

HENDRICKS County

9-13-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-13-89
Name of Physician Dr. Schack

MALE APPLICANT

Name: First Karl Middle Von Last Newhart

Date of Birth: Month 7 Day 2 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. Rt. 1 Box 183 City Colfax County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Norman Dale Newhart
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Betty Irene Bragg
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Dawn Middle Michelle Last Hayes

Date of Birth: Month 2 Day 20 Year 69

Place of Birth (State or foreign country) California

Residence Address: Street or R.R. 620 N. Dubois Dr. City Danville County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children James Thomas Hayes
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Deborah Lynn Carver
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Karl V Newhart — Signature of Applicant — 9-13-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Karl V Newhart

New Address

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

Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Dawn M. Hayes — Signature of Applicant — 9-13-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Dawn M. Hayes

New Address

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

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

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

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-13-89, *authorizing the marriage of* KAREL VON NEWHART *and* DAWN MICHELLE HAYES.

I further certify that the following marriage certificate was filed in my office:

I, HAROLD L. LEININGER *(name), certify that on* 9-30-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* KARL VON NEWHART *of* CLINTON *County,* IN *(state), and* DAWN MICHELLE HAYES *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-89.

Signed by: /s/ HAROLD L. LEININGER, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-2-89 *(date).*

Signed ____ *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 493
File
9-13-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Daniel Middle Gene Last Richardson
Date of Birth: Month 9 Day 17 Year 57
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. #2019 N Center City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's License

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

6. (a) Full name of father of dependent children Robert N. Richardson
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Margaret Jane Yarger
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Carol Middle Sue Last Schaefer
Date of Birth: Month 2 Day 17 Year 65
Place of Birth (State or foreign country) Huntingburg, In.
Residence Address: Street or R.R. 4620 N. Abington Dr apt 10 City Indpls County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's License

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

6. (a) Full name of father of dependent children Sylvester A. Schaefer
   Residence of father (if deceased, so state) Huntingburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Roselyn Lindauer
   Residence of mother (if deceased, so state) Huntingburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Daniel Gene Richardson 09/13/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Daniel Gene Richardson
New Address 4620 N. Abington Dr ID Indpls IN

Subscribed and sworn to before me this 13th day of Sept 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Carol Schaefer 9/13/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Carol Sue Schaefer
New Address Same

Subscribed and sworn to before me this 13th day of Sept 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-19-89, *authorizing the marriage of* DANIEL GENE RICHARDSON *and* CAROL SUE SCHAEFER.

I further certify that the following marriage certificate was filed in my office:

I, DONALD E. RICHARDS *(name), certify that on* 9-30-89 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* DANIEL G. RICHARDSON *of* HENDRICKS *County,* IN *(state), and* CAROL S. SCHAEFER *of* MARIAN *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-89

Signed by: /s/ DONALD E. RICHARDS, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-3-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 494

File

HENDRICKS County

9-13-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-6-89
Name of Physician Stephen Heggar MD

MALE APPLICANT

Name: First David Middle Lee Last Coomer

Date of Birth: Month 7 Day 13 Year 70

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

Residence Address: Street or R.R. 512 Miller Dr. City Cmby County In State 46113

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Fred Coomer
   Residence of father (if deceased, so state) Cmby In
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother of dependent children Shirley Marie Denny
   Residence of mother (if deceased, so state) Cmby In.
   Birthplace of mother (State or foreign country) Ky.

FEMALE APPLICANT

Name: First Wendy Middle Kay Last Wilkins

Date of Birth: Month 12 Day 22 Year 73

Place of Birth (State or foreign country) Beech Grove In.

Residence Address: 334 N. Center St. Street or R.R. Plainfield City Hendricks County In State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of dependent children Jerry Ray Wilkins
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Brenda Kay Stinnett
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

David Lee Coomer 9/13/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed D L Coomer

New Addre

Subscribed and sworn t

Cmbie

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Wendy Wilkins 9/13/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Wendy Wilkins
512 Miller Dr. Cambu, In.

CONSENT OF PAREN

We, the parents of this
state facts which make

State of Indiana

County of HE

Signec

Signec

Subscribed and swor

COMPLETE IF

and filed in

I, Jerry Ray Wilkins give my consent for Wendy Wilkins
Name & Relationship
to marry David Coomer.

Jerry Ray Wilkins
Signature of Parent or Guardian

Subscribed before me 1st Dep. Clerk NOTARY PUBLIC

DATE Hendricks COUNTY

CLERK Cynthia J. Spurr DATE 9-12-89

I certify that th
dated

I further certi

I, RICHARD M. GIVAN (name), certify that I am the Clerk of the Circuit Court of HENDRICKS County, Indiana, DAVID L. COOMER of MORGAN County, IN (state), and WENDY K. WILKINS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-89, and that I am JUSTICE IND SUPREME CT (official designation).

Signed by: /s/ RICHARD M. GIVAN

Filed and recorded in accordance with the laws of the State of Indiana on 9-19-89 (date).

Signed Louise Spurr Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 495

File

9-13-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name First Cornelius Middle Last Blanton Jr.

Date of Birth Month 5 Day 24 Year 67

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. Ind. Youth Center 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) Prison Record

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

6. (a) Full name of father ~~of dependent children~~ Cornelius Blanton Sr.
   Residence of father (if deceased, so state) Detroit Michigan
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of mother ~~of dependent children~~ Deborah Turnegin
   Residence of mother (if deceased, so state) Ft. Wayne Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Cornelius Blanton 10-19-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Cornelius Blanton
New Address

Subscribed and sworn to before me this 19 day of Oct. 19 89
Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name First Michelle Middle Lee Last Hamman

Date of Birth Month 2 Day 6 Year 68

Place of Birth (State or foreign country) Ft. Wayne, In.

Residence Address Street or R.R. 626-D Robeson Dr. City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children Richard Carl Hamman
   Residence of father (if deceased, so state) Ft. Wayne, In.
   Birthplace of father (State or foreign country) Ft. Wayne, In.
   (b) Full maiden name of mother of dependent children Sandra Lee Groft
   Residence of mother (if deceased, so state) Ft. Wayne, In.
   Birthplace of mother (State or foreign country) Ft. Wayne, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michelle L Hamman 9-13-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michelle L. Hamman
New Address Same

Subscribed and sworn to before me this day of 19
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-19-89, *authorizing the marriage of* CORNELIUS BLANTON JR. *and* MICHELLE LELE HAMMAN.

I further certify that the following marriage certificate was filed in my office:

I, STEPHEN J. MALOSKY *(name), certify that on* 10-21-89 *(date), at* PLFD. *in* HENDRICKS *County, Indiana,* CORNELIUS BLANTON JR *of* HENDRICKS *County,* IN *(state), and* MICHELLE L. HAMMON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89

Signed by: /s/ STEPEN J. MALOSKY, PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Johnson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 496

File

HENDRICKS County

9-14-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-13-89
Name of Physician David Dadley

MALE APPLICANT

Name: First John Middle Joseph Last Evers

Date of Birth: Month 5 Day 10 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR 4 Rochester City Indiana County State 46975

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Leonard John Evers
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother of dependent children Nancy Jo Whiteside
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Mary Middle Jane Last Dadley

Date of Birth: Month 4 Day 17 Year 67

Place of Birth (State or foreign country) Kenya Africa

Residence Address: Street or R.R. 1342 Olmond Ct. City Plainfield County State In 46168

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children David Milton Hadley
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Ruth Eleanor Ault
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X [signature] 9-14-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Connie Lawson 9-14-89
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]

New Address

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

____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

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

____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Mary Jane Hadley 9-14-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Connie Lawson 9-14-89
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Mary Jane Hadley

New Address Fort Sill, Oklahoma

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

____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

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

____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-14-89, *authorizing the marriage of* JOHN JOSEPH EVERS *and* MARY JANE HADLEY.

I further certify that the following marriage certificate was filed in my office:

I, KEITH H. KIRK *(name), certify that on* 9-23-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JOHN JOSEPH EVERS *of* FULTON *County,* INDIANA *(state), and* MARY JANE HADLEY *of* HENDRICKS *County,* INDIANA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-23-89.

Signed by: /s/ KEITH H. KIRK, FRIENDS MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-25-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 497

File

9-15-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-12-89
Name of Physician B. Gosnell M.D.

MALE APPLICANT

Name: First Chad Middle Daniel Last Haller

Date of Birth: Month 11 Day 19 Year 67

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R.R. 449 Beechwood Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of dependent children Dennis Lee Haller
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Phyllis Ann Spicer
   Residence of mother (if deceased, so state) Heaverville N.C.
   Birthplace of mother (State or foreign country) Ky.

FEMALE APPLICANT

Name: First Toni Middle Renee Last Truett

Date of Birth: Month 12 Day 29 Year 65

Place of Birth (State or foreign country) Ft Smith, Arkansas

Residence Address: Street or R.R. 5316 Plum St. City Ft Smith County State Arkansas

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of dependent children Samuel Eric Truett
   Residence of father (if deceased, so state) Ft. Smith Arkansas
   Birthplace of father (State or foreign country) Louisiana
   (b) Full maiden name of mother of dependent children Pearl Eleanor Allen
   Residence of mother (if deceased, so state) Ft Smith, Arkansas
   Birthplace of mother (State or foreign country) Mississippi

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Chad D. Haller — 15 Sept 89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Chad D. Haller

New Address

Subscribed and sworn to before me this 15th day of Sept 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Toni R Truett — 15 Sept 89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Toni R Truett

New Address

Subscribed and sworn to before me this 15th day of Sept 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-15-89, *authorizing the marriage of* CHAD DANIEL HALLER *and* TONI TRUETT.

I further certify that the following marriage certificate was filed in my office:

I, DANNY VAUGHN *(name), certify that on* 9-23-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* CHAD DANIEL HALLER *of* HENDRICKS *County,* IN *(state), and* TONI TRUETT *of* SEBASTIAN *County,* ARKANSAS *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-23-89

Signed by: /s/ DANNY VAUGHN, JUDGE PRO-TEM *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-18-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 498

File

9-15-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Irving Cohen

MALE APPLICANT

Name First Jeffrey Middle A. Last Cummings

Date of Birth Month 1 Day 15 Year 67

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. 3314 Conversation Ave. City Indpls. County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Rpt.

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

6. (a) Full name of father ~~of dependent children~~ Lowell Eugene Cummings
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Patricia Ann Talbot
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name First Michelle Middle L. Last Higgins

Date of Birth Month 11 Day 28 Year 66

Place of Birth (State or foreign country) Ind.

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

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Rpt.

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

6. (a) Full name of father ~~of dependent children~~ Harry Leroy Higgins II
   Residence of father (if deceased, so state) Pyd. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Patricia Ann Elliott
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Jeffrey A. Cummings — 9-15-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Jeffrey A. Cummings

New Address

Subscribed and sworn to before me this 15 day of 9 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this — day of — 19—

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Michelle L Higgins — 9/15/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Michelle L Higgins

New Address

Subscribed and sworn to before me this 15 day of 9 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this — day of — 19—

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-15-89, *authorizing the marriage of* JEFFREY A. CUMMINGS *and* MICHELLE L. HIGGENS.

I further certify that the following marriage certificate was filed in my office:

I, ELMA CERTAIN *(name), certify that on* 9-30-89 *(date), at* COATESVILLE *in* HENDRICKS *County, Indiana,* JEFFREY A. CUMMINGS *of* HENDRICKS *County,* IN *(state), and* MICHELLE L. HIGGENS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-89.

Signed by: /s/ ELMA CERTAIN, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-3-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

No. 499

File

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

9-18-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 8/31/89
Name of Physician Ludmilla Trammell

MALE APPLICANT

Name First: Kenneth Middle: Leland Last: Cooper

Date of Birth Month: January Day: 29 Year: 1950

Place of Birth (State or foreign country) Henry Indiana

Residence Address Street or R.R.: 304 Magnolia Dr. City: Plainfield County: Hendricks State: In. 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jimmie Dale Cooper
   Jennifer Marie Cooper
6. (a) Full name of father ~~of dependent children~~ James Conrad Cooper
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Helen Marie Brady
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Kenneth R. Cooper — Signature of Applicant — 9-21-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Kenneth R. Cooper

New Address

Subscribed and sworn to before me this 21st day of Sept. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana) ss: County of HENDRICKS)

Signed — Father

Signed — Mother

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

Clerk

FEMALE APPLICANT

Name First: Kathleen Middle: Marie Last: Wisehart

Date of Birth Month: June Day: 30 Year: 1960

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

Residence Address Street or R.R.: 304 Magnolia Dr, City: Plainfield County: Hendricks State: 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jesse Daniel Wisehart
6. (a) Full name of father ~~of dependent children~~ Richard Milton Callahan
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Frances Juanita Benton
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Florida

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Kathleen Marie Wisehart — Signature of Applicant — 9-19-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Kathleen Marie Wisehart

New Address

Subscribed and sworn to before me this 19th day of Sept. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana) ss: County of HENDRICKS)

Signed — Father

Signed — Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-21-89, *authorizing the marriage of* KENNETH R. COOPER *and* KATHLEEN M. WISEHART.

I further certify that the following marriage certificate was filed in my office:

I, JOHN C. PARSLEY *(name), certify that on* 9-23-89 *(date), at* FIRST BAPTIST-PLFD *in* HENDRICKS *County, Indiana,* KENNETH R. COOPER *of* HENDRICKS *County,* IN *(state), and* KATHLEEN M. WISEHART *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-21-89

Signed by: /s/ JOHN C. PARSLEY, BAPTIST PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-16-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 500

File

9-18-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-7-89
Name of Physician Dr. Lowell

MALE APPLICANT

Name First Gregory Middle L. Last Davis

Date of Birth Month 4 Day 13 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 6215 Lassere Blvd. Apt 4, City Speedway, County, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Amber Rose Davis
   Sean Gregory Davis
6. (a) Full name of father of ~~dependent~~ children Dando L. Davis
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother of ~~dependent~~ children Virginia Harkness
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Nancy Middle G. Last McPherson

Date of Birth Month 7 Day 11 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 4953 Locust St. City Danville, County, State In. 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Bill McPherson
   Donald McPherson, Mike McPherson
6. (a) Full name of father of ~~dependent~~ children Durwin C. Twyman
   Residence of father (if deceased, so state) Arkansas
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Frances Jo Shupp
   Residence of mother (if deceased, so state) Arkansas
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Gregory L Davis — 9-18-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed Gregory L Davis
New Address 4953 Locust St. Danville, IN

Subscribed and sworn to before me this 18th day of Sept. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

X Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Nancy McPherson — 9-18-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed Nancy McPherson
New Address 4953 Locust St. Danville, IN

Subscribed and sworn to before me this 18th day of Sept. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-18-89, *authorizing the marriage of* GREGORY L. DAVIS *and* NANCY G. McPHERSON.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 9-18-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GREGORY L. DAVIS *of* MARION *County,* IN *(state) were married by me as (state), and* NANCY G. McPHERSON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-18-89.

Signed by: /s/ CONNIE TATE, 1st DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-18-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 501

File

9-18-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9/21/89
Name of Physician Greg a Miller

MALE APPLICANT

Name First Bryan Middle K. Last Bastin

Date of Birth Month 4 Day 16 Year 56

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. Some City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rpt Receipt

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Eric David Bastin
   Ryan Christopher "
6. (a) Full name of father ~~of dependent children~~ Kennedy J. Bastin
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Ruth Elbain Vanover
   Residence of mother (if deceased, so state) Nashville Ind.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Bryan K Bastin
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Bryan K Bastin

New Address

Subscribed and sworn to before me this 18 day of 9, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

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

Clerk

FEMALE APPLICANT

Name First Andrea Middle L. Last Myers

Date of Birth Month 9 Day 23 Year 45

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. R.R. 1 Box 75A City County Putnam State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Francis Eugene Myers
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Nora Frances Booher
   Residence of mother (if deceased, so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Andrea L Myers
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Andrea L Myers

New Address

Subscribed and sworn to before me this 18 day of 9, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-22-89, *authorizing the marriage of* BRYAN K. BASTIN *and* ANDREA L. MYERS.

I further certify that the following marriage certificate was filed in my office:

I, MITCHELL D. STICHLER *(name), certify that on* 10-2-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* BRYAN K. BASTIN *of* HENDRICKS *County,* IN *(state), and* ANDREA L. MYERS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-22-89.

Signed by: /s/ MITCHELL D. STICHLER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-4-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 502

File

9-19-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-15-89
Name of Physician William Edwards

MALE APPLICANT

Name First DANIEL Middle J. Last King

Date of Birth Month 5 Day 26 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 243 N. Jefferson St. City Brownsburg County State In. 46112

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ Paul P. King.
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Sharon Adams
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Debra Middle S. Last Calvert

Date of Birth Month 1 Day 11 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 243 N. Jefferson St. City Brownsburg County State In. 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Brian Michael Calvert
   Tiffany Sue Calvert
   Kristi Nicole Calvert
6. (a) Full name of father ~~of dependent children~~ Charles L. Phillips
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Betty Jean Bryant
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Dan J King 9/19/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed Dan J King
New Address 243 n jefferson st Brownsburg

Subscribed and sworn to before me this 19 day of Sept. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Debra S. Calvert 9/19/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed Debra S. Calvert
New Address 243 N. Jefferson Brownsburg

Subscribed and sworn to before me this 19 day of September 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-19-89, *authorizing the marriage of* DANIEL JUDE KING *and* DEBRA SUE CALVERT.

I further certify that the following marriage certificate was filed in my office:

I, EDWARD DEAN DICKINSON *(name), certify that on* 9-23-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DANIEL JUDE KING *of* HENDRICKS *County,* IN *(state), and* DEBRA SUE CALVERT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-23-89.

Signed by: /s/ EDWARD DEAN DICKINSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-4-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 503

File

9-19-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-12-89
Name of Physician J. Cohen, M.D.

MALE APPLICANT

Name: First Thomas Middle J. Last Ragan

Date of Birth: Month 4 Day 3 Year 33

Place of Birth (State or foreign country) Tipton In.

Residence Address: Street or R.R. 856 Vestal Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children Charles Edward Ragan
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Tipton, In.
   (b) Full maiden name of mother of dependent children Ines Ethel Roberts
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Elwood, In.

FEMALE APPLICANT

Name: First Delores Middle Ann Last Grimes

Date of Birth: Month 7 Day 10 Year 32

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

Residence Address: Street or R.R. 317 Meadow Lane City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce Annulment ☐

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

☒ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children Ray Morrison
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Plainfield, In.
   (b) Full maiden name of mother of dependent children Juanita Kaelyn Winsted
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Plainfield, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Thomas F Ragan — Signature of Applicant — 19 Sept 89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Thomas F Ragan
New Address 5881 Crossbridge Circle

Subscribed and sworn to before me this 19th day of Sept, 19__

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Delores Ann Grimes — Signature of Applicant — 9/19/89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Delores Ann Grimes
New Address 5881 Crossbridge Circle

Subscribed and sworn to before me this 19th day of Sept 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-19-89, *authorizing the marriage of* THOMAS F. RAGAN *and* DELORES ANN GRIMES.

I further certify that the following marriage certificate was filed in my office:

I, STEPHEN WHITE *(name), certify that on* 9-22-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* THOMAS F. RAGAN *of* HENDRICKS *County,* IN *(state), and* DELORES ANN GRIMES *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-22-89.

Signed by: /s/ STEPHEN WHITE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-11-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 504

File

9-19-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Dr. Sophes

MALE APPLICANT

Name: First Joseph Middle Edward Last McDonald

Date of Birth: Month 10 Day 12 Year 41

Place of Birth (State or foreign country) Mass.

Residence Address: Street or R.R. 2000 B Waterford Pt. City Crawfordsville County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Mark
   Tiffany
6. (a) Full name of father of ~~dependent children~~ Simon McDonald
   Residence of father (if deceased, so state) Boston, Mass.
   Birthplace of father (State or foreign country) Mass.
   (b) Full maiden name of mother of ~~dependent children~~ Margaret McMahon
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ireland.

FEMALE APPLICANT

Name: First Marsha Middle Kay Last Whitson

Date of Birth: Month 5 Day 17 Year 54

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. RR 1, Box 34 City Lizton County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Dennis
   ~~Matthew~~ Melissa
6. (a) Full name of father of dependent children Albert Wooden
   Residence of father (if deceased, so state) Lizton Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Bonnie Holt
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Joseph E. McDonald — Signature of Applicant — 9-19-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Joseph E. McDonald

New Address

Subscribed and sworn to before me this 19 day of 9, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Marsha K. Whitson — Signature of Applicant — 9-19-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Marsha K. Whitson

New Address Same as above

Subscribed and sworn to before me this 19 day of 9, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-19-89, *authorizing the marriage of* JOSEPH EDWARD McDONALD *and* MARSHA KAY WHITSON.

I further certify that the following marriage certificate was filed in my office:

I, JOHN P. ROOF *(name), certify that on* 9-23-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOSEPH E. McDONALD *of* MONTGOMERY *County,* IN *(state), and* MARSHA K. WHITSON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-23-89.

Signed by: /s/ JOHN P. ROOF, EPISCOPAL PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-25-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 505

File

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-12-89
Name of Physician Dr. M. Moore

MALE APPLICANT

Name First Jay Middle B. Last Gibson

Date of Birth Month Oct Day 7 Year 1962

Place of Birth (State or foreign country) In.

Residence Address Street or R.R. 1160 Hornaday Rd City Brownsburg County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Dr. Spencer

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Richard K. Gibson
   Residence of father (if deceased, so state) Naples, In.
   Birthplace of father (State or foreign country) Pa
   (b) Full maiden name of mother of dependent children Barbara Scholes
   Residence of mother (if deceased, so state) Naples, In.
   Birthplace of mother (State or foreign country) Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Jay B. Gibson 9-19-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Jay B. Gibson
New Address Same

Subscribed and sworn to before me this 19 day of Sept 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Dana Middle L. Last Altum

Date of Birth Month July Day 26 Year 1963

Place of Birth (State or foreign country)

Residence Address Street or R.R. 1160 Hornaday Rd City Brownsburg County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. Spencer

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

6. (a) Full name of father of dependent children Robert C. Altum
   Residence of father (if deceased, so state) Carmel, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Donata Rybakowicz
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Dana L. Altum 9-19-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Dana L Altum
New Address Same

Subscribed and sworn to before me this 19 day of Sept 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-19-89, *authorizing the marriage of* JAY BROOKS GIBSON *and* DANA LOUISE ALTUM.

I further certify that the following marriage certificate was filed in my office:

I, JOHN P. YOUNG *(name), certify that on* 9-23-89 *(date), at* WEST LAFAYETTE *in* TIPPECANOE *County, Indiana,* JAY B. GIBSON *of* HENDRICKS *County,* IN *(state), and* DANA L. ALTUM *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-23-89.

Signed by: /s/ JOHN P. YOUNG, JUDGE PRO TEMPORE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-29-89 *(date).*

Signed Louise Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 506

File

HENDRICKS County

9-20-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-15-89
Name of Physician M. Wright M.D.

MALE APPLICANT

Name: First Michael Middle Wayne Last Willard

Date of Birth: Month 8 Day 18 Year 51

Place of Birth (State or foreign country) Clarksdale, Ms.

Residence Address: Street or R.R. 5630 Crawfordsville Rd. City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of dependent children Dearl Ray Willard
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Clarksdale, Ms.
   (b) Full maiden name of mother of dependent children Vivian Flannagan
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Clarksdale, Ms

FEMALE APPLICANT

Name: First Karen Middle Lepette Last Tinnon

Date of Birth: Month 4 Day 22 Year 65

Place of Birth (State or foreign country) Greenwood Greenwood, Ms.

Residence Address: Street or R.R. Lot #10 5630 Crawfordsville Rd. City Brownsburg County State In. 46

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of dependent children Walter Eugene Stitt
   Residence of father (if deceased, so state) Greenwood, Ms.
   Birthplace of father (State or foreign country) Greenwood, Ms.
   (b) Full maiden name of mother of dependent children Betty Woods Tucker
   Residence of mother (if deceased, so state) Greenwood, Ms.
   Birthplace of mother (State or foreign country) Greenwood, Ms.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michael Wayne Willard
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michael Wayne Willard
New Address Same

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

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

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

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Karen Lynette Tinnon
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Karen Lynette Tinnon
New Address Same

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

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-20-89, *authorizing the marriage of* MICHAEL WAYNE WILLARD *and* KAREN LYNETTE TINNON.

I further certify that the following marriage certificate was filed in my office:

I, MICHAEL D. KEELE *(name), certify that on* 9-20-89 *(date), at* 4:30 p.m. *in* MARION *County, Indiana,* MICHAEL W. WILLARD *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-20-89 *(state), and* KAREN L. TINNON *of* HENDRICKS *County,* IN

Signed by: /s/ MICHAEL D. KEELE, JUDGE PIKE TWP. *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-22-89 *(date).*

Signed Connie Pierson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 507

File

9-20-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician David B. Haggard

MALE APPLICANT

Name First Joseph Middle K. Last ~~Saddler~~ Saddler

Date of Birth Month 7 Day 21 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. 10714 W. Stafford Rd. City Lapel County Madison State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Paul K. Saddler
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Dorothy A. Eyrard
   Residence of mother (if deceased, so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Joseph K. Saddler 9-20-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Joseph K. Saddler

New Address

Subscribed and sworn to before me this 20 day of 9, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name First Robin Middle J. Last Arnold

Date of Birth Month 6 Day 3 Year 57

Place of Birth (State or foreign country) Ind.

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

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Fin.

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

6. (a) Full name of father of ~~dependent children~~ Robert E. Smith
   Residence of father (if deceased, so state) Lapel, Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Melva J. Wippel
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Robin J. Arnold 9-20-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Robin J. Arnold

New Address

Subscribed and sworn to before me this 20 day of 9, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-20-89, *authorizing the marriage of* JOSEPH K. SADDLER *and* ROBIN J. ARNOLD.

I further certify that the following marriage certificate was filed in my office:

I, RONALD RICKETTS *(name), certify that on* 9-29-89 *(date), at* LYNHURST BAPTIST *in* MARION *County, Indiana,* JOSEPH K. SADDLER *of* HENDRICKS *County,* IN *(state), and* ROBIN J. ARNOLD *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-29-89.

Signed by: /s/ RONALD RICKETTS, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-3-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 508

File

9-21-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-12-89
Name of Physician Greg Miller M.D.

MALE APPLICANT

Name: First Thomas Middle Scott Last Price

Date of Birth: Month 5 Day 9 Year 1960

Place of Birth (State or foreign country) Hickory N. Carolina

Residence Address: Street or R.R. 8445 N. Co Rd. 925 E. City Brownsburg County Hendricks State In 46112

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Davis License

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

6. (a) Full name of father of dependent children Earl W. Price
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) N. Carolina
   (b) Full maiden name of mother of dependent children Pauline M. Sain
   Residence of mother (if deceased, so state) Tennessee
   Birthplace of mother (State or foreign country) N. Carolina

FEMALE APPLICANT

Name: First Karen Middle Louise Last Anderson

Date of Birth: Month 6 Day 18 Year 1959

Place of Birth (State or foreign country) St. Louis Missouri

Residence Address: Street or R.R. 8445 N. Co Rd. 925 E. City Brownsburg County Hendricks State In 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Davis License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Kristin E. Anderson - 4 yrs.

6. (a) Full name of father of dependent children Henry N. Wellman
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of mother of dependent children Evelyn M. Boone
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Thomas S. Price — 9/21/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Thomas S. Price

New Address

Subscribed and sworn to before me this 21 day of Sept, 19 89

Connie Houston Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Karen L. Anderson — 9/21/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Karen L. Anderson

New Address (same)

Subscribed and sworn to before me this 21 day of ~~Sept~~ Sept 89

Connie Houston Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-21-89, *authorizing the marriage of* THOMAS SCOTT PRICE *and* KAREN LOUISE ANDERSON.

I further certify that the following marriage certificate was filed in my office:

I, JEFFREY W. GRAY *(name), certify that on* 9-30-89 *(date), at* ~~WESTLAKE COMMUNITY~~ CHURCH *in* MARION *County, Indiana,* THOMAS S. PRICE *of* HENDRICKS *County,* IN *(state), and* KAREN L. ANDERSON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-89.

Signed by: /s/ JEFFREY W. GRAY, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-12-89 *(date).*

Signed Connie Houston *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 509

File

9-22-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Dawn Taggart

MALE APPLICANT

Name: First Michael Middle Ross Last Evans
Date of Birth: Month November Day 21 Year 1963
Place of Birth (State or foreign country): Elkhart In.
Residence Address: Street or R.R. R.R.#2 Box 330 City Clayton County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ Roger Allen Evans
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Elizabeth Ann Wester
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name: First Julie Middle Ann Last Hoop
Date of Birth: Month July Day 15 Year 1962
Place of Birth (State or foreign country): Carrolle In. 46122
Residence Address: Street or R.R. R.R.#2 Box 330 City Clayton County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ Chester Clyde Hoop
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of mother ~~of dependent children~~ Bonnie Marie Ward
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Michael R Evans 9/22/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Michael R Evans
New Address

Subscribed and sworn to before me this 22nd day of Sept 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Julie Ann Hoop 9-22-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Julie Ann Hoop
New Address

Subscribed and sworn to before me this 22 day of Sept. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-22-89, *authorizing the marriage of* MICHAEL ROSS EVANS *and* JULIE ANN HOOP.

I further certify that the following marriage certificate was filed in my office:

I, CARL F. HICKS *(name), certify that on* 10-21-89 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* MICHAEL R. EVANS *of* HENDRICKS *County,* IN *(state), and* JULIE ANN HOOP *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89.

Signed by: /s/ CARL F. HICKS, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-3-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 510

File

9-22-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-6-89
Name of Physician L. Trammell M.D.

MALE APPLICANT

Name First Bradley Middle Thomas Last Henderson

Date of Birth Month 2 Day 17 Year 66

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

Residence Address Street or R.R. RR 2 Box 388 City Clayton County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Driver's License

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

6. (a) Full name of father ~~of dependent children~~ Elvin Thomas Henderson
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Clayton, In.
   (b) Full maiden name of mother ~~of dependent children~~ Carolyn Sue Martin
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Gainesville Texas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Brad Henderson — 9-22-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Brad Henderson
New Address R.1 Box 123 Stilesville

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

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

FEMALE APPLICANT

Name First Catherine Middle Ann Last Mathis

Date of Birth Month 7 Day 6 Year 59

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

Residence Address Street or R.R. RR #1 Box 123 City Stilesville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License

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

6. (a) Full name of father ~~of dependent children~~ Paul Eric Mathis
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indianapolis, In.
   (b) Full maiden name of mother ~~of dependent children~~ Ruth Elizabeth Hyberger
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indianapolis, In

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Catherine Ann Mathis — 9/22/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Catherine Ann Mathis
New Address Same

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-22-89, *authorizing the marriage of* BRADLEY THOMAS HENDERSON *and* CATHERINE ANN MATHIS.

I further certify that the following marriage certificate was filed in my office:

I, HOMER E. HENDERSON *(name), certify that on* 10-14-89 *(date), at* MT. OLIVE COUNTRY CHAPEL *in* MORGAN *County, Indiana,* BRADLEY T. HENDERSON *of* HENDRICKS *County,* IN *(state), and* CATHERINE A. MATHIS *of* MORGAN *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-89.

Signed by: /s/ HOMER E. HENDERSON MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-17-89 *(date).*

Signed Connie Hanson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 511

File

9-22-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9/1/89
Name of Physician William Terpstra

MALE APPLICANT

Name: First Robert Middle Eugene Last Storms
Date of Birth: Month January Day 10 Year 1961
Place of Birth (State or foreign country): Tipton Indiana
Residence Address: Street or R.R. 57 Lincoln Ave. City Lizby County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children Jesse Charles Storms
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Anita Jan Leptik
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Robert Eugene Storms — Signature of Applicant
9-22-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Robert Eugene Storms
New Address

Subscribed and sworn to before me this 22nd day of Sept 19 89
Connie Hanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name: First Debora Middle Kay Last Lefevers
Date of Birth: Month August Day 11 Year 1961
Place of Birth (State or foreign country): Tipton, Indiana
Residence Address: Street or R.R. 4047 Braided Stream Way City Indpls County State 46268
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children Tommy Lefevers, Sr.
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Janice Kay Killen
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Debora Kay Lefevers — Signature of Applicant
9/22/89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Debora Kay Lefevers
New Address

Subscribed and sworn to before me this 22nd day of Sept 19 89
Connie Hanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-22-89, *authorizing the marriage of* ROBERT EUGENE STORMS *and* DEBORA KAY LEFEVERS.

I further certify that the following marriage certificate was filed in my office:

I, LARRY L. BELLVILLE *(name), certify that on* 11-4-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ROBERT E. STORMS *of* HENDRICKS *County,* IN *(state), and* DEBORA KAY LEFEVERS *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-4-89.

Signed by: /s/ LARRY L. BELLVILLE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-8-89 *(date).*

Signed Connie Hanson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 512

File

9-22-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 8-11-89
Name of Physician A.K. Horine

MALE APPLICANT

Name: First Ralph Middle W. Last Gehrung

Date of Birth: Month Dec Day 19 Year 1961

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 133 Williams Dr. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

6. (a) Full name of father of dependent children Rudi Gehrung
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Germany
   (b) Full maiden name of mother of dependent children Margot Hansen
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Germany

FEMALE APPLICANT

Name: First Anita Middle K. Last Parks

Date of Birth: Month Dec Day 4 Year 1963

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 8045 W. 82nd St. City Indpls. County Marion State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

6. (a) Full name of father of dependent children Wm D. Parks
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Jaqueline Cleek
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Tenn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x [signature] 9-22-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x [signature]
New Address 133 Williams drive

Subscribed and sworn to before me this 22 day of Sept, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x [signature] 9-22-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x [signature]
New Address 133 Williams drive

Subscribed and sworn to before me this 22 day of Sept, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-22-89, *authorizing the marriage of* RALPH W. GEHRUNG *and* ANITA K. PARKS.

I further certify that the following marriage certificate was filed in my office:

I, J. DALE SUGGS *(name), certify that on* 10-14-89 *(date), at* LEBANON *in* BOONE *County, Indiana,* RALPH W. GEHRUNG *of* HENDRICKS *County,* IN *(state), and* ANITA K. PARKS *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-89.

Signed by: /s/ J. DALE SUGGS, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-18-89 *(date).*

Signed [signature] *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 513

File

9-25-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 6-22-82
Name of Physician Dr. Montecillo

MALE APPLICANT

Name: First MICHAEL Middle EDWARD Last SPENCE

Date of Birth: Month 8 Day 31 Year 1948

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 499 N. WAYNE ST. City DANVILLE County IN. State 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jessica Spence
   Jason Spence, Justin Spence
6. (a) Full name of father of dependent children Edward Francis Spence
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Eva B. Smock
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) West Virginia

FEMALE APPLICANT

Name: First PAULINE Middle KASUBJAK Last GRIFFIN

Date of Birth: Month 11 Day 3 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 499 N. WAYNE ST. City DANVILLE County IN. State 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children Frank Andrew Kasubjak
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Patsy Lee Cottom
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

+ Michael E. Spence — 9-25-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

+ Signed Michael E. Spence
New Address 499 No. Wayne St. Danville IN. 46122

Subscribed and sworn to before me this 25th day of Sept. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

+ Pauline K. Griffin — 9-25-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

+ Signed Pauline K. Griffin
New Address 499 N. Wayne St.; Danville, IN 46122

Subscribed and sworn to before me this 25th day of Sept. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-25-89, *authorizing the marriage of* MICHAEL EDWARD SPENCE *and* PAULINE KASUBJAK GRIFFIN.

I further certify that the following marriage certificate was filed in my office:

I, HAROLD L. LEININGER *(name), certify that on* 10-14-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MICHAEL E. SPENCE *of* HENDRICKS *County,* IN *(state), and* PAULINE K. GRIFFIN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-89.

Signed by: /s/ HAROLD L. LEININGER, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-27-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 514

File

Sept. 26 1989
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-15-89
Name of Physician Cynthia Wills

MALE APPLICANT

Name: First Scott Middle A. Last Bullerdick

Date of Birth: Month March Day 16 Year 1965

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. #1 N. Locust St. City Danville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License

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

6. (a) Full name of father of dependent children Marion Bullerdick
   Residence of father (if deceased, so state) Crawfordsville In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Carolyn Enson
   Residence of mother (if deceased, so state) Bainbridge In.
   Birthplace of mother (State or foreign country) In.

FEMALE APPLICANT

Name: First Ann Middle E. Last Decker

Date of Birth: Month Nov. Day 1 Year 1969

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 54 Suburban Dr. City Danville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☑ Other (Specify) Dr. License

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

6. (a) Full name of father of dependent children James Decker
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Mary Jane Williams
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Scott A. Bullerdick — Signature of Applicant — Sept 26, 1989 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Scott A. Bullerdick

New Address #1 N. Locust St. Danville IN.

Subscribed and sworn to before me this 26 day of Sept. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)) ss: County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Ann E. Decker — Signature of Applicant — 9-26-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Ann E. Decker

New Address #1 N. Locust Ct. Danville IN

Subscribed and sworn to before me this 26 day of Sept. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)) ss: County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-27-89, *authorizing the marriage of* SCOTT A. BULLERDICK *and* ANN E. DECKER.

I further certify that the following marriage certificate was filed in my office:

I, RONALD E. McDUGLE *(name), certify that on* 9-30-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* SCOTT A. BULLERDICK *of* HENDRICKS *County,* IN *(state), and* ANN E. DECKER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-89.

Signed by: /s/ RONALD E. McDUGLE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-4-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 515

File

9-26-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Thomas Walters

MALE APPLICANT

Name: First Douglas Middle M. Last Sauerwald

Date of Birth: Month 3 Day 4 Year 62

Place of Birth (State or foreign country)

Residence Address: Street or R.R. RR. 15 Fox Rd. City Lapels County Ind. State Ind. Hendricks Co.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of father of ~~dependent children~~ John Martin Sauerwald
   Residence of father (if deceased, so state) Lapels, Ind.
   Birthplace of father (State or foreign country) ?
   (b) Full maiden name of mother of ~~dependent children~~ Carolyn J. Vanaken
   Residence of mother (if deceased, so state) Mechanicsville Ind
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Susan Middle B. Last Trout

Date of Birth: Month 10 Day 21 Year 64

Place of Birth (State or foreign country) Iowa

Residence Address: Street or R.R. City County State Ind.

Previous Marital Status: Never Married ☐ OR ☒

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of father of ~~dependent children~~ Larry Eugene Trout
   Residence of father (if deceased, so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Patricia K. O'Donnell
   Residence of mother (if deceased, so state) Iowa
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Douglas M Sauerwald — 9,26,89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Douglas M Sauerwald

New Address

Subscribed and sworn to before me this 26 day of Sept, 19 89

Connie Sawyer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Susan B. Trout — 9-26-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Susan B. Trout

New Address

Subscribed and sworn to before me this 26 day of Sept, 19 89

Connie Sawyer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-26-89, *authorizing the marriage of* DOUGLAS M. SAUERWALD *and* SUSAN B. TROUT.

I further certify that the following marriage certificate was filed in my office:

I, HAROLD A. JOHNSON *(name), certify that on* 10-6-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DOUGLAS M. SAUERWALD *of* HENDRICKS *County,* IN *(state), and* SUSAN B. TROUT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-6-89

Signed by: /s/ HAROLD A. JOHNSON, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-12-89 *(date).*

Signed Connie Sawyer *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 516

File

9-26-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Kenneth Maynard (?)

MALE APPLICANT

Name: First Robert Middle L. Last Bramble Jr.

Date of Birth: Month 3 Day 5 Year 64

Place of Birth (State or foreign country)

Residence Address: 4920 N. 575 E. B'burg. Street or R.R. City County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Dr. Rio.

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

6. (a) Full name of father ~~of dependent children~~ Robert T. Bramble Sr.
   Residence of father (if deceased, so state) B'burg Ind.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of mother ~~of dependent children~~ Peggy Marianna Kiper
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Robert L. Bramble Jr. 9/26/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Robert L. Bramble Jr.
New Address

Subscribed and sworn to before me this 26 day of 9, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Tina Middle Louise Last Kinder-Wright

Date of Birth: Month 11 Day 25 Year 62

Place of Birth (State or foreign country)

Residence Address: 410 S. Main St. B'burg Ind. Street or R.R. City County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Rio.

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

6. (a) Full name of father ~~of dependent children~~ Wesley Ray Kinder
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) (?)
   (b) Full maiden name of mother ~~of dependent children~~ Mary Marlene Ward
   Residence of mother (if deceased, so state) Osprey, Florida
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Tina L. Kinder-Wright 9/26/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Tina L. Kinder-Wright
New Address Same as above

Subscribed and sworn to before me this 26 day of 9, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-26-89, *authorizing the marriage of* ROBERT T. BRAMBLE JR. *and* TINA L. KINDER-WRIGHT.

I further certify that the following marriage certificate was filed in my office:

I, DANIEL B. DONAHO (?) *(name), certify that on* 9-30-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ROBERT T. BRAMBLE *of* HENDRICKS *County,* IN *(state), and* TINA L. KINDER-WRIGHT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-89.

Signed by: /s/ DANIEL B. DONAHO (?), CATHOLIC PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-3-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 517

File

9-27-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Myron K. Hill

MALE APPLICANT

Name First Michael Middle G. Last Cutshaw

Date of Birth Month 9 Day 2 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address 660 Deerpark Dr. Street or R.R. City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Fie

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

6. (a) Full name of father of dependent children Michael Earl Cutshaw
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Phyllis Ann Flanagan
   Residence of mother (if deceased, so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name First Ginger Middle M. Last Sample

Date of Birth Month 11 Day 14 Year 67

Place of Birth (State or foreign country) Ind.

Residence Address 321 Dayspring Street or R.R. City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Fie

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

6. (a) Full name of father of dependent children Mark Allen Sample
   Residence of father (if deceased, so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Linda Mae Cunningham
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Michael G. Cutshaw 9-27-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michael G. Cutshaw

New Address

Subscribed and sworn to before me this 27 day of 9, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Ginger M. Sample 9-27-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Ginger M. Sample

New Address C/O 210 Elm Street Plfd.

Subscribed and sworn to before me this 27 day of 9, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-27-89, *authorizing the marriage of* MICHAEL GREGORY CUTSHAW *and* GINGER MICHELLE SAMPLE.

I further certify that the following marriage certificate was filed in my office:

I, HAROLD L. LEININGER *(name), certify that on* 10-21-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MICHAEL G. CUTSHAW *of* HENDRICKS *County,* IN *(state), and* GINGER M. SAMPLE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89.

Signed by: /s/ HAROLD L. LEININGER, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-14-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 518

File

9-27-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-25-89
Name of Physician David Heggard M.D.

MALE APPLICANT

Name: First Mark Middle Alan Last Daum

Date of Birth: Month 9 Day 21 Year 63

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 849 Buchanan St. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

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

6. (a) Full name of father of dependent children Robert Gerald Daum
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Linda Kay Smock
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indianapolis Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Mark A. Daum — Signature of Applicant
9/27/89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Mark A. Daum

New Address

Subscribed and sworn to before me this 27th day of Sept, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name: First Lisa Middle Mary Last Williams

Date of Birth: Month 7 Day 25 Year 67

Place of Birth (State or foreign country) Detroit Mi

Residence Address: Street or R.R. 632 Lawndale Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

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

6. (a) Full name of father of dependent children David Gilbert Williams
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Detroit, Mi.
   (b) Full maiden name of mother of dependent children Patricia May Hajduk
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Detroit, Mi.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Lisa M. Williams — Signature of Applicant
9/27/89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Lisa M. Williams

New Address 849 Buchanan Plfd. IN 46168

Subscribed and sworn to before me this 27th day of Sept 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-27-89, *authorizing the marriage of* MARK A. DAUM *and* LISA M. WILLIAMS.

I further certify that the following marriage certificate was filed in my office:

I, KENT HAJDUK *(name), certify that on* 10-7-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MARK A DAUM *of* ~~HENDRICKS~~ *County,* ~~IN~~ *(state), and* LISA M. WILLIAMS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-89.

Signed by: /s/ KENT HAJDUK, CATHOLIC PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-11-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 519

File

9-27-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-15-89
Name of Physician M. D. Sipley, M.D.

MALE APPLICANT

Name First Thomas Middle Emsley Last Davis

Date of Birth Month 9 Day 22 Year 66

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

Residence Address Street or R.R. RR #1 Box 423 City Coatesville County Dr State 46121

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ ~~Luck~~ Ronald Lee Davis
   Residence of father (if deceased, so state) Modoc, In.
   Birthplace of father (State or foreign country) Hagerstown, In.
   (b) Full maiden name of mother ~~of dependent children~~ Linda Kay Henley
   Residence of mother (if deceased, so state) Yorktown, In.
   Birthplace of mother (State or foreign country) Muncie, In.

FEMALE APPLICANT

Name First Vicki Middle Kay Last Wilhelm

Date of Birth Month 9 Day 22 Year 65

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

Residence Address Street or R.R. 2034 Stoneham Dr. City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ Richard Lee Wilhelm
   Residence of father (if deceased, so state) Macy, In.
   Birthplace of father (State or foreign country) Macy, In.
   (b) Full maiden name of mother ~~of dependent children~~ Wanda Jean Hunter
   Residence of mother (if deceased, so state) Macy, In.
   Birthplace of mother (State or foreign country) Rochester, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Thomas E. Davis — 9/27/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Thomas E. Davis
New Address Same as Above

Subscribed and sworn to before me this 27th day of Sept, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Vicki Kay Wilhelm — 9-27-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Vicki Kay Wilhelm
New Address R.R. #1 Box 423 Coatesville, IN

Subscribed and sworn to before me this 27th day of Sept, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-27-89, *authorizing the marriage of* THOMAS EMSLEY DAVIS *and* VICKI KAY WILHELM.

I further certify that the following marriage certificate was filed in my office:

I, DAVID WELSH & JEFFREY V. BOLES *(name), certify that on* 9-30-89 *(date), at* MACY *in* MIAMI *County, Indiana,* THOMAS E. DAVIS *of* HENDRICKS *County,* IN *(state), and* VICKI K. WILHELM *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-89.

Signed by: /s/ DAVID WELSH & JEFFREY V. BOLES MINISTER & JUDGE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-5-89 *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 520

File

HENDRICKS County

9-28-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Dr. Snyder

MALE APPLICANT

Name: First Christopher Middle Carl Last GROSS

Date of Birth: Month 5 Day 29 Year 70

Place of Birth (State or foreign country) Ind

Residence Address: Street or R.R. 329 Wayne St. City Pitts. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of ~~dependent children~~ Phillip L. Moore
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother of ~~dependent children~~ Sharon K. Osborn
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind

FEMALE APPLICANT

Name: First Cynthia Middle Jean Last Waltz-Stevenson

Date of Birth: Month 4 Day 20 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. PO Box 232 City Clayton County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of ~~dependent children~~ Harry Leslie Waltz
   Residence of father (if deceased, so state) Clayton Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Donna Ruth Stewart
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Christopher Carl Gross — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Christopher Carl Gross

New Address

Subscribed and sworn to before me this 28 day of 9 19 89

Leslie Stevenson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Cynthia Jean Stevenson — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Cynthia Jean Stevenson

New Address

Subscribed and sworn to before me this 28 day of 9 19 89

Leslie Stevenson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-28-89, *authorizing the marriage of* CHRISTOPHER C. GROSS *and* CYNTHIA J. STEVENSON.

I further certify that the following marriage certificate was filed in my office:

I, LESLIE WALTZ *(name), certify that on* 9-30-89 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* CHRISTOPHER C. GROSS *of* HENDRICKS *County,* IN *(state), and* CYNTHIA J. STEVENSON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-89

Signed by: /s/ LESLIE WALTZ, ELDER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-10-89 *(date).*

Signed Leslie Stevenson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 521

File

9-29-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Joseph Perkins

MALE APPLICANT

Name: First Jesse Middle Vernon Last Haymaker II

Date of Birth: Month 2 Day 9 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 73 Cartersburg Rd. City Monrovia County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ JESSE VERNON HAYMAKER
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of mother ~~of dependent children~~ MARY VIRGINIA KANE
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jesse V. Haymaker II — 9-29-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jesse V. Haymaker II
New Address Same as above

Subscribed and sworn to before me this 29th day of Sept., 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

_____ Clerk

FEMALE APPLICANT

Name: First Linda Middle Lou Last Bentley

Date of Birth: Month 10 Day 11 Year 48

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 73 Cartersburg Rd. City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rio

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

6. (a) Full name of father ~~of dependent children~~ Lewis James Collier
   Residence of father (if deceased, so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Wilma Jean Milstead
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Linda Lou Bentley — Date
Signature of Applicant

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Linda Lou Bentley
New Address same as above

Subscribed and sworn to before me this 29 day of Sept., 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-29-89, *authorizing the marriage of* JESSE V. HAYMAKER II *and* LINDA L. BENTLEY.

I further certify that the following marriage certificate was filed in my office:

I, ALBERT RAY JR. *(name), certify that on* 9-29-89 *(date), at* 73 CARTERSBURG RD. *in* HENDRICKS *County, Indiana,* JESSE V. HAYMAKER II *of* HENDRICKS *County,* IN *(state), and* LINDA L. BENTLEY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-29-89

Signed by: /s/ ALBERT RAY JR., ASSOCIATE PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-3-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 522

File

9-29-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 5-8-78
Name of Physician J. L MD. (Avon Physical Evaluation)

MALE APPLICANT

Name: First Jon Middle David Last Brinker

Date of Birth: Month 9 Day 14 Year 70

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 10146 Osceola Dr. City Indpls. County State In 46234

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Birth Cert.

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

6. (a) Full name of father ~~of dependent children~~ Don Randall Brinker
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Barbara Jean Syrber
   Residence of mother (if deceased, so state) Indpls, In
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Karen Middle Lee Last Stovall

Date of Birth: Month 7 Day 16 Year 70

Place of Birth (State or foreign country) Indianapolis Marion, In.

Residence Address: Street or R.R. 10146 Osceola Dr. City Indpls. County State In. 46234

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Thomas Paul Robinson 2 yrs.

6. (a) Full name of father ~~of dependent children~~ Thomas Paul Stovall
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Marilyn Kay Mason
   Residence of mother (if deceased, so state) Evansville, In.
   Birthplace of mother (State or foreign country) Indianapolis, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jon D. Brinker — Signature of Applicant — 9/29/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jon D. Brinker
New Address same

Subscribed and sworn to before me this 29th day of Sept, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Karen L. Stovall — Signature of Applicant — 9/29/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Karen L. Stovall
New Address same

Subscribed and sworn to before me this 29th day of Sept, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-29-89, *authorizing the marriage of* JON DAVID BRINKER *and* KAREN LEE STOVALL.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 9-29-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JON D. BRINKER *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* KAREN L. STOVALL *of* HENDRICKS *County,* IN *authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-29-89.

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-29-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 523

File

9-29-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Jack Middle Joel Last Tharp

Date of Birth: Month 9 Day 13 Year 69

Place of Birth (State or foreign country) Rudolph, Ind.

Residence Address: Street or R.R. Box 38 City Castleburg County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Steven L. Tharp
6. (a) Full name of father of dependent children Ronald J. Tharp
   Residence of father (if deceased, so state) Castleburg Ind
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Susan K. Tutt
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Melaine Middle Renee Last Fathauer

Date of Birth: Month 3 Day 16 Year 73

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

Residence Address: Street or R.R. 7678 City Avondale County N. Dr. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   ← Same
6. (a) Full name of father of dependent children Harry M. Fathauer
   Residence of father (if deceased, so state) Pepd. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Karen M. Mery
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Jack J. Tharp — Signature of Applicant — 9-29-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Jack J. Tharp

New Address

Subscribed and sworn to before me this 29 day of 9, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Melaine Fathauer — Signature of Applicant — 9-29-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Melaine Fathauer

New Address

Subscribed and sworn to before me this 29 day of 9, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-2-89, *authorizing the marriage of* JACK J. THARP *and* MELAINE R. FATHAUER.

I further certify that the following marriage certificate was filed in my office:

I, MYRON BARNARD *(name), certify that on* 10-5-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JACK J. THARP *of* HENDRICKS *County,* IN *(state), and* MELANIE R. FATHAUER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-5-89.

Signed by: /s/ MYRON BARNARD, JUDGE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-10-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 524

File

9-29-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Jos. Lloyd

MALE APPLICANT

Name: First Marquis Middle E. Last Snodgrass III

Date of Birth: Month 2 Day 17 Year 66

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 628 School St. City B'burg. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Rice.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Marquis E. Snodgrass II
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother ~~of dependent children~~ Virginia Jeanne Ross
   Residence of mother (if deceased, so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Europe

FEMALE APPLICANT

Name: First Janet Middle M. Last Fleenor

Date of Birth: Month 12 Day 15 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 9910 City Westfield County Blvd. State Indpls.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Rice.

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

6. (a) Full name of father ~~of dependent children~~ Robt Edgar Fleenor Jr.
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother ~~of dependent children~~ Mary Elizabeth Zwilgt
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Marq E Snodgrass 9/29/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Marq E Snodgrass
New Address 9910 WESTFIELD BLVD. INDPLS

Subscribed and sworn to before me this 29 day of Sept, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Janet M. Fleenor 9/29/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Janet M. Fleenor
New Address

Subscribed and sworn to before me this 29 day of Sept, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-29-89, *authorizing the marriage of* MARQUIS E. SNODGRASS III *and* JANET M. FLEENOR.

I further certify that the following marriage certificate was filed in my office:

I, EDWARD DEAN DICKINSON *(name), certify that on* 10-14-89 *(date), at* ~~INDIANAPOLIS~~ *in* MARION *County, Indiana,* MARQUIS E. SNODGRASS *of* HENDRICKS *County,* IN *(state), and* JANET M. FLEENOR *of* HAMILTON *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-89

Signed by: /s/ EDWARD DEAN DICKINSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-18-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 525

File

9-29-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-27-89
Name of Physician Edwards M.D.

MALE APPLICANT

Name: First Bradford Middle Leon Last Turner

Date of Birth: Month 11 Day 25 Year 1955

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

Residence Address: Street or R.R. 133 W. Main City Plainfield County Hendricks State In. 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) B

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

6. (a) Full name of father ~~of dependent children~~ Leon B. Turner
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Jean H. Hoppingarner
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Bradford L. Turner — Signature of Applicant
Sept 29, 89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Bradford L. Turner
New Address 1241 Almond Dr Plainfield IN

Subscribed and sworn to before me this 29th day of Sept., 19 89
Connie Tousen Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

FEMALE APPLICANT

Name: First Joy Middle Lynne Last Castor

Date of Birth: Month 2 Day 6 Year 1961

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R.R. 1241 Almond Dr. City Plainfield County Hendricks State In. 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ Hugh Wilson Reynolds
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Betty Jo Montgomery
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) North Carolina

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Joy L Castor — Signature of Applicant
9/29/89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Joy L Castor
New Address 1241 Almond Dr Plainfield IN

Subscribed and sworn to before me this 29th day of Sept. 19 89
Connie Tousen Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-29-89, *authorizing the marriage of* BRADFORD LEON TURNER *and* JOY LYNNE CASTOR.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 9-29-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRADFORD L. TURNER *of* HENDRICKS *County,* IN *(state), and* JOY LYNNE CASTOR *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-29-89.

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-29-89 *(date).*

Signed Connie Tousen *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 526

File

9-29-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Immediate Care Center

MALE APPLICANT

Name: First David Middle L. Last Frazee

Date of Birth: Month 11 Day 11 Year 53

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. Rt 3 Box 464 City Greencastle County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Lee D. Frazee
   Elmer G. II
6. (a) Full name of father of ~~dependent children~~ Charles David Frazee
   Residence of father (if deceased, so state) Bainbridge In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of ~~dependent children~~ Sophie Frazee ?
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Martha Middle E. Last Hall

Date of Birth: Month 12 Day 9 Year 57

Place of Birth (State or foreign country) Tenn

Residence Address: Street or R.R. 910 Rudgate Dr. City Pkyd. County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of ~~dependent children~~ Charles M. Hall
   Residence of father (if deceased, so state) White River Jct. Texas.
   Birthplace of father (State or foreign country) Texas.
   (b) Full maiden name of mother of ~~dependent children~~ Martha Louise Truggle
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Texas.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X David Lee Frazee — 9/29/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X David Lee Frazee
New Address

Subscribed and sworn to before me this 29 day of 9, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X M. Elizabeth Hall — 9/29/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X M. Elizabeth Hall
New Address Same as above

Subscribed and sworn to before me this 29 day of 9, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-29-89, *authorizing the marriage of* DAVID L. FRAZEE *and* MARTHA E. HALL.

I further certify that the following marriage certificate was filed in my office:

I, HAROLD G. BOLDON *(name), certify that on* 10-7-89 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* DAVID L. FRAZEE *of* PUTNAM *County,* IN *(state), and* MARTHA E. HALL *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-89.

Signed by: /s/ HAROLD G. BOLDON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-11-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 527

File

10-2-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-15-89
Name of Physician Frank H. Fortune

MALE APPLICANT

Name: First Calvin Middle Edward Last Russell

Date of Birth: Month 4 Day 16 Year 47

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

Residence Address: Street or R.R. 39 Campbell Ct. City Mooresville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

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

6. (a) Full name of father ~~of dependent children~~ Kenneth Eugene Russell
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
   (b) Full maiden name of mother ~~of dependent children~~ Eva May Rogers
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indianapolis, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Calvin E. Russell — Signature of Applicant — 10/02/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)

Signed Calvin E. Russell

New Address same

Subscribed and sworn to before me this 2nd day of Oct. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

FEMALE APPLICANT

Name: First Jill Middle Frances Last Doty

Date of Birth: Month 2 Day 23 Year 54

Place of Birth (State or foreign country) Aurora, Il.

Residence Address: Street or R.R. 39 Campbell Ct. City Mooresville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

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

6. (a) Full name of father ~~of dependent children~~ Paul Clarence Doty
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Sesser, Il.
   (b) Full maiden name of mother ~~of dependent children~~ Ruth Magdalena Ehredt
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Sesser, Il.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jill F. Doty — Signature of Applicant — 10-2-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana) ss: I swear/affirm that the information given in this application is true and correct.
County of HENDRICKS)

Signed Jill F. Doty

New Address same

Subscribed and sworn to before me this 2nd day of Oct. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-2-89, *authorizing the marriage of* CALVIN EDWARD RUSSELL *and* JILL F. DOTY.

I further certify that the following marriage certificate was filed in my office:

I, JOHN F. STUCKY *(name), certify that on* 10-7-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* CALVIN E. RUSSELL *of* HENDRICKS *County,* IN *(state), and* JILL F. DOTY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-89.

Signed by: /s/ JOHN F. STUCKY, JUDGE PRO-TEM *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-16-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 528

File

HENDRICKS County

10-2-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-22-89
Name of Physician Brownsburg Med. Clinic

MALE APPLICANT

Name: First Robert Middle C. Last Hardin

Date of Birth: Month 4 Day 26 Year 1963

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 4436 Belmont Ave. City Cincinnati County State Ohio

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Driver's License

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

6. (a) Full name of father ~~of dependent children~~ George H. Hardin, Jr.
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Mary H. Wedig
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name: First Wendy Middle K. Last Sutherlin

Date of Birth: Month 2 Day 20 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 32 East LeRe Shore Dr., #21 City Cincinnati County State Ohio

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Driver's License

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

6. (a) Full name of father ~~of dependent children~~ Willis Kenneth Makey
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother ~~of dependent children~~ Elva A. Ogle
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X [signature] 10-2-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed [signature]
New Address 32 E. Lakeshore Dr., #21, Cinti, OH 45237

Subscribed and sworn to before me this 2nd day of Oct. 19 89
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Wendy K. Sutherlin 10/2/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Wendy K. Sutherlin
New Address 32 E. Lakeshore Dr., #21, Cinti, OH 45237

Subscribed and sworn to before me this 2nd day of Oct. 19 89
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-2-89, *authorizing the marriage of* ROBERT CARL HARDIN *and* WENDY K. SUTHERLIN.

I further certify that the following marriage certificate was filed in my office:

I, TIMOTHY G. OGLES *(name), certify that on* ~~10-21-89~~ *(date), at* ~~BELLEVILLE~~ *in* HENDRICKS *County, Indiana,* ROBERT CARL HARDIN *of* ~~HAMILTON~~ *County,* ~~OHIO~~ *(state), and* WENDY K. SUTHERLIN *of* HAMILTON *County,* OHIO *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89

Signed by: /s/ TIMOTHY G. OGLES, EVANGILIST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 529

File

10-2.89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-2-87
Name of Physician G. R. Harris

MALE APPLICANT

Name First Thomas Middle Michael Last Alexander

Date of Birth Month April Day 18 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. North Salem, Dr. City Danville County Hendricks Co State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of dependent children Edmund Thomas Alexander
   Residence of father (if deceased, so state) North Salem Dr.
   Birthplace of father (State or foreign country) North Salem Dr
   (b) Full maiden name of mother of dependent children Donna Sue Dale
   Residence of mother (if deceased, so state) North Salem Dr
   Birthplace of mother (State or foreign country) Jamestown Dr

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Thomas M. Alexander 10-2-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

× Signed Thomas M. Alexander

New Address

Subscribed and sworn to before me this 2 day of Oct, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Penny Middle Michelle Last Britton

Date of Birth Month August Day 29 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. Jamestown Dr. City Danville County Hendricks State Same

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of dependent children Thomas R. Britton
   Residence of father (if deceased, so state) Clayton Dr
   Birthplace of father (State or foreign country) Oregon
   (b) Full maiden name of mother of dependent children Carol J. Jones
   Residence of mother (if deceased, so state) Danville Dr
   Birthplace of mother (State or foreign country) Washington Crt House Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Penny M. Britton 10-2.89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

× Signed Penny M. Britton

New Address 29 N. Second St. Jamestown, In 46147

Subscribed and sworn to before me this 2 day of Oct 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-14-89, *authorizing the marriage of* THOMAS MICHAEL ALEXANDER *and* PENNY MICHELLE GRITTON.

I further certify that the following marriage certificate was filed in my office:

I, TONY L. RIGGEN *(name), certify that on* 10-14-89 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* THOMAS M. ALEXANDER *of* HENDRICKS *County,* IN *(state), and* PENNY M. GRITTON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-89.

Signed by: /s/ TONY L. RIGGEN, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-17-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 530

File

10-2-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-21-89
Name of Physician Joseph C. Kerlin M.D.

MALE APPLICANT

Name: First Daniel Middle Eugene Last Bowman

Date of Birth: Month 12 Day 7 Year 65

Place of Birth (State or foreign country) Crawfordsville In.

Residence Address: Street or R.R. 357 North St Apt B City Danville County State In.

Previous Marital Status: Never Married ~~X~~ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☑ Other (Specify) Drivers' License

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

6. (a) Full name of father ~~of dependent children~~ Phillip Eugene Bowman
   Residence of father (if deceased, so state) North Salem In.
   Birthplace of father (State or foreign country) Crawfordsville In.
   (b) Full maiden name of mother ~~of dependent children~~ Patricia Ann Coventry
   Residence of mother (if deceased, so state) Pittsboro In.
   Birthplace of mother (State or foreign country) Crawfordsville In.

FEMALE APPLICANT

Name: First Angela Middle Dawn Last Greene

Date of Birth: Month 12 Day 15 Year 68

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

Residence Address: Street or R.R. 357 North St Apt B City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☑ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ Darwin Lee Greene
   Residence of father (if deceased, so state) North Salem, In.
   Birthplace of father (State or foreign country) Indianapolis, In.
   (b) Full maiden name of mother ~~of dependent children~~ Marjorie Ilene Tuttle
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

David E. Bowman 10/2/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed David E. Bowman
New Address Same

Subscribed and sworn to before me this 2nd day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Angela M Greene 10/2/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Angela M Greene
New Address Same

Subscribed and sworn to before me this 2nd day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-2-89, *authorizing the marriage of* DANIEL EUGENE BOWMAN *and* ANGELA DAWN GREENE.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 10-6-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DANIEL E. BOWMAN *of* HENDRICKS *County,* IN *(state), and* ANGELA D. GREENE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-6-89.

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-6-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 531

File

10-3-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated ~~10-1~~ K. Beard M.D.
Name of Physician 10-3-89

MALE APPLICANT

Name: First John Middle Thomas Last Hinesley Jr.
Date of Birth: Month 12 Day 1 Year 50
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 750 S. Richland City Indpls. County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of ~~dependent children~~ John Thomas Hinesley
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Philadelphia, PA.
   (b) Full maiden name of mother ~~of dependent children~~ Bernice Joy Hall
   Residence of mother (if deceased, so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Jo Middle Anne Last Lauman
Date of Birth: Month 10 Day 24 Year 60
Place of Birth (State or foreign country) Greencastle In.
Residence Address: Street or R.R. 642 Hickory Dr. City Danville County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   ~~Paul David Lauman Jr.~~ 10 yrs.
   ~~Brittany Ann Lauman~~ 8 yrs.
   ~~Stacy Jo Lauman~~ 7 yrs.
6. (a) Full name of father ~~of dependent children~~ Russell Bayce Penrod
   Residence of father (if deceased, so state) Clayton In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Joyce Anna Higgins
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

John T. Hinesley Jr. 10-3-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed John T. Hinesley Jr.
New Address 642 Hickory Dr.

Subscribed and sworn to before me this 3rd day of Oct 1981
Connie Lauman Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jo Anne Lauman 10-3-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jo Anne Lauman
New Address SAME

Subscribed and sworn to before me this 3rd day of Oct 1989
Connie Lauman Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

_____ Clerk

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-3-89, *authorizing the marriage of* JOHN THOMAS HINESLEY, JR. *and* JO ANNE LAUMAN.

I further certify that the following marriage certificate was filed in my office:

I, ANDREW J. SIMKINS *(name), certify that on* 10-28-89 *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* JOHN THOMAS HINESLEY *of* MARION *County,* IN *(state), and* JO ANNE LAUMAN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-28-89.

Signed by: /s/ ANDREW J. SIMKINS, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-1-89 *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 532

File

HENDRICKS County

10-2-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-30-89
Name of Physician Robert Ciello

MALE APPLICANT

Name: First David Middle Dwight Last Christian

Date of Birth: Month Oct Day 15 Year 1968

Place of Birth (State or foreign country) Va.

Residence Address: Street or R.R. 9½ N. Adams City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of dependent children Carl Christian
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Va
   (b) Full maiden name of mother of dependent children Shirley Harrison
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Va

FEMALE APPLICANT

Name: First Julie Middle Anne Last Brown

Date of Birth: Month June Day 17 Year 1969

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 14 Woodstock Dr. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father of dependent children Larry J. Brown
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Rita Sinnott
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

/s/ David D. Christian — Signature of Applicant — 10/3/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed /s/ David D. Christian
New Address 9½ N. Adams Brownsburg

Subscribed and sworn to before me this 3 day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

/s/ Julie Brown — Signature of Applicant — 10/3/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed /s/ Julie Brown
New Address 19½ N. Adams, Brownsburg

Subscribed and sworn to before me this 3 day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-3-89 *, authorizing the marriage of* DAVE D. CHRISTIAN *and* JULIE A. BROWN *.*

I further certify that the following marriage certificate was filed in my office:

I, DANIEL B. DONAHO *(name), certify that on* 10-7-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DAVE D. CHRISTIAN *of* HENDRICKS *County,* IN *(state), and* JULIE A. BROWN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-89 *.*

Signed by: /s/ DANIEL B. DONAHO *,* CATHOLIC PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-10-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 533

File

10-3-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-3-89
Name of Physician C. Conter M.D.

MALE APPLICANT

Name First Steven Middle Dean Last Schwipps

Date of Birth Month 5 Day 23 Year 67

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

Residence Address Street or R.R. 3506 Mission Dr. City Indpls. County In. State 46224

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Donald Joseph Schwipps
   Residence of father (if deceased, so state) Milan, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Marilyn Nell Craft
   Residence of mother (if deceased, so state) Milan, In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Steven Schwipps — Signature of Applicant
10-3-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Steven Schwipps
New Address SAME.

Subscribed and sworn to before me this 3 day of OCT, 1989

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Michelle Middle Rene Last Wallington

Date of Birth Month 9 Day 10 Year 71

Place of Birth (State or foreign country) Aurora, Colorado

Residence Address Street or R.R. 295 Castersburg Rd. City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father ~~of dependent children~~ Daniel Joseph Wallington
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of mother ~~of dependent children~~ Theresa Kellen Shelton
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michelle R. Wallington — Signature of Applicant
10-3-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michelle R. Wallington
New Address 3506 Mission Dr. Indianapolis IN,

Subscribed and sworn to before me this 3 day of OCT, 1989

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

Clerk

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-3-89, *authorizing the marriage of* STEVEN DEAN SCHWIPPS *and* MICHELLE RENE WALLINGTON.

I further certify that the following marriage certificate was filed in my office:

I, DALE ALAN RUMBLE *(name), certify that on* 10-7-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* STEVEN D. SCHWIPPS *of* MARION *County,* IN *(state), and* ~~MICHELLE R. WALLINGTON~~ *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-89.

Signed by: /s/ DALE ALAN RUMBLE, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-10-89 *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 534

File

HENDRICKS County

10-4-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician S. Hoage

MALE APPLICANT

Name: First William Middle Gene Last Culler

Date of Birth: Month 5 Day 14 Year 57

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 12 Box 40 City Brazil County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father ~~of dependent children~~ Ralph Mene Culler
   Residence of father (if deceased, so state) Booting Mem Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Virginia Rose Secrest
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Marilyn Middle Elaine Last Munnich Glander

Date of Birth: Month 9 Day 15 Year 56

Place of Birth (State or foreign country) PA

Residence Address: Street or R.R. 949 B. Pinewood Dr. City Plfld. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father ~~of dependent children~~ Wayne Stanton Munnich
   Residence of father (if deceased, so state) Oakland PA
   Birthplace of father (State or foreign country) PA
   (b) Full maiden name of mother ~~of dependent children~~ Edith Lucille Venable
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) VA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X William R Culler — Signature of Applicant — 10-4-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X William R Culler

New Address

Subscribed and sworn to before me this 4 day of Oct 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Marilyn E Glander — Signature of Applicant — 10-4-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Marilyn E Glander

New Address

Subscribed and sworn to before me this 4 day of Oct 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-4-89, *authorizing the marriage of* WILLIAM G. CULLER *and* MARILYN E. GLANDER.

I further certify that the following marriage certificate was filed in my office:

I, WILLIAM R. CLAYTON *(name), certify that on* ~~10-14-89~~ *(date), at* ~~PLAINFIELD~~ *in* HENDRICKS *County, Indiana,* WILLIAM G. CULLER *of* CLAY *County,* ~~IN~~ *(state) and* MARILYN E. GLANDER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-18-89.

Signed by: ~~/s/ WILLIAM R. CLAYTON~~, ~~PASTOR~~ *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-18-89 *(date).*

Signed Hendricks *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 535

File

10-4-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-22-89
Name of Physician DAVID B. HAGGARD

MALE APPLICANT

Name: First JEFFERY Middle ALLEN Last MURRAIN

Date of Birth: Month 12 Day 14 Year 63

Place of Birth (State or foreign country) DANVille, IN

Residence Address: Street or R.R. 235 CRAWFORD City CLAYTON County HENDRICKS State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) DRIVERS LICENSE

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

6. (a) Full name of father ~~of dependent children~~ ROBERT EUGENE MURRAIN
   Residence of father (if deceased, so state) Z IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother ~~of dependent children~~ MARTHA HELEN STEVENSON
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First DAINA Middle LYNN Last CLIVER

Date of Birth: Month 7 Day 27 Year 65

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

Residence Address: Street or R.R. 1783 KELLER Hill Rd. City MOORESVILLE, IN County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) DRIVERS LICENSE

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

6. (a) Full name of father ~~of dependent children~~ DANNY Leigh CLIVER
   Residence of father (if deceased, so state) 1783 KELLER Hill Rd MOORESVILLE IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother of dependent children DARLA JEAN DELPH
   Residence of mother (if deceased, so state) 1783 KELLER Hill Rd. ~~MOORESVILLE, IN~~
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jeffery Allen Murrain 10/4/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jeffery A Murrain
New Address 3841 S. 125 W Danville

Subscribed and sworn to before me this 4 day of 10 19 89

Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Daina L. Cliver 10/4/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Daina L. Cliver
New Address same

Subscribed and sworn to before me this 4 day of 10 19 89

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-4-89, *authorizing the marriage of* JEFFERY ALLEN MURRAIN *and* DAINA LYNN CLIVER.

I further certify that the following marriage certificate was filed in my office:

I, G. DAYE CAIN *(name), certify that on* 10-14-89 *(date), at* MONROVIA *in* MORGAN *County, Indiana,* JEFFERY ALLEN MURRAIN *(state), and* DAINA LYNN CLIVER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-89

Signed by: /s/ G. DAYE CAIN, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

No Rk

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 536

File

HENDRICKS County

10-4-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-4-89
Name of Physician K. Garner M.D.

MALE APPLICANT

Name: First Michael Middle D. Last Rader

Date of Birth: Month Oct Day 29 Year 1961

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 245 S. Washington City Danville County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. License

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

6. (a) Full name of father of dependent children Kenneth Rader
   Residence of father (if deceased, so state) Greencastle Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Barbara Boswell
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Eve Middle L. Last Osmialowski

Date of Birth: Month June Day 23 Year 1965

Place of Birth (State or foreign country) Mich.

Residence Address: Street or R.R. 245 S. Washington City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. License

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

6. (a) Full name of father of dependent children Ronald Osmialowski
   Residence of father (if deceased, so state) Danville, Ind.
   Birthplace of father (State or foreign country) Mich.
   (b) Full maiden name of mother of dependent children Felicia Besolo
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Mich.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Michael L Rader
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Michael L Rader
New Address 245 S. Washington St.

Subscribed and sworn to before me this 4 day of Oct 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

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

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Eve L. Osmialowski — 10-4-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Eve L. Osmialowski
New Address 245 S. Washington St.

Subscribed and sworn to before me this 4 day of Oct 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-4-89, *authorizing the marriage of* MICHAEL LYNN RADER *and* EVE L. OSMIALOWSKI.

I further certify that the following marriage certificate was filed in my office:

I, ALLEN D. HENDERSON *(name), certify that on* 10-7-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL L. RADER *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* EVE L. OSMIALOWSKI *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-89.

Signed by: /s/ ALLEN D. HENDERSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-10-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 537

File

10-5-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-3-89
Name of Physician T.M. Poe, M.D.

MALE APPLICANT

Name First: Anthony Middle: Joseph Last: Cox

Date of Birth Month: 9 Day: 10 Year: 57

Place of Birth (State or foreign country) Ind.

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

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Crystal Marie Cox
   Cortney Lynn Cox
6. (a) Full name of father ~~of dependent children~~ Ivan Ray Cox
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Elizabeth Ann Reynolds
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Anthony J. Cox — Signature of Applicant
10-6-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Anthony J. Cox
New Address 208 N. Maple St Pittsboro

Subscribed and sworn to before me this 6 day of 10 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

FEMALE APPLICANT

Name First: Brenda Middle: Jo Last: Lumpkin

Date of Birth Month: 12 Day: 28 Year: 63

Place of Birth (State or foreign country) Indianapolis In.

Residence Address Street or R.R.: 208 N. Maple St. City: Pittsboro County State: In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Candace Jo Lumpkin 8 yrs.
   Brittany Lynn Lumpkin 2 yrs.
   ~~Samantha Marie Lumpkin~~ 1 yr.
6. (a) Full name of father ~~of dependent children~~ Edward Eugene Litsiler
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Helen Patricia Moore
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Brenda Lumpkin — Signature of Applicant
10-5-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Brenda Lumpkin
New Address _____

Subscribed and sworn to before me this 5th day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-6-89, *authorizing the marriage of* ANTHONY COX *and* BRENDA LUMPKIN.

I further certify that the following marriage certificate was filed in my office:

I, (not legible) *(name), certify that on* 10-7-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ANTHONY COX *of* HENDRICKS *County,* IN *(state), and* BRENDA LUMPKIN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-89.

Signed by: (not ledible), Judge Pro Tem *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-11-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 538

File

10-6-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician D. J. Thompson

MALE APPLICANT

Name: First Cory Middle R. Last Darling

Date of Birth: Month 7 Day 8 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 311 N. Green St. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify) Dr. Rpt.

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

6. (a) Full name of father ~~of dependent children~~ Bill Wesley Darling
   Residence of father (if deceased, so state) Lapel, Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Nathelia Lucille Plummer
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Christine Middle M. Last Newland

Date of Birth: Month 6 Day 8 Year 63

Place of Birth (State or foreign country) Ind.

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

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Rpt.

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

6. (a) Full name of father ~~of dependent children~~ James George Newland
   Residence of father (if deceased, so state) Lapel, Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Helen Louise Raymer
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Cory R. Darling — 10/6/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Cory R. Darling
New Address

Subscribed and sworn to before me this 6 day of Oct., 19 89
Connie Squires Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Christine M Newland — 10/6/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Christine M Newland
New Address

Subscribed and sworn to before me this 6 day of Oct., 19 89
Connie Squires Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-6-89, *authorizing the marriage of* CORY R. DARLING *and* CHRISTINE M. NEWLAND.

I further certify that the following marriage certificate was filed in my office:

I, CHARLES F. STANTON *(name), certify that on* ~~10-7-89~~ *(date), at* ~~BLOOMINGTON~~ *in* MONORE *County, Indiana,* CORY R. DARLING *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-89, *(state), and* CHRISTINE M. NEWLAND *of* HENDRICKS *County,* IN *(state).*

Signed by: /s/ CHARLES F. STANTON, CHAPLAIN *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-16-89 *(date).*

Signed Connie Squires *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 539

File

10-6-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Baker, Glenn

MALE APPLICANT

Name First John Middle G. Last Decker
Date of Birth Month 3 Day 23 Year 61
Place of Birth (State or foreign country) Ind.
Residence Address Street or R.R. 10105 Otterbein Dr. City Indpls. County Hend. State In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   —
6. (a) Full name of father ~~of dependent children~~ John Franklin Decker
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Margie Aileen Sacco
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ark.

FEMALE APPLICANT

Name First Debra Middle K. Last Gaynor
Date of Birth Month 10 Day 12 Year 59
Place of Birth (State or foreign country) New Mexico
Residence Address Street or R.R. ← Same City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) SS# 312-74-5250 + Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Brandy D. Gaynor
6. (a) Full name of father ~~of dependent children~~ Jack Wright
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Catherine Eden
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× John G Decker — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × John G Decker
New Address

Subscribed and sworn to before me this 6 day of Oct., 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Debra Gaynor — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Debra Gaynor
New Address

Subscribed and sworn to before me this 6 day of Oct., 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-16-89, *authorizing the marriage of* JOHN H. DECKER *and* DEBRA K. GAYNOR.

I further certify that the following marriage certificate was filed in my office:

I, JOHN E. SMITH *(name), certify that on* 10-21-89 *(date), at* INDPLS. *in* MARION *County, Indiana,* JOHN H. DECKER *of* HENDRICKS *County,* IN *(state), and* DEBRA K. GAYNOR *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89.

Signed by: /s/ JOHN E. SMITH, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 539
File
10-6-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Baker, Glenn

MALE APPLICANT

Name First John Middle G. Last Decker
Date of Birth Month 3 Day 22 Year 6
Place of Birth (State or foreign country) Ind.
Residence Address Street or R.R. 10105 Otterbein Dr. City Indpls. County Hend. State In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. Rio.

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

6. (a) Full name of father ~~of dependent children~~ John Franklin Decker
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Margie Aileen Sacco
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ark.

FEMALE APPLICANT

Name First Debra Middle K. Last Gaynor
Date of Birth Month 10 Day 12 Year 59
Place of Birth (State or foreign country) New Mexico
Residence Address Street or R.R. ← Same City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) SS# 312-74-5250 + Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Brady A. & Kayce

6. (a) Full name of father ~~of dependent children~~ Jack Wright
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Catherine Eden
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× John G Decker
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × John G Decker
New Address

Subscribed and sworn to before me this 6 day of Oct. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Debra Gaynor
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Debra Gaynor
New Address

Subscribed and sworn to before me this 6 day of Oct. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-16-89, *authorizing the marriage of* JOHN H. DECKER *and* DEBRA K. GAYNOR.

I further certify that the following marriage certificate was filed in my office:

I, JOHN E. SMITH *(name), certify that on* 10-21-89 *(date), at* INDPLS. *in* MARION *County, Indiana,* JOHN H. DECKER *of* HENDRICKS *County,* IN *(state), and* DEBRA K. GAYNOR *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89.

Signed by: /s/ JOHN E. SMITH, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 540

File

10-6-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First David Middle W. Last Flowers

Date of Birth: Month June Day 18 Year 1957

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 557 Danville Apt C. City Pittsboro County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   David W. Flowers, Jr.
   Heather D. Flowers
6. (a) Full name of father of dependent children James A. Flowers
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) OK.
   (b) Full maiden name of mother of dependent children June Johnson
   Residence of mother (if deceased, so state) Brownsburg In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X David W. Flowers 10/6/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X David W. Flowers
New Address 420 W. Main St. Pittsboro 46167

Subscribed and sworn to before me this 6 day of Oct. 1989

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name: First Kimberly Middle K. Last Williams

Date of Birth: Month July Day 4 Year 1961

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. P.O. Box 421 City Pittsboro County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Nicole M. Joshua, Abigail, Abraham Williams
6. (a) Full name of father of dependent children Lawrence J. King
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Nancy Carden
   Residence of mother (if deceased, so state) Toledo, Oh.
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Kimberly K. Williams 10-6-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Kimberly K. Williams
New Address 420 W. Main St. Pitts 46167

Subscribed and sworn to before me this 6 day of Oct. 1989

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-6-89, *authorizing the marriage of* DAVID W. FLOWERS *and* KIMBERLY K. WILLIAMS.

I further certify that the following marriage certificate was filed in my office:

I, JANICE S. CHILEWSKI *(name), certify that on* 10-6-89 *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* DAVID W. FLOWERS *of* ~~MARION~~ *County,* ~~IN~~ *(state), and* KIMBERLY K. WILLIAMS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-6-89

Signed by: /s/ JANICE S. CHILEWSKI, CHIEF DEPUTY *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-6-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 541

File

10-10-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-6-89
Name of Physician Morgan M.D.

MALE APPLICANT

Name: First Nicholas Middle Edward Last Porten PORTER, SR.

Date of Birth: Month 11 Day 21 Year 42

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

Residence Address: Street or R.R. RR#1 Box 543 City Camby County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Kimberly Dawn Porten 17 yrs.
   Amy Lynn Porten 15 "
   Ann Margaret Porten 11 "
   Michael Christopher Porten 9 "
6. (a) Full name of father ~~of dependent children~~ Edward Andrew Porten
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indpls., In.
   (b) Full maiden name of mother ~~of dependent children~~ Mary Agnes Dangler
   Residence of mother (if deceased, so state) Indpls. In.
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Nicholas Edward Porten Jr 10-10-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Nicholas Edward Porten Jr
New Address Same

Subscribed and sworn to before me this 10th day of Oct, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name: First Sara Middle Jean Last Rees

Date of Birth: Month 3 Day 29 Year 50

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

Residence Address: Street or R.R. RR#1 Box 543 City Camby County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ James D. Rees Jr.
   Residence of father (if deceased, so state) Camby, In.
   Birthplace of father (State or foreign country) Indianapolis In.
   (b) Full maiden name of mother ~~of dependent children~~ Margaret Ke. Brunson BRUNSON
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Ft. Wayne, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

SaraJean Rees 10-10-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed SaraJean Rees
New Address Same

Subscribed and sworn to before me this 10th day of Oct, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-10-89, *authorizing the marriage of* NICHOLAS E. PORTER *and* SARA JEAN REES.

I further certify that the following marriage certificate was filed in my office:

I, STEVEN R. AGAL *(name), certify that on* 10-12-89 *(date), at* CAMBY *in* HENDRICKS *County, Indiana,* NICHOLAS E. PORTER, SR. *of* HENDRICKS *County,* IN *(state), and* SARA J. REES *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-12-89.

Signed by: /s/ STEVEN R. AGAL, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-16-89 *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 542

File

HENDRICKS County

10-10-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-11-89
Name of Physician R. Stegemoller

MALE APPLICANT

Name: First Randy Middle G. Last Schwersenska

Date of Birth: Month 8 Day 20 Year 54

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R.R. 152 S. Kentucky St. City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Kandi Lee
6. (a) Full name of father ~~of dependant children~~ Marvin Albert Schwersenska
   Residence of father (if deceased, so state) Tampa Florida
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of mother ~~of dependant children~~ Bernice Pearl Stordalen
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) N. D.

FEMALE APPLICANT

Name: First Donna Middle May Last Cross

Date of Birth: Month Oct Day 17 Year 1943

Place of Birth (State or foreign country) Calif.

Residence Address: Street or R.R. 57 Brush St City Jamestown County Boone State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Adam A. Cross
6. (a) Full name of father of dependent children David C. Norris
   Residence of father (if deceased, so state) Orange, Ca.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Judith Marilouise
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Randy Schwersenska — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Randy Schwersenska

New Address Same as above

Subscribed and sworn to before me this 10 day of Oct. 1989

Janice Chilewski Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Donna M Cross — Signature of Applicant — 10-12-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Donna M Cross

New Address 152 S. Kentucky St Danville IN 46122

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-12-89, *authorizing the marriage of* RANDY G. SCHWERSENSKA *and* DONNA M. CROSS.

I further certify that the following marriage certificate was filed in my office:

I, JANICE S. CHILEWSKI *(name), certify that on* 11-3-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RANDY G. SCHWERSENSKA *of* HENDRICKS *County,* IN *(state), and* DONNA M.CROSS *of* BOONE *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-12-89

Signed by: /s/ JANICE S. CHILEWSKI, CHIEF DEPUTY *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-3-89 *(date).*

Signed Janice Chilewski *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 543

File

10-10-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-6-89
Name of Physician John Fredrick Moe

MALE APPLICANT

Name: First Stephen Middle Edward Last Banmford

Date of Birth: Month 6 Day 26 Year 48

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2730 Fishers Rd City Mooresville County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Michael Banmford
6. (a) Full name of father of dependent children Norman Thomas Banmford
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of mother of dependent children Orilda Katherine Miller
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name: First Rita Middle Beth Last Carver

Date of Birth: Month April Day 17 Year 1951

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

Residence Address: Street or R.R. 2730 Fishers Rd. City Mooresville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jeremy Michael Carver
   John Wayne Carver
6. (a) Full name of father of dependent children John Pershing Workman
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Vera Louise Belford
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Stephen Edward Banmford 10-10-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Connie Lawson 10-10-89
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Stephen Edward Banmford
New Address 2730 FISHERS RD. MOORESVILLE

Subscribed and sworn to before me this 10 day of Oct, 19 89

Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Rita Beth Carver 10-10-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Connie Lawson 10-10-89
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Rita Beth Carver
New Address 2730 Fishers Rd Mooresville In

Subscribed and sworn to before me this 10 day of Oct, 19 89

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-10-89, *authorizing the marriage of* STEPHEN EDWARD BANMFORD *and* RITA BETH CARVER.

I further certify that the following marriage certificate was filed in my office:

I, IVAN J. BIRRGER, II *(name), certify that on* 10-15-89 *(date), at* INDPLS. *in* MARION *County, Indiana,* STEPHEN E. BANMFORD *of* HENDRICKS *County,* IN *(state) and* RITA B. CARVER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-18-89.

Signed by: /s/ IVAN J. BIRRGER, II, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 544

File

10-10-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 6-26-89
Name of Physician Thomas Bensa, M.D.

MALE APPLICANT

Name First Fred Middle Irven Last Krebs
Date of Birth Month 12 Day 26 Year 48
Place of Birth (State or foreign country) Lafayette, In
Residence Address Street or R.R. 1856 Crystal Bay E. Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Kellie JEAN Krebs 18 yrs
   Amber Marie Krebs 12 yrs
6. (a) Full name of father ~~of dependent children~~ ORVEL Orville Krebs
   Residence of father (if deceased, so state) New Richmond, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Ruth Wallen
   Residence of mother (if deceased, so state) New Richmond, In
   Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name First Nancy Middle Jean Last Ingram
Date of Birth Month Day 23 Year 54
Place of Birth (State or foreign country) Birch Grove In.
Residence Address Street or R.R. 1856 Crystal Bay E. Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Lloyd Russell Ingram
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Phyllis Anne Waddell
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✓ Fred I Krebs 10/10/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

✓ Signed Fred I Krebs
New Address SAME

Subscribed and sworn to before me this 10th day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Nancy J. Ingram 10/10/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Nancy J. Ingram
New Address Same

Subscribed and sworn to before me this 10th day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-10-89, *authorizing the marriage of* FRED IRVIN KREBS *and* NANCY JEAN INGRAM.

I further certify that the following marriage certificate was filed in my office:

I, STEPHEN K. WHITE *(name), certify that on* ~~12-2-89~~ *(date), at* ~~PLAINFIELD~~ *in* HENDRICKS *County, Indiana,* FRED IRVIN KREBS *of* MARION *County,* ~~IN~~ *(state), and* NANCY JEAN INGRAM *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-2-89.

Signed by: /s/ STEPHEN K. WHITE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-11-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 545

File

10-10-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Black, Walker & Baker

MALE APPLICANT

Name First Vaughn Middle T. Last McCammack

Date of Birth Month 10 Day 19 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. RR 1 Box 217 City Coatesville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. file.

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

6. (a) Full name of father of ~~dependent children~~ Merrill J. McCammack
   Residence of father (if deceased, so state) Pitt. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Margaret J. Kirby
   Residence of mother (if deceased, so state) Coatesville Ind.
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name First Linda Middle J. Last Hughes

Date of Birth Month 5 Day Year 68

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. RR 1 Box 193 City Clayton County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. file.

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

6. (a) Full name of father of ~~dependent children~~ Norman B. Hughes
   Residence of father (if deceased, so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Jeanette S. Kermode
   Residence of mother (if deceased, so state) Dead
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Vaughn T. McCammack 10-10-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Vaughn T. McCammack
New Address

Subscribed and sworn to before me this 10 day of Oct., 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Linda J. Hughes 10-10-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Linda J. Hughes
New Address 905C Fairmead Rd. Plainfield, IN 46168

Subscribed and sworn to before me this 10 day of Oct., 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-10-89, *authorizing the marriage of* VAUGHN T. McCAMMACK *and* LINDA J. HUGHES.

I further certify that the following marriage certificate was filed in my office:

I, ~~EDWARD DEAN DICKINSON~~ *(name), certify that on* ~~10-21-89~~ *(date), at* ~~INDPLS.~~ MARION *County, Indiana,* ~~VAUGHN T. McCAMMACK~~ *of* PUTNAM *County,* IN *(state), and* LINDA J. HUGHES *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89.

Signed by: /s/ EDWARD D. DICKINSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 546

File

HENDRICKS County

10-10-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-25-89
Name of Physician T. Henderson M.D.

MALE APPLICANT

Name: First Wade Middle Eugene Last Ethridge

Date of Birth: Month 8 Day 27 Year 61

Place of Birth (State or foreign country) Columbus, Ga.

Residence Address: Street or R.R. 511 Enderly Ave apt 2 City Brownsburg County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Ind. Indentifation Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Wade Justin Ethridge
6. (a) Full name of father ~~of dependent children~~ Wade Eugene Ethridge
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of mother ~~of dependent children~~ Maydell ?
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Georgia

FEMALE APPLICANT

Name: First Rhonda Middle Leah Last Welch

Date of Birth: Month 4 Day 26 Year 60

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 511 Enderly ave. apt 2 City Brownsburg County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jennifer Lynne Welch
   Wade Justin Ethridge
6. (a) Full name of father ~~of dependent children~~ William Odell Welch
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Barbara Katherine Kinney
   Residence of mother (if deceased, so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Wade E Ethridge Jr 10-10-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Wade E Ethridge Jr
New Address same
Subscribed and sworn to before me this 10th day of Oct, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Rhonda L Welch 10-10-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Rhonda L Welch
New Address same
Subscribed and sworn to before me this 10th day of Oct, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-10-89, *authorizing the marriage of* WADE E. ETHRIDGE JR. *and* RHONDA L. WELCH.

I further certify that the following marriage certificate was filed in my office:

I, CANDACE KINGMA - PIPER *(name), certify that on* 12-2-89 *(date), at* ~~INDIANAPOLIS~~ *in* MARION *County, Indiana,* WADE E. ETHRIDGE *of* HENDRICKS *County,* IN *(state), and* RHONDA L. WELCH *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-2-89.

Signed by: /s/ CANDACE KINGMA-PIPER, JUDGE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-5-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 547

File

10-10-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-2-89
Name of Physician Hun Meng M.D.

MALE APPLICANT

Name First Jerome Middle Emanuel Last Eavey

Date of Birth Month 12 Day 22 Year 36

Place of Birth (State or foreign country) Lima, Ohio

Residence Address Street or R.R. 9880 W. 10th St Lot 12-4 City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ John Michael Eavey, Sr.
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio/Colorado?
   (b) Full maiden name of mother ~~of dependent children~~ Ida Zae Eversale
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ohio/Colorado?

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jerome E. Eavey 10-10-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jerome E. Eavey
New Address Same

Subscribed and sworn to before me this 10th day of Oct 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Eschol Middle Lorraine Last Organ

Date of Birth Month 10 Day 12 Year 37

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

Residence Address Street or R.R. 9880 W. 10th Lot 12-4 City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ Leon Ray Organ
   Residence of father (if deceased, so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Norma Belle Moo
   Residence of mother (if deceased, so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Eschol L Organ 10-10-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Eschol L Organ
New Address Same

Subscribed and sworn to before me this 10th day of Oct 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-10-89, *authorizing the marriage of* JEROME EMANUEL EAVEY *and* ESCHOL LARRAINE ORGAN.

I further certify that the following marriage certificate was filed in my office:

I, STANLEY J. HOLDEMAN *(name), certify that on* 10-14-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JEROME E. EAVEY *of* HENDRICKS *County,* IN *(state), and* ESCHOL LARRAINE ORAGAN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-89.

Signed by: /s/ STANLEY J. HOLDEMAN, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-18-89 *(date).*

Signed Hendricks *Clerk*

Circuit Court

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 548

HENDRICKS County

File

10-10-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician D. Thompson

MALE APPLICANT

Name: First James Middle R. Last Wampler

Date of Birth: Month 8 Day 30 Year 51

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. [illegible] City [illegible] County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Nikki L. Wampler
6. (a) Full name of father of ~~dependent children~~ James Harrison Wampler
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Patricia Ann Sharp
   Residence of mother (if deceased, so state) Lapel, Ind.
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Teresa Middle J. Last Russ

Date of Birth: Month [illegible] Day 12 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. Perry Rd. City Bklyn County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Scott Russ
6. (a) Full name of father of ~~dependent children~~ Everett Thomas Jewell
   Residence of father (if deceased, so state) Franklin Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Nancy Ruth ~~Robbins~~ Robbins
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x James R Wampler — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x James R Wampler

New Address

Subscribed and sworn to before me this 10 day of Oct., 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Teresa Russ — Signature of Applicant — 10/10/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Teresa Russ

New Address

Subscribed and sworn to before me this 10 day of Oct., 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-10-89, *authorizing the marriage of* JAMES RICHARD WAMPLER *and* TERESA JO ANN RUSS.

I further certify that the following marriage certificate was filed in my office:

I, ROBERT M. BORDERS *(name), certify that on* 11-11-89 *(date), at* FRANKLIN *in* JOHNSON *County, Indiana,* JAMES R. WAMPLER *of* HENDRICKS *County,* IN *(state), and* TERESA J. RUSS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-11-89.

Signed by: /s/ ROBERT M. BORDERS, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-14-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 549

File

10-11-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-10-89
Name of Physician Wm Hendricks

MALE APPLICANT

Name: First William Middle L. Last Moler

Date of Birth: Month Day 20 Year 42

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 12 Fairfield Dr. City Pit. County Camby State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of father ~~of dependent children~~ Arthur Raymond Moler
   Residence of father (if deceased, so state) Monrosville Ind.
   Birthplace of father (State or foreign country) Ind (?)
   (b) Full maiden name of mother ~~of dependent children~~ Nellie Louise Wilson
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind (?)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x William L Moler — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x William L Moler

New Address

Subscribed and sworn to before me this 11 day of Oct., 1989

Connie Lawson — Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

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

Clerk

FEMALE APPLICANT

Name: First Gloria Middle F. Last Cline

Date of Birth: Month 7 Day 9 Year 41

Place of Birth (State or foreign country) Ky.

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

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of father ~~of dependent children~~ Cary Ray (Wilson)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Vera Belle Pelly
   Residence of mother (if deceased, so state) Ky Ind
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Gloria Faye Cline — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Gloria Faye Cline

New Address

Subscribed and sworn to before me this 11 day of Oct., 1989

Connie Lawson — Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-89, *authorizing the marriage of* WILLIAM L. MOLER *and* GLORIA F. CLINE.

I further certify that the following marriage certificate was filed in my office:

I, BILLY J. GOTT *(name), certify that on* 10-21-89 *(date), at* CAMBY *in* MARION *County, Indiana,* WILLIAM L. MOLER *of* HNEDRICKS *County,* IN *(state), and* GLORIA F. CLINE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89.

Signed by: /s/ BILLY J. GOTT, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 550

File

HENDRICKS County

10-11-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First William Middle J. Last Brocious

Date of Birth: Month 10 Day 4 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 1012 Cambridge Dr. City Pitt. County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of father ~~of dependent children~~ Blair W. Brocious Jr.
   Residence of father (if deceased, so state) Pitt. Ind.
   Birthplace of father (State or foreign country) PA.
   (b) Full maiden name of mother ~~of dependent children~~ Judith M. Korchak
   Residence of mother (if deceased, so state) Saxe
   Birthplace of mother (State or foreign country) PA.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x William J. Brocious — Signature of Applicant — 10-11-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x William J. Brocious

New Address

Subscribed and sworn to before me this 11 day of Oct. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name: First Alma Middle G. Last Gonzalez

Date of Birth: Month 4 Day 26 Year 65

Place of Birth (State or foreign country) Mexico

Residence Address: Street or R.R. Box City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of father ~~of dependent children~~ Carlos Gonzalez
   Residence of father (if deceased, so state) Attica Ind.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of mother of dependent children Soledad Olvera
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Alma Gonzalez — Signature of Applicant — 10-11-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Alma Gonzalez

New Address

Subscribed and sworn to before me this 11 day of Oct. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-89, *authorizing the marriage of* WILLIAM J. BROCIOUS *and* ALMA G. GONZALEZ.

I further certify that the following marriage certificate was filed in my office:

I, DUANE M. CRAYCRAFT *(name), certify that on* 10-14-89 *(date), at* ATTICA *in* FOUNTAIN *County, Indiana,* WILLIAM J. BROCIOUS *of* HENDRICKS *County,* IN *(state), and* ALMA G. GONZALEZ *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-89.

Signed by: /s/ DUANE M. CRAYCRAFT, REVEREND *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-19-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 551

File

10-11-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated —
Name of Physician Lewis Smith

MALE APPLICANT

Name First Tim Middle A Last Southwood

Date of Birth Month 6 Day 10 Year 64

Place of Birth (State or foreign country) Ind

Residence Address Street or R.R. 6544 Raceway City Camby County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Dr Lee

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

6. (a) Full name of father ~~of dependent children~~ Gary Lynn Southwood
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Nancy Carol Lyons
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Tim A. Southwood — Signature of Applicant
10/11/89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Tim A. Southwood
New Address 6544 RACEWAY RD, CAMBY IN.

Subscribed and sworn to before me this 11 day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

FEMALE APPLICANT

Name First Vickie Middle L Last Myers

Date of Birth Month 11 Day 6 Year 44

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 3935 N 1000 W City Brownsburg County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Dr Lee

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

6. (a) Full name of father ~~of dependent children~~ Hoot Elbert Walden
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Juanita Louise Burk
   Residence of mother ~~(if deceased, so state)~~ Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Vickie Myers — Signature of Applicant
10/11/89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Vickie Myers
New Address 3935 N & 1000 E Brownsburg Ind

Subscribed and sworn to before me this 11 day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-89, *authorizing the marriage of* TIM A. SOUTHWOOD *and* VICKIE L. MYERS.

I further certify that the following marriage certificate was filed in my office:

I, REV. WM. E. WRIGHT *(name), certify that on* 18th Oct. 1989 *(date), at* Mooresville *in* Morgan *County, Indiana,* Tim A. Southwood *of* Hendricks *County,* Indiana *(state), and* Vickie Myers *of* Hendricks *County,* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-18-89

Signed by: Rev. Wm. E. Wright Ordained Minister *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on Nov. 22, 1989 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 552

HENDRICKS County

File

10-11-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-7-89
Name of Physician G. Wolka

MALE APPLICANT

Name: First Harold Middle B. Last Eakle Jr.

Date of Birth: Month 3 Day 14 Year 55

Place of Birth (State or foreign country) Ind.

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

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☒ Other (Specify) Dr. Fee.

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

6. (a) Full name of father ~~of dependent children~~ Harold G. Eakle Sr.
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Beatrice Mae Woolwine
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Harold G. Eakle Jr. 10/11/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Harold G. Eakle Jr

New Address

Subscribed and sworn to before me this 11 day of Oct. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name: First Kimberly Middle S. Last White

Date of Birth: Month 9 Day 30 Year 62

Place of Birth (State or foreign country) Ind

Residence Address: 3603 Street or R.R. Clark's Grt. Rd. City Indpls. County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Fee.

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

6. (a) Full name of father ~~of dependent children~~ Barnett White Jr.
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Sheila Ann Imel
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Kimberly S. White 10-11-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Kimberly S. White

New Address

Subscribed and sworn to before me this 11 day of Oct. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-89, *authorizing the marriage of* HAROLD G. EAKLE JR. *and* KIMBERLY S. WHITE.

I further certify that the following marriage certificate was filed in my office:

I, JOHN EAKLE *(name), certify that on* 10-14-89 *(date), at* INDPLS. *in* MARION *County, Indiana,* HAROLD G. EAKLE *of* HENDRICKS *County,* IN *(state), and* KIMBERLY S. WHITE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-89.

Signed by: /s/ JOHN EAKLE, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 553

File

10-11-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician J. Fyffe

MALE APPLICANT

Name: First Ovean Middle B. Last Henderson III

Date of Birth: Month 11 Day 16 Year 46

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 40 N. Green St. Apt. 9 City Brgr. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Ovean B. Henderson II
   Residence of father (if deceased, so state) Rockdale Ind.
   Birthplace of father (State or foreign country) Ark.
   (b) Full maiden name of mother ~~of dependent children~~ Elaine Sue Wentworth
   Residence of mother (if deceased, so state) Dead
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Virginia Middle M. Last Stultz

Date of Birth: Month 12 Day 9 Year 70

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 165 N. St. Rd. 75 City County Danville State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ James B. Stultz
   Residence of father (if deceased, so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Carolyn J. Elkins
   Residence of mother (if deceased, so state) Dead
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

×Ovean Billy Henderson III — 10-11-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ×Ovean Billy Henderson III
New Address

Subscribed and sworn to before me this 11 day of Oct. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

×Virginia M. Stultz — 10-11-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ×Virginia M. Stultz
New Address

Subscribed and sworn to before me this 11 day of Oct 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-12-89, *authorizing the marriage of* OVEAN B. HENDERSON III *and* VIRGINIA M. STULTZ.

I further certify that the following marriage certificate was filed in my office:

I, ARTHUR G. FERRY JR. *(name), certify that on* 10-14-89 *(date), at* NEW WINCHESTER *in* HENDRICKS *County, Indiana,* OVEAN B. HENDERSON III *of* PUTNAM *County,* IN *(state), and* VIRGINIA M. STULTZ *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-89.

Signed by: /s/ ARTHUR G. FERRY JR, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-18-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 554

File

HENDRICKS County

10-11-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-6-89
Name of Physician Brett Eaton MD

MALE APPLICANT

Name: First Raymond Middle E. Last Shook

Date of Birth: Month August Day 10 Year 1949

Place of Birth (State or foreign country) Delphi In.

Residence Address: Street or R.R. 432 Douglas Dr. City Brownsburg County In. State 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children Walter E. Shook
   Residence of father (if deceased, so state) Delphi In.
   Birthplace of father (State or foreign country) Delphi. In.
   (b) Full maiden name of mother of dependent children Melba R. Seller
   Residence of mother (if deceased, so state) Delphi In.
   Birthplace of mother (State or foreign country) Delphi In.

FEMALE APPLICANT

Name: First Linda Middle K. Last Shook

Date of Birth: Month June Day 14 Year 1949

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R.R. 432 Douglas Dr City Brownsburg County In State 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Angela Wishmeier
   Christian Wishmeier
6. (a) Full name of father of dependent children Richard B. Wills
   Residence of father (if deceased, so state) Delphi In.
   Birthplace of father (State or foreign country) Delphi In
   (b) Full maiden name of mother of dependent children Mary L. Kent
   Residence of mother (if deceased, so state) Delphi In.
   Birthplace of mother (State or foreign country) Terre Haute. In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Raymond E Shook 10-11-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Raymond E Shook
New Address RR1 Box 47 Jamestown Ind

Subscribed and sworn to before me this 11 day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)) ss: County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Linda K Shook 10-11-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

×Signed Linda K. Shook.
New Address R.R.1 Box 47 Jamestown In

Subscribed and sworn to before me this 11 day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)) ss: County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-89 *, authorizing the marriage of* RAYMOND T. SHOOK *and* LINDA K. SHOOK *.*

I further certify that the following marriage certificate was filed in my office:

I, DENNIS L. DODSON *(name), certify that on* 10-13-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* RAYMOND T. SHOOK *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* LINDA K. SHOOK *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-11-89 *.*

Signed by: /s/ DENNIS L. DODSON *,* MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-17-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 555

File

10-11-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-26-89
Name of Physician R.L. Deaton M.D.

MALE APPLICANT

Name: First Jerry Middle Dale Last Mitchell

Date of Birth: Month 7 Day 4 Year 50

Place of Birth (State or foreign country) Terre Haute In.

Residence Address: Street or R.R. 3023 Summersong Dr. City Indpls. County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Stacey Lynn Mitchell 13 yrs.
   Chad Matthew Mitchell 11 yrs
6. (a) Full name of father ~~of dependent children~~ Howard B. Mitchell
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children.~~ Wilma Rose McCorkey
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Patricia Middle Luann Last Musters

Date of Birth: Month 7 Day 19 Year 54

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

Residence Address: Street or R.R. 6352 Persimma Pass City Plainfield County Hend State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Natalie Musters 6 yrs.
6. (a) Full name of father ~~of dependent children~~ Jasper W. Hayes
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Pauline J. Thompson
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jerry Mitchell — Signature of Applicant — 10-11-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jerry Mitchell

New Address 6352 Persimmon Pass

Subscribed and sworn to before me this 11th day of Oct 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Patricia L Musters — Signature of Applicant — 10-11-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Patricia L Musters

New Address 6352 Persimmon Pass

Subscribed and sworn to before me this 11th day of Oct 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Fa

Signed _____ Mo

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

_____ C

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, India dated* 10-11-89, *authorizing the marriage of* JERRY DALE MITCHELL *and* PATRICIA LUANN MUSTERS

I further certify that the following marriage certificate was filed in my office:

I, STEPHEN WHITE *(name), certify that on* 11-4-89 *(date), at* PLAINFIELD HENDRICKS *County, Indiana,* JERRY D. MITCHELL *of* HENDRICKS *County,* IN *(state), and* PATRICIA L. MUSTER *of* HENDRICKS *County,* IN *(state) were married by m authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, d* 11-4-89.

Signed by: /s/ STEPHEN WHITE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-16-89 *(date).*

Signed Connie Lawson

HENDRICKS *Circuit C*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 556

File

10-11-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-7-89
Name of Physician M. Walker M.D.

MALE APPLICANT

Name: First Bradley Middle Keith Last Buchanan

Date of Birth: Month 6 Day 28 Year 66

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

Residence Address: Street or R.R. 1397 Denver Dr. City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☒ Other (Specify) Driver's License

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

6. (a) Full name of father ~~of dependent children~~ Joseph Marvin Buchanan
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) North Carolina
   (b) Full maiden name of mother ~~of dependent children~~ Alice Jane Hadley
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Patricia Middle Sue Last James

Date of Birth: Month 3 Day 21 Year 70

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

Residence Address: Street or R.R. RR 8 Box 284 City Clayton County State In. 46118

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☒ Other (Specify) Driver's License

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

6. (a) Full name of father ~~of dependent children~~ Kenneth Wayne James
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother ~~of dependent children~~ Kathryn Katherine Elaine Mynatt
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

[signature] 10-11-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed [signature]

New Address RR 3 BOX 175 GREENCASTLE IN 46135

Subscribed and sworn to before me this 11th day of Oct 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Patty James 10-11-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Patty James

New Address RR3 BOX 175 GREENCASTLE 46135

Subscribed and sworn to before me this 11th day of Oct 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-89, *authorizing the marriage of* ~~BRADLEY KEITH BUCHANAN~~ *and* ~~PATRICIA SUE JAMES~~.

I further certify that the following marriage certificate was filed in my office:

I, WILLIAM CLAYTON *(name), certify that on* 10-21-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* BRADLEY K. BUCHANAN *of* HENDRICKS *County,* IN *(state), and* PATRICIA SUE JAMES *of* IN *County,* HENDRICKS *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89.

Signed by: /s/ WILLIAM R. CLAYTON, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 557

File

10-11-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name First James Middle Scott Last Huddleston

Date of Birth Month 1 Day 25 Year 68

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

Residence Address Street or R.R. 1261 Andrews Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father ~~of dependent children~~ James Eugene Huddleston
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Sandra Suzanne Kinnon
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

James Scott Huddleston 10-11-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed James Scott Huddleston
New Address 3236 Six Points Rd. Apt #3

Subscribed and sworn to before me this 11th day of Oct, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

FEMALE APPLICANT

Name First Diana Middle Kay Last Bennett

Date of Birth Month 11 Day 7 Year 69

Place of Birth (State or foreign country) Indianapolis In.

Residence Address Street or R.R. 1310 So. Raceway Rd. City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father ~~of dependent children~~ Michael Leroy Bennett
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Freda Ann Smith
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Diana Kay Bennett 10-11-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Diana Kay Bennett
New Address 3236 Six Points Rd. Apt.#

Subscribed and sworn to before me this 11th day of Oct, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-89, *authorizing the marriage of* JAMES SCOTT HUDDLESTON *and* DIANA KAY BENNETT.

I further certify that the following marriage certificate was filed in my office:

I, GEORGE PLASTERER *(name), certify that on* 10-28-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JAMES S. HUDDLESTON *of* HENDRICKS *County,* IN *(state), and* DIANA K. BENNETT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-28-89.

Signed by: /s/ GEORGE PLASTERER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-1-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 558

File

10-11-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 8-28-89
Name of Physician Betty Raney M.D.

MALE APPLICANT

Name First David Middle Meredith Last Phillips

Date of Birth Month 3 Day 20 Year 57

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

Residence Address Street or R.R. 402½ E. Broadway City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father ~~of dependent children~~ Meredith Robert Phillips
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Carolyn Love
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Michigan

FEMALE APPLICANT

Name First Tina Middle Louise Last Faulkner

Date of Birth Month 11 Day 6 Year 61

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

Residence Address Street or R.R. 402½ E. Broadway City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Tabatha Faulkner 10 yrs
   Steven Faulkner 7 yrs.

6. (a) Full name of father ~~of dependent children~~ Carl Lewis Edwards
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of mother ~~of dependent children~~ Ethel Carr
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

David M Phillips — Signature of Applicant — 10-11-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed David M Phillips

New Address

Subscribed and sworn to before me this 11th day of Oct 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Tina A. Faulkner — Signature of Applicant — 10-11-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Tina A. Faulkner

New Address

Subscribed and sworn to before me this 11th day of Oct 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-89, *authorizing the marriage of* DAVID MEREDITH PHILLIPS *and* TINA LOUISE FAULKNER.

I further certify that the following marriage certificate was filed in my office:

I, JOHN P. ROOF *(name), certify that on* ~~10-14-89~~ *(date), at* ~~BROWNSBURG~~ *in* HENDRICKS *County, Indiana,* DAVID M. PHILLIPS *of* HENDRICKS *County,* IN *(state), and* TINA L. FAULKNER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-89

Signed by: /s/ JOHN P. ROOF, EPISCOPAL PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-16-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 559

File

10-11-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-9-89
Name of Physician Daniel Haggard M.D.

MALE APPLICANT

Name First: Michael Middle: Scott Last: Zorman
Date of Birth Month: 4 Day: 6 Year: 69
Place of Birth (State or foreign country): Danville, In.
Residence Address Street or R.R.: Rt #2 Box 469D City: Clayton County: State: In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

6. (a) Full name of father ~~of dependent children~~: Luther Eugene Barman
   Residence of father (if deceased, so state): Speedway, In.
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of mother ~~of dependent children~~: Cheryl Ann Davis
   Residence of mother (if deceased, so state): Clayton, In.
   Birthplace of mother (State or foreign country): Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Kelly Michael Scott Zorman — 10-11-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michael Scott Zorman
New Address 3520 Beluga Ln. Ap. 1B Indpls. In. 46214
Subscribed and sworn to before me this 11th day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

FEMALE APPLICANT

Name First: Kelly Middle: Lynn Last: Woodley
Date of Birth Month: 10 Day: 4 Year: 68
Place of Birth (State or foreign country): Danville In.
Residence Address Street or R.R.: 613 Brookside Lane City: Plainfield County: State: In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. License

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

6. (a) Full name of father ~~of dependent children~~: Timothy Warren Woodley
   Residence of father (if deceased, so state): Fillmore, In.
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of mother ~~of dependent children~~: Donna Lynn ~~Lebo~~ Levin
   Residence of mother (if deceased, so state): Plainfield, In.
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Kelly Lynn Woodley — 10-11-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Kelly Lynn Woodley
New Address 3520 Beluga Ln. Ap. 1B Indpls. In. 46214
Subscribed and sworn to before me this 11th day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-89, *authorizing the marriage of* MICHAEL SCOTT ZORMAN *and* KELLY LYNN WOODLEY.

I further certify that the following marriage certificate was filed in my office:

I, JOHN P. ROOF *(name), certify that on* 10-28-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL S. ZORMAN *of* HENDRICKS *County,* IN *(state), and* KELLY L. WOODLEY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-28-89

Signed by: /s/ JOHN P. ROOF, EPISCOPAL PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-30-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 560

File

Oct. 12, 1989
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-15-89
Name of Physician W.C. Stafford

MALE APPLICANT

Name: First James Middle Curt Last Schanz
Date of Birth: Month December Day 24 Year 1964
Place of Birth (State or foreign country) Hendricks Co. In.
Residence Address: Street or R.R. 640 W. Hadley, City Plfd County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Donald Curtis Schanz
   Residence of father (if deceased, so state) Plainfield, In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Margaret Louise Pope
   Residence of mother (if deceased, so state) Conway, Arkansas
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Jennifer Middle Jean Last Williams
Date of Birth: Month Sept. Day 1 Year 1971
Place of Birth (State or foreign country) Vigo Co. In.
Residence Address: Street or R.R. 105 E. Fremont, City Plfd. County Hend. State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

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

6. (a) Full name of father of dependent children Joseph L. Williams
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Linda J. Nunn
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

James C Schanz — Signature of Applicant — 10/13/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed James C Schanz
New Address 614 LAKESIDE DR. PLAINFIELD IN APT. D
Subscribed and sworn to before me this 13 day of Oct. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jennifer J Williams — Signature of Applicant — 10/12/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jennifer J Williams
New Address _____
Subscribed and sworn to before me this 12 day of Oct. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-13-89, *authorizing the marriage of* JAMES C. SCHANZ *and* JENNIFER J. WILLIAMS.

I further certify that the following marriage certificate was filed in my office:

I, DARRELL W. COX *(name), certify that on* 10-27-89 *(date), at* ~~MAPLE GROVE~~ *in* HENDRICKS *County, Indiana,* JAMES C. SCHANZ *of* HENDRICKS *County,* IN *(state), and* JENNIFER J. WILLIAMS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-13-89.

Signed by: /s/ DARRELL W. COX, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-31-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 561

File

10-12-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-6-89
Name of Physician M. Workstetler, M.D.

MALE APPLICANT

Name First Malcolm Middle Mc Neil Last Jr.
Date of Birth Month 4 Day 3 Year 59
Place of Birth (State or foreign country) St. Louis Mo.
Residence Address Street or R.R. RR#1 Box 293 City Clayton County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jessica Leigh McNeil 11/yrs.
6. (a) Full name of father of ~~dependent children~~ Malcolm McNeil
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Casterville Ill.
   (b) Full maiden name of mother of ~~dependent children~~ Lenara May Fleming
   Residence of mother (if deceased, so state) Indpls. In.
   Birthplace of mother (State or foreign country) Herrin, Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Malcolm McNeil Jr. 10/12/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Malcolm McNeil Jr.
New Address

Subscribed and sworn to before me this 12 day of OCT 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

FEMALE APPLICANT

Name First Petrina Middle LeAnn Last Howell
Date of Birth Month 12 Day 4 Year 68
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. RR#1 Box 293 City Clayton County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of ~~dependent children~~ Peter Howell
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) ?
   (b) Full maiden name of mother of ~~dependent children~~ Mildred Jo McGroo
   Residence of mother (if deceased, so state) Plainfield, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Petrina L Howell 10-12-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Petrina L Howell
New Address

Subscribed and sworn to before me this 12 day of OCT 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-12-89, *authorizing the marriage of* MALCOLM McNEIL *and* PETRINA LEANN HOWELL.

I further certify that the following marriage certificate was filed in my office:

I, BELLE T. CHOATE *(name), certify that on* 10-14-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MALCOLM McNEIL *of* HENDRICKS *County,* IN *(state), and* PETRINA LEANN HOWELL *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-20-89.

Signed by: /s/ BELLE T. CHOATE, JUDGE PRO TEM *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-25-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 562

File

10-12-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-26-89
Name of Physician Dr. Johnson

MALE APPLICANT

Name: First James Middle A. Last Carr

Date of Birth: Month 3 Day 3 Year 69

Place of Birth (State or foreign country) Ind.

Residence Address: 1407 Chicago St. Apt. 2 Street or R.R. Valparaiso City Porter County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify)

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

6. (a) Full name of father ~~of dependent children~~ Robert L. Carr
   Residence of father (if deceased, so state) Valparaiso Ind.
   Birthplace of father (State or foreign country) Iowa (?)
   (b) Full maiden name of mother ~~of dependent children~~ Shirley M. Felker
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) PA.

FEMALE APPLICANT

Name: First Susan Middle E. Last Shockley

Date of Birth: Month 8 Day 5 Year 68

Place of Birth (State or foreign country) Ind.

Residence Address: 451 Hawley Dr. Street or R.R. Danville City Hendricks County Ind. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Exc.

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

6. (a) Full name of father ~~of dependent children~~ James L. Shockley
   Residence of father (if deceased, so state) Danville Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother ~~of dependent children~~ Darlene Burton
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) N.C.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x James A. Carr — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x James A. Carr

New Address

Subscribed and sworn to before me this 12 day of Oct 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Susan E. Shockley — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Susan E. Shockley

New Address

Subscribed and sworn to before me this 12 day of Oct 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-16-89, *authorizing the marriage of* JAMES ALLEN CARR *and* SUSAN ELAINE SHOCKLEY.

I further certify that the following marriage certificate was filed in my office:

I, DONALD W. FELKER *(name), certify that on* 10-21-89 *(date), at* AVON *in* HENDRICKS *County, Indiana,* JAMES A. CARR *of* PORTER *County,* IN *(state), and* SUSAN E. SHOCKLEY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89.

Signed by: /s/ DONALD W. FELKER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

A B C D E F G H I J K L M Mc N O P Q R S T U V W X Y Z

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 563

File

10-12-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-29-89
Name of Physician N. Prokoroff, M.D.

MALE APPLICANT

Name First Michael Middle Lee Last Cooper

Date of Birth Month 7 Day 25 Year 48

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

Residence Address Street or R.R. R#2 Box 210 City Clayton County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Julianna Cooper 10 yrs.

6. (a) Full name of father ~~of dependent children~~ Leland Dean Cooper
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Martha Linda Peyton
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michael Lee Cooper — Signature of Applicant — 10/12/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michael Lee Cooper
New Address 469E 100N DANVILLE IN

Subscribed and sworn to before me this 12th day of Oct, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

_____ Clerk

FEMALE APPLICANT

Name First Ruth Middle Anne Last Harrell

Date of Birth Month 12 Day 19 Year 47

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

Residence Address Street or R.R. 469 E 100 N City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Tammy Harrell 16 yrs.
   Robin Harrell 15 yrs.
   James Harrell 16 yrs.

6. (a) Full name of father ~~of dependent children~~ Arthur Frederick Mill
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Bettie Jean Baker
   Residence of mother (if deceased, so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Ruth Anne Harrell — Signature of Applicant — 10/12/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Ruth Anne Harrell
New Address 469 E. 100 N.

Subscribed and sworn to before me this 12th day of October, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

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

_____ Clerk

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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-12-89, *authorizing the marriage of* MICHAEL LEE COOPER *and* RUTH ANNE HARRELL.

I further certify that the following marriage certificate was filed in my office:

I, GEORGE PLASTERER *(name), certify that on* 10-21-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL L. COOPER *of* HENDRICKS *County,* IN *(state), and* RUTH A. HARRELL *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89.

Signed by: /s/ GEROGE PLASTERER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Lawson *Clerk*

AFML A/PD 1

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 564

File

HENDRICKS County

10-13-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-13-89
Name of Physician Kenneth Gray

MALE APPLICANT

Name: First Jon Middle C. Last Settles

Date of Birth: Month Nov. Day 4 Year 1961

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. RR 1 Box 317 City Clayton County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children Paul L. Settles
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Nancy Black
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

FEMALE APPLICANT

Name: First Tanya Middle L. Last Gray

Date of Birth: Month Jan Day 25 Year 1959

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. RR 1 Box 317 City Clayton County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jennifer Holly
6. (a) Full name of father of dependent children James Burrows
   Residence of father (if deceased, so state) Shafer, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Diane Godsey
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Jon C. Settles — Signature of Applicant — 10-13-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Jon C. Settles
New Address RR1 Box 307 Clayton IN 46118

Subscribed and sworn to before me this 13 day of Oct, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Tanya L. Gray — Signature of Applicant — 10-13-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Tanya L. Gray
New Address RR 1 Box 307 Clayton, IN

Subscribed and sworn to before me this 13 day of Oct, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-13-89, *authorizing the marriage of* JON C. SETTLES *and* TANYA L. GRAY.

I further certify that the following marriage certificate was filed in my office:

I, CATHERINE SHERMAN *(name), certify that on* 10-20-89 *(date), at* WEST NEWTON *in* MARION *County, Indiana,* JON C. SETTLES *of* HENDRICKS *County,* IN *(state), and* TANYA L. GRAY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-20-89.

Signed by: /s/ CATHERINE SHERMAN, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-30-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 565

File

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-28-89
Name of Physician David Teak

MALE APPLICANT

Name: First Abraham Middle W. Last Wallen

Date of Birth: Month 06 Day 29 Year 1950

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 11315 W. Washington City Indpls County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

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

6. (a) Full name of father of dependent children Denver L. Wallen
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Amanda Stanger
   Residence of mother (if deceased, so state) Indpls, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Abraham W Wallen 10-13-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Abraham W Wallen
New Address Same

Subscribed and sworn to before me this 13 day of Oct, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name: First Jane Middle A. Last Naylor

Date of Birth: Month July Day 22 Year 1951

Place of Birth (State or foreign country) Calif.

Residence Address: Street or R.R. 11315 W. Washington City Indpls County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Hope Naylor
   Kristopher Sowers
6. (a) Full name of father of dependent children Roland Naylor
   Residence of father (if deceased, so state) Greencastle, In.
   Birthplace of father (State or foreign country) Mich.
   (b) Full maiden name of mother of dependent children Audrey Salisbury
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) N.Y.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Jane a Naylor 10-13-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Jane a Naylor
New Address Same

Subscribed and sworn to before me this 13 day of Oct, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-13-89, *authorizing the marriage of* Abraham W. Wallen *and* Jane A. Naylor.

I further certify that the following marriage certificate was filed in my office:

I, Malcolm R. Neier *(name), certify that on* 10-28-89 *(date), at* Belle Union *in* Putnam *County, Indiana,* Abraham W.Wallen *of* Hendricks *County,* Indiana *(state), and* Jane A. Naylor *of* Hendricks *County,* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-28-89

Signed by: Malcolm R. Neier, Minister *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-20-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 566

File

10/13/89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10/13/89
Name of Physician Robert McCallum

MALE APPLICANT

Name: First Anthony Middle Joseph Last Brandenburg

Date of Birth: Month March Day 27 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 724 W. Morris St. City Plainfield County Ha. State In. 46168

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NO
6. (a) Full name of father ~~of dependent children~~ William Thomas Brandenburg
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Shirley Jewell Gannon
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Julie Middle Michelle Last England

Date of Birth: Month January Day 7 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2909 Rose Hill E. Dr. City Indpls. County State In. 46214

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NO
6. (a) Full name of father ~~of dependent children~~ Michael Lee England
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Sheila Patrice Jordan
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

/Anthony Joseph Brandenburg 10/13/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed /Anthony Joseph Brandenburg
New Address 724 W. Morris Plainfield, In.
Subscribed and sworn to before me this 13th day of Oct. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

/Julie Michelle England 10/13/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed /Julie Michelle England
New Address
Subscribed and sworn to before me this 13th day of Oct. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* Oct. 13, 1989, *authorizing the marriage of* ~~ANTHONY JOSEPH BRANDENBURG~~ *and* ~~JULIE MICHELLE ENGLAND~~.

I further certify that the following marriage certificate was filed in my office:

I, ALBERT RAY JR. *(name), certify that on* 11-25-89 *(date), at* FAITH BAPTIST CHURCH *in* HENDRICKS *County, Indiana,* ANTHONY J. BRANDENBURG *of* HENDRICKS *County,* IN *(state), and* JULIE M. ENGLAND *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-25-89.

Signed by: /s/ ALBERT RAY JR., ASSOCIATE PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-28-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 567

File

10-16-89 567
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-6-89
Name of Physician Greg A. Miller M.D.

MALE APPLICANT

Name First: Bradley Middle: William Last: Arnold
Date of Birth Month: 3 Day: 7 Year: 57
Place of Birth (State or foreign country): Terre Haute, In.
Residence Address Street or R.R.: 4858 Keswick Ct. City: Plainfield County: State: In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. License

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

6. (a) Full name of father ~~of dependent children~~ Robert William Arnold
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Ruth Drake
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First: Jennifer Middle: Louise Last: Line
Date of Birth Month: 8 Day: 1 Year: 62
Place of Birth (State or foreign country): Ft. Wayne, In.
Residence Address Street or R.R.: 4858 B Keswick Ct. City: Plainfield County: State: In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. License

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

6. (a) Full name of father ~~of dependent children~~ Lloyd Vernon Line
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of mother ~~of dependent children~~ Mary Katherine Wilson
   Residence of mother (if deceased, so state) Anderson, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Bradley William Arnold — 10-16-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Bradley William Arnold
New Address Same

Subscribed and sworn to before me this 16th day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jennifer Louise Line — 10/16/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jennifer Louise Line
New Address Same

Subscribed and sworn to before me this 16th day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-16-89, *authorizing the marriage of* BRADLEY WILLIAM ARNOLD *and* JENNIFER LOUISE LINE.

I further certify that the following marriage certificate was filed in my office:

I, WOODROW W. KENNELL *(name), certify that on* 10-21-89 *(date), at* INDPLS. *in* MARION *County, Indiana,* BRADLEY W. ARNOLD *of* HENDRICKS *County,* IN *(state), and* JENNIFER L. LINE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89.

Signed by: /s/ WOODROW W. KENNELL, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 568

File

10-16-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-21-89
Name of Physician Doug A Miller

MALE APPLICANT

Name: First Jeffrey Middle E Last Marsh

Date of Birth: Month 5 Day 10 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR 6 Box 241 City Pittsboro County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ Merle Albert Marsh
   Residence of father (if deceased, so state) Oklahoma
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Sandra K Hiland
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Jennifer Middle A Last Myers

Date of Birth: Month 5 Day 28 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR 6 Box 254 City Pittsboro County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

6. (a) Full name of father ~~of dependent children~~ William Rudy Myers
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Andrea Louise Gray
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Jeffrey E Marsh — Signature of Applicant — 10-16-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Jeffrey E Marsh
New Address 3950 N 1000 E Lot 118 Brownsburg In 46112

Subscribed and sworn to before me this 16 day of October, 19 89

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Jennifer A. Myers — Signature of Applicant — 10-16-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Jennifer A. Myers
New Address same

Subscribed and sworn to before me this 16 day of October, 19 89

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-16-89, *authorizing the marriage of* JEFFREY E. MARSH *and* JENNIFER A. MYERS.

I further certify that the following marriage certificate was filed in my office:

I, GEORGE PURNELL *(name), certify that on* 10-21-89 *(date), at* PITTSOBOR *in* HENDRICKS *County, Indiana,* JEFFREY E. MARSH *of* HENDRICKS *County,* IN *(state), and* JENNIEFER A. MYERS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89.

Signed by: /s/ GEORGE PURNELL, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 569

File

10-16-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician R. Stegmotter

MALE APPLICANT

Name: First Ronald Middle E. Last Faulkner

Date of Birth: Month 10 Day 17 Year 66

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 1646 Bangs Blvd City Danville County ~~Hend~~ State Ill.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of father ~~of dependent children~~ Ronald Lincoln Faulkner
   Residence of father (if deceased, so state) Danville Ind.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of mother ~~of dependent children~~ Lucille Asay
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) S.D.

FEMALE APPLICANT

Name: First Sandy Middle A. Last Hunter

Date of Birth: Month 6 Day 17 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 420 Kimberly Dr. City Pitts. County ~~Hend~~ State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of father ~~of dependent children~~ Cecil B Wesley Hunter
   Residence of father (if deceased, so state) Indpls Ind.
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of mother ~~of dependent children~~ Ruby Belle Cook
   Residence of mother (if deceased, so state) Pitts. Ind.
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Ronald E. Faulkner — Signature of Applicant — 10/16/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Ronald E. Faulkner

New Address Same as above

Subscribed and sworn to before me this 16 day of Oct. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Sandy A. Hunter — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Sandy A. Hunter

New Address

Subscribed and sworn to before me this 16 day of Oct. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-16-89, *authorizing the marriage of* RONALD E. FAULKNER *and* SANDY A. HUNTER.

I further certify that the following marriage certificate was filed in my office:

I, SILAS V. STILES *(name), certify that on* 10-21-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RNALD E. FULKNER *of* HENDRICKS *County,* IN *(state), and* SANDY A. HUNTER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-16-89.

Signed by: /s/ S. V. STILES, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-24-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 570

File

HENDRICKS County

10-16-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name First: Frederick Middle: D. Last: Schoenberg Jr.

Date of Birth Month: 2 Day: 23 Year: 66

Place of Birth (State or foreign country): Michigan

Residence Address Street or R.R.: 11080 N. Washington Pl. 59 City: Indpls County: Hendricks State:

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children: Frederick D. Schoenberg Jr.
   Residence of father (if deceased, so state): Michigan
   Birthplace of father (State or foreign country): Michigan
   (b) Full maiden name of mother of dependent children: Maryann Brassinger
   Residence of mother (if deceased, so state): Michigan
   Birthplace of mother (State or foreign country): Michigan

FEMALE APPLICANT

Name First: Tracy Middle: L. Last: Roberts

Date of Birth Month: 11 Day: 27 Year: 67

Place of Birth (State or foreign country): Indiana

Residence Address Street or R.R.: 11080 N. Washington City: Indpls County: Hendricks State:

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

☐ Other (Specify) Drivers License

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

6. (a) Full name of father of dependent children: Robert Lee Fields
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Ky.
   (b) Full maiden name of mother of dependent children: Dorothy Jean Robbins
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✓ Frederick D Schoenberg Jr 10-16-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Connie Lawson 10/16/89
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

✓ Signed Frederick D Schoenberg Jr.

New Address

Subscribed and sworn to before me this 16th day of 10, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✓ Tracy L. Roberts 10-16-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Connie Lawson 10/16/89
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

✓ Signed Tracy Roberts

New Address

Subscribed and sworn to before me this 16th day of 10, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-3-89, *authorizing the marriage of* FREDERICK D. SCHOENBERG, JR. *and* TRACY L. ROBERTS.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 11-3-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* FREDERICK D. SCHOENBERG, JR. HENDRICKS *of* ~~IN~~ *County,* IN *(state) were married by me as (state), and* TRACY L. ROBERTS *of* HENDRICKS *County,* ~~IN~~ *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-3-89.

Signed by: /s/ CONNIE TATE, ~~1ST DEPUTY CLERK~~ *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-3-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 571

File

10-16-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 6-15-89
Name of Physician Joseph Thompson M.D

MALE APPLICANT

Name First Earl Middle Ray Last Overshiner

Date of Birth Month 8 Day 28 Year 70

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

Residence Address Street or R.R. 11080 W. Washington St. City Indpls County I-30 State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father ~~of dependent children~~ Edgar Earl Overshiner
   Residence of father (if deceased, so state) Bainbridge In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Rose Ann Fairchild
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) California

FEMALE APPLICANT

Name First Marigold Middle — Last Bonham

Date of Birth Month 9 Day 17 Year 70

Place of Birth (State or foreign country) Terre Haute In.

Residence Address Street or R.R. 11080 W Washington St. City Indpls County I-30 State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

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

6. (a) Full name of father ~~of dependent children~~ Larry S. Bonham
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Joann - Jones
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Earl Overshiner — 10-16-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Earl Overshiner
New Address same

Subscribed and sworn to before me this 16th day of Oct, 19 87

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

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

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Marigold Bonham — 10/16/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Marigold Bonham
New Address same

Subscribed and sworn to before me this 16th day of Oct., 19 87

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-16-89, *authorizing the marriage of* EARL RAY OVERSHINER *and* MARIGOLD BONHAM.

I further certify that the following marriage certificate was filed in my office:

I, JANICE S. CHILEWSKI *(name), certify that on* 10-16-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* EARL R. OVERSHINER *of* HENDRICKS *County,* IN *(state), and* MARIGOLD BONHAM *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-16-89.

Signed by: /s/ JANICE S. CHILEWSKI, CHIEF DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-23-89 *(date).*

Signed Connie Lawson *Clerk*

AFML A/PD 1

HENDRICKS *Circuit Court*

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 572

File

10-16-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-28-89
Name of Physician Charles Jones

MALE APPLICANT

Name: First Kerry Middle Allen Last O'Brien
Date of Birth: Month 5 Day 26 Year 46
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. R 1 Box 174 A City Lynn County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Heather Shannon
   Kerry Jr.
6. (a) Full name of father of ~~dependent children~~ Roger Allen O'Brien
   Residence of father (if deceased, so state) Ridgeville Ind
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother of ~~dependent children~~ Mary Ester Campbell
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Melissa Middle Kay Last Freed
Date of Birth: Month 4 Day 13 Year 56
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. R 1 Box 174 A. City Lynn County State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Joseph D.
   Joanna M.
6. (a) Full name of father of ~~dependent children~~ Jack Dean McCuen
   Residence of father (if deceased, so state) Marion Ind.
   Birthplace of father (State or foreign country) Marion Ill.
   (b) Full maiden name of mother of ~~dependent children~~ Elma Jane Charles
   Residence of mother (if deceased, so state) Ridgeville Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Kerry A. O'Brien — 10/17/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Kerry A. O'Brien
New Address

Subscribed and sworn to before me this 17 day of Oct. 19 89
Connie Tate Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Melissa K. Freed — 10-16-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Melissa K. Freed
New Address

Subscribed and sworn to before me this 16 day of Oct. 19 89
Connie Tate Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-17-89, *authorizing the marriage of* KERRY A. O'BRIEN *and* MELISSA K. FREED.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 11-10-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KERRY A. O'BRIEN *of* HENDRICKS *County,* IN *(state) and* MELISSA K. FREED *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-10-89.

Signed by: /s/ CONNIE TATE, ~~1ST DEPUTY CLERK~~ *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-10-89 *(date).*

Signed Connie Tate *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 573

File

10-17-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-14-89
Name of Physician Larry Lovell, MD.

MALE APPLICANT

Name: First Brooks Middle Merrill Last Steedman
Date of Birth: Month 10 Day 2 Year 49
Place of Birth (State or foreign country): Biloxi, Miss.
Residence Address: Street or R.R. 893 Lake Forest Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Merrill Brooks Steedman
   Residence of father (if deceased, so state) Harlem, Ga.
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of mother ~~of dependent children~~ Frances Audry Shirosky
   Residence of mother (if deceased, so state) Harlem, Ga.
   Birthplace of mother (State or foreign country) Penn.

FEMALE APPLICANT

Name: First Karen Middle Allene Last Daily
Date of Birth: Month 5 Day 31 Year 55
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R.R. 3685 Smallwood Ln. City County State Ind. In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Donald Quincy Daily
   Residence of father (if deceased, so state) Madison In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother ~~of dependent children~~ Pauline Scott
   Residence of mother (if deceased, so state) Madison In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Brooks M Steedman — Signature of Applicant — 10-17-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Brooks M Steedman
New Address SAME

Subscribed and sworn to before me this 17th day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Karen Daily — Signature of Applicant — 10-17-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Karen Daily
New Address 893 Lake Forest Dr. Plainfield

Subscribed and sworn to before me this 17th day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-17-89, *authorizing the marriage of* BROOKS MERRILL STEEDMAN *and* KAREN ALLENE DAILEY.

I further certify that the following marriage certificate was filed in my office:

I, EDWARD DEAN DICKINSON *(name), certify that on* 18th Nov. 1989 *(date), at* Indianapolis *in* Marion *County, Indiana,* BROOKS MERRILL STEEDMAN *of* HENDRICKS *County,* INDIANA *(state), and* KAREN ALLENE DAILY *of* MARION *County,* INDIANA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-18-89

Signed by: Edward Dean Dickinson, Minister *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-21-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 574

File

10-17-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Brett Eaton

MALE APPLICANT

Name: First Martin Middle E. Last Brunes

Date of Birth: Month 10 Day 19 Year 57

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. RR 1 Box 32 City Lizton County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Eie.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   ~~Laurie M.~~ Brunes
   Amanda E. Brunes
6. (a) Full name of father ~~of dependent children~~ Edward Chester Brunes
   Residence of father (if deceased, so state) Lizton Ind.
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother ~~of dependent children~~ Gladys Joan Reiber
   Residence of mother (if deceased, so state) Lizton Ind.
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Tina Middle R. Last Sharp

Date of Birth: Month Day Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. RR 1 Box 130 City Lizton County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Eie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Jamie R. Sharp
6. (a) Full name of father ~~of dependent children~~ William E. Sherman
   Residence of father (if deceased, so state) Lizton Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Myra Joyce Lawson
   Residence of mother (if deceased, so state) Lizton Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Martin E. Brunes — Signature of Applicant — 10/17/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Martin E. Brunes
New Address Same as above

Subscribed and sworn to before me this 17 day of Oct. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Tina R. Sharp — Signature of Applicant — 10/17/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Tina R. Sharp
New Address

Subscribed and sworn to before me this 17 day of Oct. 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-17-89, *authorizing the marriage of* MARTIN E. BRUNES *and* TINA R. SHARP.

I further certify that the following marriage certificate was filed in my office:

I, EDWIN S. ROARK *(name), certify that on* 11-4-89 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* MARTIN E. BRUNES *of* HENDRICKS *County,* IN *(state), and* TINA R. SHARP *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-17-89

Signed by: /s/ EDWIN S. ROARK, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-6-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

A B C D E F G H I J K L M Mc N O P Q R S T U V W X Y Z

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 575

File

10-18-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Irving Cohen

MALE APPLICANT

Name First John Middle Wayne Last Marshall

Date of Birth Month 9 Day 2 Year 70

Place of Birth (State or foreign country) Indpls.

Residence Address Street or R.R. 1141 S. Mickley Ave. City Indpls. County State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of father of dependent children John W. Marshall Sr.
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Korea
   (b) Full maiden name of mother of dependent children Nancy S. Holder
   Residence of mother (if deceased, so state) Walled Lake Michigan
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X John W Marshall — Signature of Applicant
Oct 18, 1989 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

— Clerk of Court
0 — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X John W Marshall
New Address

Subscribed and sworn to before me this 18 day of Oct. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

Subscribed and sworn to before me this — day of — 19—

— Clerk

FEMALE APPLICANT

Name First Stephanie Middle A. Last May

Date of Birth Month 6 Day 9 Year 72

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. 505 Brentwood City East Pkwy County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of father of dependent children Bruce C. May
   Residence of father (if deceased, so state) Pkwy Apts.
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of mother of dependent children Marianna S. Shower
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Stephanie A. May — Signature of Applicant
Oct. 18, 1989 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

— Clerk of Court
— Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Stephanie A. May
New Address

Subscribed and sworn to before me this 18 day of Oct. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
) ss:
County of HENDRICKS)

Signed X Bruce C May — Father
Signed Deceased — Mother

Subscribed and sworn to before me this 18 day of Oct. 19 89
Connie Lawson — Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the — County — Court, by written order issued — and filed in —, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-18-89, *authorizing the marriage of* JOHN WAYNE MARSHALL *and* STEPHANIE ANGELA MAY.

I further certify that the following marriage certificate was filed in my office:

I, ROBERT L. HUNTER *(name), certify that on* 10-21-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JOHN W. MARSHALL *of* MARION *County,* IN *(state), and* STEPHANIE A. MAY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-21-89

Signed by: /s/ ROBERT L. HUNTER, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-26-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 576

File

10-20-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Maynard M.D.

MALE APPLICANT

Name: First Ronnie Middle E. Last Ballard

Date of Birth: Month 9 Day 24 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Stephen Crum
   Ronnie ~~Ballard~~ Crum
6. (a) Full name of father ~~of dependent children~~ Malcolm Eugene Ballard
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind (C.)
   (b) Full maiden name of mother ~~of dependent children~~ Delois May Sutherlin
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Idaho

FEMALE APPLICANT

Name: First Annette Middle L. Last Crum

Date of Birth: Month 7 Day 23 Year 63

Place of Birth (State or foreign country) Florida

Residence Address: Street or R.R. 6775 N. 550 E. City Brownsburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Same
6. (a) Full name of father ~~of dependent children~~ John E. Crum
   Residence of father (if deceased, so state) B'burg Ind.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Marion Jane Kimberling
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Ronnie E Ballard — Signature of Applicant — 10-20-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Ronnie E Ballard

New Address

Subscribed and sworn to before me this 20 day of Oct. 1989

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)) ss: County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Annette L Crum — Signature of Applicant — 10-20-86 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Annette L Crum

New Address

Subscribed and sworn to before me this 20 day of Oct. 1989

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)) ss: County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-20-89, *authorizing the marriage of* RONNIE E. BALLARD *and* ANNETTE S. CRUM.

I further certify that the following marriage certificate was filed in my office:

I, MYRON BARNARD *(name), certify that on* 11-25-89 *(date), at* INDPLS. *in* MARION *County, Indiana,* RONNIE E. BALLARD *of* HENDRICKS *County,* IN *(state), and* ANNETTE S. CRUM *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-25-89.

Signed by: /s/ MYRON BARNARD, JUDGE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-4-89 *(date).*

Signed Connie Johnson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 577

File

10-20-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Dr. Johns

MALE APPLICANT

Name First Lloud Middle Lee Last Vaseloff, Jr.

Date of Birth Month 2 Day 8 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 25 E. Manor Dr. City Brownsburg County State In. 46112

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.. Samuel Lloud Vaseloff
6. (a) Full name of father ~~of dependent children~~ Lloud Lee Vaseloff, Sr.
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Pamela Felice
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name First Tammy Middle Kay Last Keen

Date of Birth Month 8 Day 23 Year 1971

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 25 East Manor Dr. City Brownsburg County State In. 46112

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Samuel Lee Keen
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother ~~of dependent children~~ Melinda Proffitt
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Lloud Vaseloff 10/20/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Lloud Vaseloff
New Address 25 E Manor Dr. S

Subscribed and sworn to before me this 20th day of Oct. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

s Tammy Kay Keen 10/20/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Tammy Kay Keen
New Address 25E MANOR DR S

Subscribed and sworn to before me this 20th day of Oct. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-20-89, *authorizing the marriage of* DAVID LEE VASELOFF JR. *and* TAMMY KAY KEEN.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* ~~10-20-89~~ *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* DAVID LEE VASELOFF JR *of* HENDRICKS *County,* IN *(state), and* TANNY KAY KEEN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-20-89.

Signed by: /s/ CONNIE TATE, 1st DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-20-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 578

File

Oct. 20, 1989
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-20-89
Name of Physician

MALE APPLICANT

Name: First Gale Middle Dee Last Stevenson

Date of Birth: Month Sept Day 15 Year 1966

Place of Birth (State or foreign country) Hendricks Co. In.

Residence Address: Street or R.R. 456 Cities Rd. City Danville County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Harvey Eugene Stevenson
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Danville, In.
   (b) Full maiden name of mother of dependent children Thelma Jean Wyatt
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Gale Dee Stevenson — Signature of Applicant
10-20-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Gale D. Stevenson
New Address Same

Subscribed and sworn to before me this 20 day of Oct. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name: First Susan Middle Kay Last Sommers

Date of Birth: Month Dec. Day 23 Year 1969

Place of Birth (State or foreign country) Morgan Co. In.

Residence Address: Street or R.R. 9027 S. St. Rd. 67 City Camby County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Wendell Eugene Sommers
   Residence of father (if deceased, so state) Mooresville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Linda Kay Wickman
   Residence of mother (if deceased, so state) Mooresville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Susan Kay Sommers — Signature of Applicant
10-20-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Susan Kay Sommers
New Address 9027 S. State Rd. 67 Apt 3 Mooresville, IN 46113

Subscribed and sworn to before me this 20 day of Oct. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-26-89, *authorizing the marriage of* ~~GALE DEE STEVENSON~~ *and* ~~SUSAN KAY SOMMERS~~.

I further certify that the following marriage certificate was filed in my office:

I, S. V. STILES *(name), certify that on* 10-28-89 *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* ~~GALE DEE STEVENSON~~ *of* ~~HENDRICKS~~ *County,* ~~IN~~ *(state), and* SUSAN KAY SOMMERS *of* MORGAN *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-20-89

Signed by: /s/ S. V. STILES, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-31-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 579

File

10-23-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-12-89
Name of Physician Ludmila Trammell

MALE APPLICANT

Name George First D Middle Hardin Jr Last
Date of Birth 1 Month 18 Day 195 Year
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 256 Maple Hill Dr. City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   George D Hardin III
   Caroline S Hardin
6. (a) Full name of father ~~of dependent children~~ George Hardin Sr
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Frances Lucille Shirley
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

FEMALE APPLICANT

Name Karen First S Middle Girton Last
Date of Birth 5 Month 27 Day 195 Year
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 256 Maple Hill Dr. City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Jason B Girton
6. (a) Full name of father ~~of dependent children~~ Ronald Devon Ward
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Barbara Colleen Winsted
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X George D Hardin Jr 10-23-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed George D Hardin Jr
New Address same

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Karen S. Girton 10-23-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed Karen S. Girton
New Address same

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-23-89, *authorizing the marriage of* GEORGE DAVID HARDIN, JR. *and* KAREN SUE GIRTON.

I further certify that the following marriage certificate was filed in my office:

I, JACQUELINE A. MEANS *(name), certify that on* 11-11-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* GEORGE D. HARDIN JR. *of* HENDRICKS *County,* IND *(state), and* KAREN S. GIRTON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-11-89

Signed by: /s/ JACQUELINE A. MEANS, PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-16-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 580

File

HENDRICKS County

10-24-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Calvin Middle Rollin Last Ammerman

Date of Birth: Month Feb Day 13 Year 1926

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6755 E 800 N. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ George Calvin Ammerman
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Enid Westbrook Carmack
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Florence Middle Laverne Last Crouch

Date of Birth: Month July Day 14 Year 1922

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R.R. 7923 Hunters Path City Indpls. County Marion State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Walter L. Krieg
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ill
   (b) Full maiden name of mother ~~of dependent children~~ Gladys Smith
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Calvin Rollin Ammerman 10-24-1989
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Calvin R. Ammerman
New Address 6755 E 800 N BROWNSBORG, IN. 46112

Subscribed and sworn to before me this 24 day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Florence L Crouch 10-24-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Florence L. Crouch
New Address 6755 E 800 N. Brownsburg, In 46112

Subscribed and sworn to before me this 24 day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-24-89, *authorizing the marriage of* CALVIN ROLLIN AMMERMAN *and* FLORENCELAVERNE CROUCH.

I further certify that the following marriage certificate was filed in my office:

I, PAUL M. JACKS *(name), certify that on* 10-29-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* CALVIN R. AMMERMAN *of* HENDRICKS *County,* IN *(state), and* FLORENCE L. CROUCH *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-29-89.

Signed by: /s/ PAUL. M. JACKS, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-31-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 581

File

10-25-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-16-89
Name of Physician B. Stegemoller

MALE APPLICANT

Name First Thomas Middle Brown Last Jr.

Date of Birth Month June Day 5 Year 1955

Place of Birth (State or foreign country) Ky.

Residence Address Street or R.R. 1606 Andrea Ct City Indpls County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
   Carrie Brown
6. (a) Full name of father of dependent children Thomas Brown Sr.
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of mother of dependent children Barbara Oberg
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Thomas Brown Jr. 10-25-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Thomas Brown Jr.
New Address 17 Manor Dr Brownsburg Ind 46112

Subscribed and sworn to before me this 25 day of Oct 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Cindy Middle J. Last Phillips

Date of Birth Month May Day 30 Year 1957

Place of Birth (State or foreign country) In.

Residence Address Street or R.R. 17 Manor Dr. City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Heidi L Phillips Shawn Phillips
   & Kristina Phillips
6. (a) Full name of father of dependent children Forrest Leonard Tucker II
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Mich
   (b) Full maiden name of mother of dependent children Patricia Brady
   Residence of mother (if deceased, so state) Martinsville In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Cindy J. Phillips 10-25-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Cindy J. Phillips
New Address 17 Manor Dr Brownsburg Ind 46112

Subscribed and sworn to before me this 25 day of Oct 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-25-89, *authorizing the marriage of* THOMAS BROWN JR. *and* CINDY J. PHILLIPS.

I further certify that the following marriage certificate was filed in my office:

I, ROBERT F. GAMMON *(name), certify that on* 10-26-89 *(date), at* LAWRENCE *in* MARION *County, Indiana,* THOMAS BROWN, JR. *of* HENDRICKS *County,* IN *(state), and* CINDY J. PHILLIPS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-26-89.

Signed by: /s/ ROBERT F. GAMMON, JUDGE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-7-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 582

File

HENDRICKS County

10-25-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-20-89
Name of Physician Stephen Heeger

MALE APPLICANT

Name: First Kevin Middle D. Last Krebs

Date of Birth: Month April Day 18 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5825 Coppock Dr. City Indpls. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Carl D. Krebs
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Jo Ann M. Reidel
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Brenda Middle L. Last Hale

Date of Birth: Month 7 Day 22 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. R.R. #1, Box 492 City Clayton County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☑ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Herbert L. Hale
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother ~~of dependent children~~ Betty J. Andrews
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Kevin D Krebs — Signature of Applicant — 10-25-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Kevin D Krebs

New Address 5825 Coppock Dr. Indpls. IN 46241

Subscribed and sworn to before me this 25th day of Oct. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)) ss: County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____ 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Brenda Hale — Signature of Applicant — 10-25-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Brenda Hale

New Address 5825 Coppock Dr. Indpls. IN 46241

Subscribed and sworn to before me this 25th day of Oct. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)) ss: County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____ 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-25-89, *authorizing the marriage of* KEVIN D. KREBS *and* BRENDA L.HALE.

I further certify that the following marriage certificate was filed in my office:

I, WILLIS R. HOWARD *(name), certify that on* ~~11-4-89~~ *(date), at* ~~INDPLS.~~ *in* HENDRICKS *County, Indiana,* KEVIN D. KREBS *of* MARION *County,* IN *(state), and* BRENDA L. HALE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-25-89.

Signed by: /s/ WILLIS R. HOWARD, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-7-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 283

File

10-26-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Norman L Stivers

MALE APPLICANT

Name First Kevin Middle Rondell Last Winsted

Date of Birth Month 10 Day 7 Year 64

Place of Birth (State or foreign country) Danville Ind.

Residence Address Street or R.R. 966 Highland Dr. City Pitt County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Rondell D. Winsted
   Residence of father (if deceased, so state) Pitt Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Velma J. Hubbard
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Kevin R. Winsted
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Kevin R Winsted
New Address

Subscribed and sworn to before me this 27 day of Oct. 19 89
Connie Spencer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name First Carla Middle Jo Last Uhls

Date of Birth Month 6 Day 19 Year 70

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. RR 3 Box 273 City Monrovia County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Charles Lawrence Uhls
   Residence of father (if deceased, so state) Monrovia Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Martha Frances Pennington
   Residence of mother (if deceased, so state) Dec.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Carla Jo Uhls
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Carla Jo Uhls
New Address

Subscribed and sworn to before me this 26 day of Oct. 19 89
Connie Spencer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-27-89, *authorizing the marriage of* KEVIN WINSTED *and* CARLA JO UHLS.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 10-27-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KEVIN WINSTED *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-27-89.

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 10-27-89 *(date).*

Signed Connie Spencer *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 584

File

10-27-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-24-89
Name of Physician Karen Beard

MALE APPLICANT

Name: First Christopher Middle Earl Last Loudermilk

Date of Birth: Month 6 Day 8 Year 1968

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 4116 Thunderhawk Trace City Plainfield County Hendricks State In 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Earl Michael Loudermilk
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Doris Lynn Wilson
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Chris Loudermilk — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Chris Loudermilk

New Address

Subscribed and sworn to before me this 27 day of Oct 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19__

_____ Clerk

FEMALE APPLICANT

Name: First Debbie Middle Marie Last Socks

Date of Birth: Month 12 Day 28 Year 1972

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R.R. 879 Danburg Rd. City Mooresville County State In 46158

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Dennis Ross Socks
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Debra Kay Lampley
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Debbie M. Socks — 10-27-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Debbie M. Socks

New Address

Subscribed and sworn to before me this 27 day of Oct 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed X Dennis S Socks Father

Signed _____ Mother

Subscribed and sworn to before me this 27 day of Oct 1989

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-27-89, *authorizing the marriage of* CHRISTOPHER EARL LOUDERMILK *and* DEBBIE MARIE SOCKS.

I further certify that the following marriage certificate was filed in my office:

I, JOHN A. LIFLER *(name), certify that on* 11-17-89 *(date), at* Mooresville *in* Morgan *County, Indiana,* Christopher E.Loudermilk *of* Hendricks *County,* Indiana *(state), and* Debbie M. Socks *of* Hendricks *County,* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-17-89.

Signed by: John A. Lefler, Minister *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-21-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 585
File
10-27-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-16-89
Name of Physician Hibler, M.D.

MALE APPLICANT

Name: First Kenneth Middle Lee Last Williams
Date of Birth: Month 10 Day 21 Year 67
Place of Birth (State or foreign country) Harlan Co. Kentucky
Residence Address: Street or R.R. P.O. Box 41 City Danville County In State 46112
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ James Bernard Williams
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother ~~of dependent children~~ Phyllis Stagnolia
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: First Lori Middle Jo Last Gipe
Date of Birth: Month 8 Day 9 Year 1960
Place of Birth (State or foreign country) Ogden Utah
Residence Address: Street or R.R. 5022 Kenwood Ct. City Newburgh County In State 47630
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Breanna J. Thingelstad - 3yr

6. (a) Full name of father ~~of dependent children~~ Val Telford Rudwall
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) Utah
   (b) Full maiden name of mother ~~of dependent children~~ Joan Joan Smith
   Residence of mother (if deceased, so state) Utah
   Birthplace of mother (State or foreign country) Utah

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X K. Gilliam — Signature of Applicant — 10/27/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X K. Gilliam
New Address

Subscribed and sworn to before me this 27 day of Oct 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____ 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Lori Gipe — Signature of Applicant — 10-27-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Lori Gipe
New Address

Subscribed and sworn to before me this 27 day of Oct 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____ 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, th
_____ County _____ Court, by written order issued _____
and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indian*
dated ~~10-27-89~~, *authorizing the marriage of* ~~KENNETH LEE GILLIAM~~ *and* ~~LORI JO GIPE~~

I further certify that the following marriage certificate was filed in my office:

I, CECIL PUGH *(name), certify that on* 10-28-89 *(date), at* DANVILLE
HENDRICKS *County, Indiana,* KENNETH L. GILLIAM *of* HENDRICKS *County,* IN
(state), and LORI JO GIPE *of* WARRICK *County,* IN *(state) were married by me*
authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dat*
10-27-89

Signed by: /s/ CECIL PUGH, MINISTER *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 10-31-89 *(date).*

Signed Connie Lawson *Cle*
HENDRICKS *Circuit Co*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 586

File

HENDRICKS County

10-30-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-20-89
Name of Physician Raymond D. Rice M.D.

MALE APPLICANT

Name: First James Middle Leroy Last Burnett
Date of Birth: Month 6 Day 16 Year 53
Place of Birth (State or foreign country) Greencastle, In.
Residence Address: Street or R.R. RR 35 0 W City Danville County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Michelle ~~Ba~~ Kay Burnett 16yrs
   James Steven Burnett 12 yrs
6. (a) Full name of father ~~of dependent children~~ Jale Burnett
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Bernice Mae Gasper
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Helen Middle Ann Last Sprinkle
Date of Birth: Month 12 Day 25 Year 50
Place of Birth (State or foreign country) Vincennes, In.
Residence Address: Street or R.R. RR 1 Box 403 City Clayton County Hendricks State In. 46118
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Michael Sprinkle 14 yrs
   Wendy Sprinkle 10 yrs
   ~~Stephanie Sprinkle~~ 8 yrs.
6. (a) Full name of father ~~of dependent children~~ Wayne I. Hays
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Mona A. Dellinger
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

James L. Burnett 10-30-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed James L. Burnett
New Address RR 1 Box 403 Clayton

Subscribed and sworn to before me this 30th day of Oct, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Helen Sprinkle 10/30/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Helen Sprinkle
New Address same

Subscribed and sworn to before me this 30th day of Oct, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-30-89, *authorizing the marriage of* JAMES L. BURNETT *and* HELEN ANN SPRINKLE.

I further certify that the following marriage certificate was filed in my office:

I, RALPH W. HAYS *(name), certify that on* 11-1-89 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* JAMES L. BURNETT *of* HENDRICKS *County,* IN *(state), and* HELEN A. SPRINKLE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-1-89.

Signed by: /s/ RALPH W. HAYS, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-6-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 587

File

10-30-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-7-89
Name of Physician D. Burkholder, M.D.

MALE APPLICANT

Name First Scott Middle John Last Zickman

Date of Birth Month 1 Day 5 Year 71

Place of Birth (State or foreign country) Melrose Park, Illinois

Residence Address Street or R.R. 13230 W. Rockville Rd. Apt #10 City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Arthur George Zickman
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Chicago, Ill.
   (b) Full maiden name of mother ~~of dependent children~~ Patricia Ann Ekey
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Chicago, Ill.

FEMALE APPLICANT

Name First Dana Middle Carol Last McFarlin

Date of Birth Month 10 Day 9 Year 69

Place of Birth (State or foreign country) Danville, In.

Residence Address Street or R.R. 295 E. Mill St. City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children.~~ Ray Vernon McFarlin
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Elsie May Chalfant
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Scott J. Zickman — Signature of Applicant — 10-30-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Scott J. Zickman

New Address 13230 W. Rockville Rd. Apt 10 Indpls.

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Dana Carol McFarlin — Signature of Applicant — 10-30-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Dana Carol McFarlin

New Address 13230 W. Rockville Rd. Apt 10 Indpls.

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-30-89, *authorizing the marriage of* SCOTT JOHN ZICKMAN *and* DANA CAROL MC FARLIN.

I further certify that the following marriage certificate was filed in my office:

I, SILAS V. STILES *(name), certify that on* 11-17-89 *(date), at* Danville *in* Hendricks *County, Indiana,* Scott John Zickman *of* Hendricks *County,* Indiana *(state), and* Dana Carol McFarlin *of* Hendricks *County,* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-17-89.

Signed by: S. V. Stiles, Pastor *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-20-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 588

HENDRICKS County

File

10-31-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-24-89
Name of Physician Dr. Waashnock/Seelfon

MALE APPLICANT

Name First James Middle Thomas Last Caudill

Date of Birth Month 12 Day 6 Year 39

Place of Birth (State or foreign country) Harlan Co., Ky.

Residence Address Street or R.R. 10015 Lake of Lanterns N. Dr. City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ James Franklin Caudill
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Audrey Mae Williams
   Residence of mother (if deceased, so state) Covington, Ky.
   Birthplace of mother (State or foreign country) Ky.

FEMALE APPLICANT

Name First Diana Middle Jean Last Caudill

Date of Birth Month 8 Day 29 Year 64

Place of Birth (State or foreign country) Indianapolis In.

Residence Address Street or R.R. 10015 Lake of Lanterns N. Dr. City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Brandi Stevens Typo.

6. (a) Full name of father ~~of dependent children~~ Raymond Leroy Seyfried
   Residence of father (if deceased, so state) Nashville, In.
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of mother ~~of dependent children~~ Gloria Jean Jacobs
   Residence of mother (if deceased, so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

J. J. Caudill — 10-31-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed J. J. Caudill
New Address Same

Subscribed and sworn to before me this 31st day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Diana J Caudill — 10-31-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Diana J. Caudill
New Address Same

Subscribed and sworn to before me this 31st day of Oct 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-31-89, *authorizing the marriage of* JAMES THOMAS CAUDILL *and* DIANA JEAN CAUDILL.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* ~~12-21-89~~ *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* JAMES T. CAUDILL *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* DIANA J. CAUDILL *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-21-89.

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-21-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 589

File

10.31.89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician David Hadley

MALE APPLICANT

Name First John Middle L. Last Cundiff

Date of Birth Month 5 Day 9 Year 42

Place of Birth (State or foreign country) Ohio

Residence Address Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Lynn Elizabeth Cundiff
6. (a) Full name of father ~~of dependent children~~ John Cundiff
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Lovella Nisz
   Residence of mother (if deceased, so state) Somewhere Ky
   Birthplace of mother (State or foreign country) Ky.

FEMALE APPLICANT

Name First Frances Middle E. Last Craft

Date of Birth Month 2 Day 19 Year 40

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. 4951 E. Rd. 150 N. City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ George Edward Clungs
   Residence of father (if deceased, so state) Idaho. Ind.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Esther Fern Clement
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Florida

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x John L. Cundiff 31 Oct 89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x John L. Cundiff
New Address Same as above

Subscribed and sworn to before me this 31 day of Oct. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Frances Craft 10-31-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Frances Craft
New Address Same as above

Subscribed and sworn to before me this 31 day of Oct. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-31-89, *authorizing the marriage of* JOHN L. CUNDIFF *and* FRANCES E. CRAFT.

I further certify that the following marriage certificate was filed in my office:

I, CARL AKARD RILEY *(name), certify that on* 11-18-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JOHN L. CUNDIFF *of* HENDRICKS *County,* IN *(state), and* FRANCES E. CRAFT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-18-89.

Signed by: /s/ CARL AKARD RILEY, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-27-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 590

File

HENDRICKS County

~~10~~ 11-2-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Dr. Clark

MALE APPLICANT

Name: First Johnny Middle Eugene Last Clifford

Date of Birth: Month 5 Day 6 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. PO Box 872, City Murrells Inlet, County, State S.C.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Larry A Clifford
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother of dependent children Kirby C Harvey
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Lana Middle Kay Last Mathew

Date of Birth: Month 6 Day 1 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR 1 Box 242, City Lynton, County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Wayne J. Mathew
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Marilyn Goring
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Johnny E. Clifford — Signature of Applicant — 11-2-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Johnny E. Clifford

New Address

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Lana K. Mathew — Signature of Applicant — 11-2-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Lana K. Mathew

New Address PO Box 872 Murrells Inlet SC 29576

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-2-89, *authorizing the marriage of* JOHNNY EUGENE CLIFFORD *and* LANA KAY MATHEW.

I further certify that the following marriage certificate was filed in my office:

I, THOMAS F. TIMMERMAN *(name), certify that on* 11-4-89 *(date), at* LEBANON *in* BOONE *County, Indiana,* JOHNNY E. CLIFFORD *of* DELAWARE *County,* IN *(state), and* LANA KAY MATHEW *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-4-89.

Signed by: /s/ THOMAS F. TIMMERMAN, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-7-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 591

File

11-3-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-3-89
Name of Physician Nicholas D. Brakoroff

MALE APPLICANT

Name First Harold Middle Lloyd Last Swann

Date of Birth Month 12 Day 11 Year 60

Place of Birth (State or foreign country) Dayton Ohio

Residence Address Street or R.R. 124 South East St. City Plainfield County Hendricks State In. 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Lloyd Raymond Swann
6. (a) Full name of father ~~of dependent children~~ Harold Lloyd Swann
   Residence of father (if deceased, so state) Maryland
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of mother ~~of dependent children~~ Lelian Mae Perkins
   Residence of mother (if deceased, so state) Maryland
   Birthplace of mother (State or foreign country) West Virginia

FEMALE APPLICANT

Name First Margaret Middle C. Last Mace

Date of Birth Month 9 Day 28 Year 1953

Place of Birth (State or foreign country) East St. Louis Illinois

Residence Address Street or R.R. 124 S. East St. City Plainfield County Hendricks State In. 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jeffrey C. Mace, Jason M. Mace & Jonathon R. Mace
6. (a) Full name of father ~~of dependent children~~ Bernard John Schlattweiler
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother ~~of dependent children~~ Cecelia Ellis
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Harold Lloyd Swann — 11/3/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Harold Lloyd Swann
New Address 124. S. East St. Plainfield In

Subscribed and sworn to before me this 3rd. day of Nov. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19__

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Margaret C Mace — 11-3-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Margaret C. Mace
New Address 124 S East St, Plfd

Subscribed and sworn to before me this 3rd. day of Nov. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19__

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County and filed in _____ 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

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-3-89, *authorizing the marriage of* HAROLD D. SWANN *and* MARGARET C. MACE.

I further certify that the following marriage certificate was filed in my office:

I, KEITH H. KIRK *(name), certify that on* 11-18-89 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Harold D. Swann *of* Hendricks *County,* ~~Hendricks~~ Indiana *(state), and* Margaret C. Mace *of* Hendricks *County,* ~~Hendricks~~ Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-18-89.

Signed by: Keith H. Kirk, Friends Minister *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-21-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 592

File

11-6-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-1-89
Name of Physician Dr. Thomas Moore

MALE APPLICANT

Name: First Joseph Middle Arthur Last Snyder
Date of Birth: Month 11 Day 30 Year 47
Place of Birth (State or foreign country) Richmond, In.
Residence Address: Street or R.R. 5005 Vantage Pt. Rd. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Sara L. Snyder 19 yrs.
   Todd A. Snyder 17 yrs.
6. (a) Full name of father ~~of dependent children~~ Harry Arthur Snyder
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Sarah O'Maley
   Residence of mother (if deceased, so state) Richmond, In
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name: First Irene Middle L. Last Althoff
Date of Birth: Month 8 Day 28 Year 51
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 7 Fairwood City Greensburg County In. State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   /
6. (a) Full name of father ~~of dependent children~~ Ralph Frederick Wilgard
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Lavera Valant
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Joseph A Snyder 11/6/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Joseph A. Snyder
New Address

Subscribed and sworn to before me this 6th day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Irene L. Althoff 11/6/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Irene L. Althoff
New Address

Subscribed and sworn to before me this 6th day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-6-89, *authorizing the marriage of* JOSEPH ARTHUR SNYDER *and* IRENE L. ALTHOFF.

I further certify that the following marriage certificate was filed in my office:

I, CARL D. CLOETER *(name), certify that on* ~~11-11-89~~ *(date), at* ~~INDIANAPOLIS~~ *in* MARION *County, Indiana,* JOSEPH A. SNYDER *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* IRENE L. ALTHOFF *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-11-89.

Signed by: /s/ CARL D. CLOETER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-15-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 593
File
11-7-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Irving Cohen

MALE APPLICANT

Name First Gary Middle W. Last Padgett
Date of Birth Month 8 Day 11 Year 57
Place of Birth (State or foreign country) Ind.
Residence Address Street or R.R. 1205 Keller Dr. City Plfd. County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Rie.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Dawn Wayne Padgett
6. (a) Full name of father ~~of dependent children~~ Hubert Wayne Padgett
   Residence of father (if deceased, so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Lois Marie Mann
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name First Beverly Middle A. Last Kirk
Date of Birth Month 12 Day 13 Year 56
Place of Birth (State or foreign country) Ind.
Residence Address Street or R.R. 3603 S. Perk City Brwn Chapel County Hend. State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Rie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Richard Leroy Kirk
   Residence of father (if deceased, so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Elizabeth Marie Hinshaw
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Gary W Padgett 11-7-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Gary W Padgett
New Address

Subscribed and sworn to before me this 7 day of Nov. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Beverly A Kirk
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Beverly A. Kirk
New Address Same as above

Subscribed and sworn to before me this 7 day of Nov. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-7-89, *authorizing the marriage of* GARY WAYNE PADGETT *and* BEVERLY ANN KIRK.

I further certify that the following marriage certificate was filed in my office:

I, GEORGE PLASTERER *(name), certify that on* 12-2-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* GARY W. PADGETT *of* HENDRICKS *County,* IN *(state), and* BEVERLY A. KIRK *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-2-89.

Signed by: /s/ GEORGE PLASTERER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-5-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 594

File

HENDRICKS County

11-7-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-3-89
Name of Physician Robert J. Aiello, MD

MALE APPLICANT

Name: First Lawrence Middle Joe Last Haley

Date of Birth: Month 4 Day 27 Year 67

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 6337 Stockport apt 1261 City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Lawrence Joe Haley
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Marsha May Gladden
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Lawrence Joe Haley — Signature of Applicant
11-7-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Lawrence Joe Haley
New Address 6337 stockport # 1261 Indpls, In 46254
Subscribed and sworn to before me this 7th day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name: First Tammy Middle Lee Last Albertson

Date of Birth: Month 1 Day 15 Year 68

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 405 Weston City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Bruce Wayne Albertson
   Residence of father (if deceased, so state) Greenwood, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Peggy Ruth Douglas
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Tammy L. Albertson — Signature of Applicant
11-7-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Tammy L. Albertson
New Address 6337 Stockport # 1261 Indpls, In 46254
Subscribed and sworn to before me this 7th day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-7-89, *authorizing the marriage of* LAWRENCE JOE HALEY *and* TAMMY LEE ALBERTSON.

I further certify that the following marriage certificate was filed in my office:

I, DENNIS L. DODSON *(name), certify that on* 11-11-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* LAWRENCE J. HALEY *of* MARION *County,* IN *(state), and* TAMMY LEE ALBERTSON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-7-89

Signed by: /s/ DENNIS L. DODSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-14-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

No. 595

File

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

11-7-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-3-89
Name of Physician Donald Johnson

MALE APPLICANT

Name First John Middle F. Last Skelton

Date of Birth Month Sept Day 7 Year 1964

Place of Birth (State or foreign country) In.

Residence Address Street or R.R. 7210 Village Pkwy Dr. Apt 3, City Indpls County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children James M. Skelton
   Residence of father (if deceased, so state) Logansport, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Delores Nethercutt
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In

FEMALE APPLICANT

Name First Melissa Middle M. Last Peters

Date of Birth Month Apr Day 2 Year 1968

Place of Birth (State or foreign country) In.

Residence Address Street or R.R. 7414 Woodcross Ct. City Plainfield County Hn. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Paul E. Peters
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother of dependent children Ann Treadway
   Residence of mother (if deceased, so state) Sand Lake
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X John Skelton — 11-7-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X John Skelton
New Address 7210 Village Pkwy Dr #3, Indpls, In 46254

Subscribed and sworn to before me this 7 day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Melissa M. Peters — Nov. 7, 89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Melissa M. Peters
New Address 7210 Village Pkwy Dr. #3 Indpls, I

Subscribed and sworn to before me this 7 day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-7-89, *authorizing the marriage of* JOHN FITZGERALD *and* MELISSA MARI PETERS.

I further certify that the following marriage certificate was filed in my office:

I, JOHN P. ROOF *(name), certify that on* 11-24-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN FITZGERALD *of* MARION *County,* IN *(state), and* MELISSA M. PETERS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-24-89.

Signed by: /s/ JOHN P. ROOF, EPISCOPAL PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-27-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 596

File

11-7-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-2-89
Name of Physician S. Burkholder, M.D.

MALE APPLICANT

Name: First Jeffery Middle Allen Last Edwards

Date of Birth: Month 6 Day 23 Year 66

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 3950 N 1000 E #68 City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Eugene Edwards
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indpls, Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Jean Ellen Turner
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indpls, Indiana

FEMALE APPLICANT

Name: First Machell Middle DeeAnn Last Hancock

Date of Birth: Month 1 Day 14 Year 71

Place of Birth (State or foreign country) Anderson, In.

Residence Address: Street or R.R. 10227 Kewanna Dr. City Indianapolis County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Horace Michael Hancock
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Anderson Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Arla Mae Chafin
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Anderson Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jeffery A. Edwards 11-7-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jeffery A. Edwards
New Address same

Subscribed and sworn to before me this 7th day of Nov 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Machell Hancock 11/7/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Machell Hancock
New Address 3950 N 1000 E #68

Subscribed and sworn to before me this 7th day of Nov 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-7-89, *authorizing the marriage of* JEFFERY ALLEN EDWARDS *and* MACHELL DEE ANN HANCOCK.

I further certify that the following marriage certificate was filed in my office:

I, PAULA L. LYON *(name), certify that on* 12-3-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JEFFERY A. EDWARDS *of* HENDRICKS *County,* IN *(state), and* MACHELL D. HANCOCK *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-3-89

Signed by: /s/ PAULA L. LYON, Chief Deputy Clerk *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-12-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 597

File

11-8-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-6-89
Name of Physician Wm Edwards M.D.

MALE APPLICANT

Name First Michael Middle Dean Last Tsakrios Jr.
Date of Birth Month 3 Day 17 Year 67
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. 140 Donnelly Dr. City Brownsburg County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Michael Dean Tsakrios
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indpls., In.
   (b) Full maiden name of mother ~~of dependent children~~ Patricia Merle Small
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indpls., In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michael Dean Tsakrios Jr. 11/8/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michael Dean Tsakrios Jr.
New Address 140 Donnelly Drive Brownsburg

Subscribed and sworn to before me this 8th day of Nov 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name First Tamara Middle Michelle Last Mayo
Date of Birth Month 9 Day 16 Year 69
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. 8 Bluffwood Ct. City Brownsburg County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ George Hamer Mayo
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of mother ~~of dependent children~~ Sharon Frances Brod
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indpls., Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Tamara M Mayo 11/8/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Tamara M Mayo
New Address 140 Donnelly Drive

Subscribed and sworn to before me this 8th day of Nov 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-8-89, *authorizing the marriage of* MICHAEL DEAN TSAKRIOS JR. *and* TAMARA MICHELLE MAYO.

I further certify that the following marriage certificate was filed in my office:

I, NATHAN WARD *(name), certify that on* 11-18-89 *(date), at* INDPLS *in* MARION *County, Indiana,* MICHAEL D. TSAKRIOS, *of* R. HENDRICKS *County,* IN *(state), and* TAMARA M. MAYO *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-18-89.

Signed by: /s/ NATHAN WARD, ORDAINED ELDER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-11-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 598

HENDRICKS County

File

11-8-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Kathleen Oldham MD

MALE APPLICANT

Name: First Lyle Middle Eugene Last Wacaser

Date of Birth: Month Nov. Day 9 Year 1932

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R.R. 244 Maple Grove City Springfield County State Ill.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Kurt Wacaser
6. (a) Full name of father of dependent children Paul G. Wacaser
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of mother of dependent children Helen Keyes
   Residence of mother (if deceased, so state) Abroad, Ill.
   Birthplace of mother (State or foreign country) Ill.

FEMALE APPLICANT

Name: First Constance Middle S. Last Kayser

Date of Birth: Month June Day 27 Year 1953

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R.R. 623 N. Rutledge City Springfield County State Ill.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children Lowell Kayser
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of mother of dependent children Miriam Kientzle
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

/s/ Lyle Wacaser 11-8-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed /s/ Lyle Wacaser
New Address 244 Maple Grove, Springfield Ill.

Subscribed and sworn to before me this 8 day of Nov. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

/s/ Constance Kayser 11-8-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed /s/ Constance Kayser
New Address 244 Maple Grove Springfield Ill.

Subscribed and sworn to before me this 8 day of Nov. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-8-89, *authorizing the marriage of* LYLE EUGENE WACASER *and* CONSTANCE S. KAYSER.

I further certify that the following marriage certificate was filed in my office:

I, JANICE S. CHILEWSKI *(name), certify that on* 11-8-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LYLE E. WACASER *of* SANGAMON *County,* ILLINOIS *(state), and* CONSTANCE S. KAYSER *of* SANGAMON *County,* ILLINOIS *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-8-89

Signed by: /s/ JANICE S. CHILEWSKI, CHIEF DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-8-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 599

File

11-8-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-9-89
Name of Physician Dr. Thomas

MALE APPLICANT

Name: First James Middle Wilson Last Denny

Date of Birth: Month 10 Day 29 Year 67

Place of Birth (State or foreign country) Hendricks Co. Danville, Ind

Residence Address: Street or R.R. 245 N. Vine St. Apt. 10 City Plfd. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of father of dependent children James Marion Denny
   Residence of father (if deceased, so state) Shpbg. Ind.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother of dependent children Brigitte Vera Marschen
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X James Denny
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X James Denny
New Address Same as above

Subscribed and sworn to before me this 8 day of Nov. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

FEMALE APPLICANT

Name: First Cynda Middle Lou Last Kennedy

Date of Birth: Month 7 Day 27 Year 69

Place of Birth (State or foreign country) Lafayette, Ind.

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of father of dependent children Bobby J. Kennedy
   Residence of father (if deceased, so state) Lawley Ind
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother of dependent children Annetta N. Trent
   Residence of mother (if deceased, so state) Shpbg. Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Cynda L. Kennedy 11-8-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Cynda L. Kennedy
New Address —

Subscribed and sworn to before me this 8 day of Nov. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-8-89, *authorizing the marriage of* JAMES WILSON DENNY *and* CYNDA LOU KENNEDY.

I further certify that the following marriage certificate was filed in my office:

I, RICHARD M. GIVAN *(name), certify that on* 11-11-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JAMES W. DENNY *of* HENDRICKS *County,* IN *(state), and* DYNDA L. KENNEDY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-11-89.

Signed by: /s/ RICHARD M. GIVAN, JUSTICE, INDIANA SUPREME COURT *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-15-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 6000

File

HENDRICKS County

11-8-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Eric Clark

MALE APPLICANT

Name First Michael Middle Alan Last Bowman

Date of Birth Month Mar Day 11 Year 1969

Place of Birth (State or foreign country) In.

Residence Address Street or R.R. 19 Kings Ct. City Danville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Darrell Bowman
   Residence of father (if deceased, so state) Lafayette, In.
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of mother of dependent children Rita Lindsay
   Residence of mother (if deceased, so state) Lapels. In.
   Birthplace of mother (State or foreign country) In.

FEMALE APPLICANT

Name First Christine Middle Louise Last Yates

Date of Birth Month Sept Day 16 Year 1971

Place of Birth (State or foreign country) In.

Residence Address Street or R.R. 19 Kings Ct. City Danville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Richard Yates
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Evelyn L. Parrish
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michael Bowman — 11-10-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michael Bowman
New Address 19 Kings Ct Danville.

Subscribed and sworn to before me this 10th day of Nov. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Christine L. Yates — 11-8-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Christine L. Yates
New Address

Subscribed and sworn to before me this 8 day of Nov 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-10-89, *authorizing the marriage of* MICHAEL ALAN BOWMAN *and* CHRITIME LOUISE YATES.

I further certify that the following marriage certificate was filed in my office:

I, H. THOMAS PITCHER *(name), certify that on* 12-2-89 *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* MICHAEL A. BOWMAN *of* MARION *County,* IN *(state), and* CHRITIME LOUISE YATES *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-10-89

Signed by: /s/ H. THOMAS PITCHER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-6-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 601

File

11-8-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Black, Walker & Baker

MALE APPLICANT

Name: First Timothy Middle Edward Last Wilson

Date of Birth: Month 12 Day 14 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 254 S. Cross. City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ George Edward Wilson
   Residence of father (if deceased, so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ E. Lorea May Starr
   Residence of mother (if deceased, so state) Greencastle, Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Timothy E Wilson
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Timothy E Wilson
New Address

Subscribed and sworn to before me this 8 day of Nov., 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name: First Tami Middle L. Last Smith

Date of Birth: Month 2 Day 1 Year 69

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 254 S. Cross. City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Henry Herbert Smith
   Residence of father (if deceased, so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Virginia Ann Trent
   Residence of mother (if deceased, so state) Dead
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Tami L. Smith
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Tami L. Smith
New Address

Subscribed and sworn to before me this 8 day of Nov., 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-8-89, *authorizing the marriage of* TIMOTHY E. WILSON *and* TAMI L. SMITH.

I further certify that the following marriage certificate was filed in my office:

I, P. MICHAEL THORNBURG *(name), certify that on* 11-28-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* TIMOTHY E. WILSON *of* HENDRICKS *County,* IN *(state), and* ~~TAMI L. SMITH~~ *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* ~~11-18-89~~

Signed by: ~~/s/ P. MICHAEL THORNBURG~~, ~~MINISTER~~ *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-27-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 602

HENDRICKS County

File

11-9-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 8-17-89
Name of Physician Robert D. Aiello M.D.

MALE APPLICANT

Name First Noble Middle Karl Last Taylor Jr.

Date of Birth Month 8 Day 5 Year 64

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 491 E Rd 200 S City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Noble Karl Taylor
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indpls., Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Dorothy Jane Craig
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Indpls., Indiana

FEMALE APPLICANT

Name First Michelle Middle Denise Last Monnett

Date of Birth Month 12 Day 15 Year 66

Place of Birth (State or foreign country) Lebanon, In.

Residence Address Street or R.R. 4 Elm City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Allen Leon Monnett
   Residence of father (if deceased, so state) Brownsburg In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Charlotte Emma Marie March
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Noble E Taylor Jr 11-9-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Noble E Taylor Jr
New Address 1114 Redwood Dr. Brownsburg 46112

Subscribed and sworn to before me this 9th day of Nov 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michelle D. Monnett 11-9-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michelle D. Monnett
New Address 1114 Redwood Dr. Brownsburg 46112

Subscribed and sworn to before me this 9th day of Nov 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued
and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-9-89 *, authorizing the marriage of* NOBLE EARL TAYLOR JR. *and* MICHELLE DENISE MONNETT .

I further certify that the following marriage certificate was filed in my office:

I, LEONARD MAYNARD *(name), certify that on* 11-28-89 *(date), at* BETHESDA BAPTIST *in* HENDRICKS *County, Indiana,* NOBLE E. TAYLOR JR. *of* HENDRICKS *County,* IN *(state), and* MICHELLE D. MONNETT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-18-89 .

Signed by: /s/ LEONARD MAYNARD , ASST. PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-28-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 603

File

11-10-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-10-89
Name of Physician L.D. Walker

MALE APPLICANT

Name: First William Middle D. Last Mayer

Date of Birth: Month 9 Day 17 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3950 N. 1000 E. City Lot #110, Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Wendy Marie Mayer
6. (a) Full name of father ~~of dependent children~~ Wm F. Mayer
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother ~~of dependent children~~ Barbara Reed
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

FEMALE APPLICANT

Name: First Diana Middle L. Last Gray

Date of Birth: Month 12 Day 25 Year 1962

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R.R. 3950 N. 1000 E. Lot #110 City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children
   Carol Ann Gray, Stacy Lynn Gray
   Joshua Lee Gray
6. (a) Full name of father ~~of dependent children~~ Gerald Roth
   Residence of father (if deceased, so state) Clermont, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother ~~of dependent children~~ Patricia Thomas
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× William D Mayer — Signature of Applicant — 11/10/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × William D Mayer

New Address 3950 N 1000 E Lot #110

Subscribed and sworn to before me this 10 day of Nov, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Diana L. Gray — Signature of Applicant — 11-10-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Diana L. Gray

New Address 3950 N 1000 E Lot #110

Subscribed and sworn to before me this 10 day of Nov. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-10-89, *authorizing the marriage of* WILLIAM G. MAYER *and* DIANA L. GRAY.

I further certify that the following marriage certificate was filed in my office:

I, ROGER L. STROUP *(name), certify that on* 11-17-89 *(date), at* CALVARY CHAPEL *in* HENDRICKS *County, Indiana,* WILLIAM G. MAYER *of* HENDRICKS *County,* IN *(state), and* DIANA L. GRAY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-17-89.

Signed by: /s/ ROGER L. STROUP, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-27-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 604

File

11-10-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-6-89
Name of Physician Charles Dripple

MALE APPLICANT

Name: First Geoff Middle H. Last Kirk
Date of Birth: Month 4 Day 15 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 57 Ashbury Dr. City Mooresville County Morgan State In. 46158
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ James D. Kirk
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Janet L. Lambert
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) California

FEMALE APPLICANT

Name: First Sonia Middle Marie Last Taylor
Date of Birth: Month Day 18 Year 1967
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1007 Valley View Dr. Apt. 3 City Plainfield County State In. 46168
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Johnny Leroy Taylor
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Glenda M. Hook
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Geoff A Kirk — 11-10-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Geoff A Kirk
New Address 1007 Valley View DR Plainfield IN 46168
Subscribed and sworn to before me this 10th day of Nov. 19 89
Connie Tatum Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Sonia M. Taylor — 11-10-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Sonia M. Taylor
New Address 1007 Valley View Dr. Plfd. In. 46168
Subscribed and sworn to before me this 10th day of Nov. 19 89
Connie Tatum Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-10-89, *authorizing the marriage of* GEOFF A. KIRK *and* SONIA M. TAYLOR.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 11-10-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GEOFF A. KIRK *of* MORGAN *County,* IN *(state), and* SONIA M. TAYLOR *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-10-89

Signed by: /s/ CONNIE TATE, 1st DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-10-89 *(date).*

Signed Connie Tatum *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 005

File

11-10-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-08-89
Name of Physician Ronald E. Johnson

MALE APPLICANT

Name: First Jerry Middle Eugene Last Taylor

Date of Birth: Month 11 Day 10 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1007 Valley View Dr. City Plainfield County Hendricks State In 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Johnny Leroy Taylor
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Glenda Marie Hook
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Porta Middle Kay Last Huelsman

Date of Birth: Month 3 Day 23 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1007 Valley View Dr. City Plainfield County Hendricks State In. 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Alfred J. Huelsman
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of mother ~~of dependent children~~ Martha J. Fitch
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Jerry E Taylor — 11-10-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jerry E Taylor
New Address 1007 Valley View Dr. Apt 3 Plainfield IN 46168

Subscribed and sworn to before me this 10th day of Nov. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Porta K. Huelsman — 11-10-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Porta K. ~~Taylor~~ Huelsman
New Address 1007 Valley View Dr. A-3 Plainfield IN 46168

Subscribed and sworn to before me this 10th day of Nov. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-10-89, *authorizing the marriage of* JERRY EUGENE TAYLOR *and* PORTA KAY HUELSMAN.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 11-10-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JERRY E. TAYLOR *of* HENDRICKS *County,* IN *(state), and* PORTA K. HUELSMAN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-10-89

Signed by: /s/ CONNIE TATE, ~~1st DEPUTY CLERK~~ *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-10-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 606

File

11-14-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician J. M. Poe

MALE APPLICANT

Name: First Bradley Middle E. Last Weber

Date of Birth: Month 12 Day 14 Year 66

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R.R. 253 Old North Salem City Salem County Rd. State Danville

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Wm. E. Weber
   Residence of father (if deceased, so state) Danville Ind.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of mother of ~~dependent children~~ Lillian Jean Smithberry
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ill.

FEMALE APPLICANT

Name: First Kimberly Middle Sue Last Hatfield

Date of Birth: Month 10 Day 24 Year 69

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 5422 N. Co. Rd. 400 W. City North Salem County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Jerry D. Hatfield
   Residence of father (if deceased, so state) North Salem, Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Sue Ellen Hoostuck
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Bradley E. Weber 11/14/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Bradley E Weber

New Address

Subscribed and sworn to before me this 14 day of 11 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Kimberly S. Hatfield 11/14/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Kimberly S. Hatfield

New Address

Subscribed and sworn to before me this 14 day of 11 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-14-89, *authorizing the marriage of* BRADLEY E. WEBER *and* KIMBERLY S. HATFIELD.

I further certify that the following marriage certificate was filed in my office:

I, CHARLES S. CHESEBRAUGH *(name), certify that on* 11-25-89 *(date), at* ~~NORTHVIEW CHRISTIAN CHURCH~~ HENDRICKS *County, Indiana,* BRADLEY E. WEBER *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* KIMBERLY S. HATFIELD *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-25-89

Signed by: /s/ CHARLES S. CHESEBRAUGH PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-28-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 607

File

11/14/89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-13-89
Name of Physician J.C. Kula (Hendricks Co. Hospital

MALE APPLICANT

Name: First Earl Middle Jefferson Last Carter

Date of Birth: Month September Day 26, Year 1967

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R.R. 325 W. Lexington City Danville County State In. 46122

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Robert K. Carter
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of mother of dependent children Mary L. Shields
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Elizabeth Middle Louise Last Parsons

Date of Birth: Month August Day 10, Year 1966

Place of Birth (State or foreign country) Hendricks Co. Indiana

Residence Address: Street or R.R. 350 N. Rosemary City County State Brooklyn, In. 46234

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Lyle W. Parsons
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Betty J. English
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Earl J. Carter — Signature of Applicant — 11-14-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Earl J. Carter
New Address 981 W. MAIN Apt. 4 DANVILLE

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Elizabeth Parsons — Signature of Applicant — 11-14-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Elizabeth Parsons 11-14-89
New Address 981 W. Main Apt. 4. Danville

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-16-89, *authorizing the marriage of* EARL JEFFERSON CARTER *and* ELIZABETH LOUISE PARSONS.

I further certify that the following marriage certificate was filed in my office:

I, PHILIP B. AILES *(name), certify that on* ~~11-18-89~~ *(date), at* ~~BROOKLYN~~ *in* HENDRICKS *County, Indiana,* EARL J. CARTER *of* HENDRICKS *County,* IN *(state), and* ELIZABETH L. PARSONS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-16-89.

Signed by: /s/ PHILIP B. AILES, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-5-89 *(date).*

Signed Connie Dawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 608

File

11-14-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-19-89
Name of Physician Steven Hoegs

MALE APPLICANT

Name: First Michael Middle Joseph Last Ross
Date of Birth: Month 12 Day 18 Year 1966
Place of Birth (State or foreign country) Danville Indiana
Residence Address: Street or R.R. 9800 Pinewood Dr. City Pfld. County State In 46168
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Larry Joseph Ross
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Puerto Rico
   (b) Full maiden name of mother of dependent children Barbara Ann Siebert
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Kimberley Middle Anne Last Jordan
Date of Birth: Month 11 Day 8 Year 1967
Place of Birth (State or foreign country) Rochester, Minnesota
Residence Address: Street or R.R. 930 D Pinewood Dr. City Pfld. County State In 46168
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☑ Judicial Decree
☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Eugene Hanneman
   Residence of father (if deceased, so state) Minnesota
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of mother of dependent children Margaret Roach
   Residence of mother (if deceased, so state) Minnesota
   Birthplace of mother (State or foreign country) Minnesota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Michael J Ross — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Michael J Ross
New Address

Subscribed and sworn to before me this 14 day of Nov. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Kimberley A Jordan — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Kimberley A Jordan
New Address

Subscribed and sworn to before me this 14 day of Nov 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-14-89, *authorizing the marriage of* MICHAEL J. ROSS *and* KIMBERLEY A. JORDAN.

I further certify that the following marriage certificate was filed in my office:

I, JACQUELINE MEANS *(name), certify that on* 12-9-89 *(date), at* ~~PLAINFIELD~~ *in* HENDRICKS *County, Indiana,* MICHAEL J. ROSS *of* HENDRICKS *County,* ~~IN~~ *(state) were married by me as (state), and* KIMBERLEY A. JORDAN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-9-89.

Signed by: /s/ JACQUELINE MEANS, PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-21-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 609

File

11-14-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

Not Applicable Over 50

MALE APPLICANT

Name: First Harold Middle Eldon Last Power

Date of Birth: Month 4 Day 1 Year 1925

Place of Birth (State or foreign country) New Augusta Indiana

Residence Address: Street or R.R. P.O Box 57 City North Salem County Hendricks State In 46165

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children James Wilbur Power
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Edith Carolyn Grimes
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Harold E Power 11/14/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Harold E Power

New Address

Subscribed and sworn to before me this 14 day of Nov, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name: First Neoma Middle Darlene Last Smith

Date of Birth: Month 3 Day 24 Year 1935

Place of Birth (State or foreign country) Birdseye Indiana

Residence Address: Street or R.R. 1505 Forest Lane City Indpls. County State In 46234

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Carl Frederick Wright
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Orpha Sanders
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Darlene Smith 11-14-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Darlene Smith

New Address

Subscribed and sworn to before me this 14 day of Nov, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-15-89, *authorizing the marriage of* HAROLD ELDON POWER *and* NEOMA DARLENE SMITH.

I further certify that the following marriage certificate was filed in my office:

I, JAMES R. HARLAN II *(name), certify that on* 11-18-89 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* HAROLD ELDON POWER *of* HENDRICKS *County,* IN *(state), and* NEOMA DARLENE SMITH *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-14-89.

Signed by: /s/ JAMES R. HARLAN II, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-21-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 610

File

HENDRICKS County

11-14-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Robert D. Wells

MALE APPLICANT

Name First R. Middle Todd Last Wells

Date of Birth Month 5 Day 11 Year 67

Place of Birth (State or foreign country) VA.

Residence Address Street or R.R. 18 Cedar Run City Dr. Burg. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jacob Lee Travis 10wk.
6. (a) Full name of father ~~of dependent children~~ Richard Lee Wells
   Residence of father (if deceased, so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Diana Marie Rea Runyon
   Residence of mother (if deceased, so state) Pittsboro Ind.
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name First Cynthia Middle Sue Last Brock

Date of Birth Month 5 Day 5 Year 72

Place of Birth (State or foreign country) Danville Ind.

Residence Address Street or R.R. 12 Cedar Run City Dr. County Burg. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ← Same
6. (a) Full name of father ~~of dependent children~~ Douglas Allen Beauchamp
   Residence of father (if deceased, so state) Columbus Ohio
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother of dependent children Loyetta Sue Lothington
   Residence of mother (if deceased, so state) Burg Ind.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Richard Todd Wells 11/14/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Richard Todd Wells

New Address

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Cynthia Sue Brock 11-14-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Cynthia Sue Brock

New Address

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-15-89, *authorizing the marriage of* RICHARD TODD WELLS *and* CYNTHIA SUE BROCK.

I further certify that the following marriage certificate was filed in my office:

I, SAMUEL E. CARLTON *(name), certify that on* 11-18-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* RICHARD TODD WELLS *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* CYNTHIA SUE BROCK *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-18-89.

Signed by: /s/ SAMUEL E. CARLTON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-26-89 *(date).*

Signed ____ *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 610

HENDRICKS County

File

11-14-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Robert D. Cicello

MALE APPLICANT

Name First R. Middle Todd Last Wells

Date of Birth Month 5 Day 11 Year 67

Place of Birth (State or foreign country) VA.

Residence Address Street or R.R. 18 Cedar Run City Dr. Brwg. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Jacob Lee Travis 10wk.
6. (a) Full name of father ~~of dependent children~~ Richard Lee Wells
   Residence of father (if deceased, so
   Birthplace of father (State or foreig
   (b) Full maiden name of mother ~~of dependent children~~
   Residence of mother (if deceased, s ate)
   Birthplace of mother (State or forei

ACKNOW

I acknowledge that I have received informati
that are sexually transmitted, and a list of the
immune deficiency syndrome).

X Richard To
Signature of Applicant

The above applicant has objected to verifyin
acknowledgment because of religious beliefs

Clerk of Court

State of Indiana)
) s
County of HENDRICKS)

Signed X Rich

New Address

Subscribed and sworn to before me this

CONSENT OF PARENTS, PARENT, OR GUA

We, the parents of this applicant, hereby give
state facts which make the consent of the oth

State of Indiana)
) s
County of HENDRICKS)

Signed

Signed

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

FEMALE APPLICANT

Name First Cynthia Middle Sue Last Brock

Date of Birth Month 5 Day 5 Year 72

Place of Birth (State or foreign country) Danville Ind.

Residence Address Street or R.R. R 1 Cedar Run City Dr. Brwg. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   ← Same
6. (a) Full name of father ~~of dependent children~~ Douglas Allen Beauchamp

I, Fay Burner
give my permission for my
daughter Cynthia Sue Block
to marry Richard Todd Wells
Nov 18 - 1989

Fayetta Sue Burner
11-14-89

Ruth A. Burroughs
Ruth A. BURROUGHS
Notary

Exp 2/18/92
Hendricks Cty.

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-15-89, *authorizing the marriage of* RICHARD TODD WELLS *and* CYNTHIA SUE BROCK.

I further certify that the following marriage certificate was filed in my office:

I, SAMUEL E. CARLTON *(name), certify that on* 11-18-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* RICHARD TODD WELLS *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* CYNTHIA SUE BROCK *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-18-89.

Signed by: /s/ SAMUEL E. CARLTON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-26-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 6611

File

11-14-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-7-89
Name of Physician Dr. Yamaguchi M.D.

MALE APPLICANT

Name: First Max Middle Edwin Last Sanders

Date of Birth: Month 9 Day 19 Year 1950

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R.R. 9895 N. 750 E. City Brownsburg County ☐ State In 46112

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Ercell Edwin Sanders
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Geraldine Joy McCulloch
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: First Linda Middle Marie Last Miller

Date of Birth: Month 5 Day 20 Year 1964

Place of Birth (State or foreign country) Danville Ind.

Residence Address: Street or R.R. 3364 Shoshawnee Lane City Indpls. County ☐ State In 46222

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Samantha Flannery - 7 yrs.
   Jessica Flannery - 5 yrs.
6. (a) Full name of father of dependent children Harold L. Miller
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of mother of dependent children Winona Jones
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Max E. Sanders 11-14-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Max E. Sanders

New Address

Subscribed and sworn to before me this 14 day of Nov, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Linda M. Miller
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Linda M. Miller

New Address

Subscribed and sworn to before me this 14 day of Nov, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-15-89, *authorizing the marriage of* MAX SNADERS *and* LINDA MILLER.

I further certify that the following marriage certificate was filed in my office:

I, GENE JOHNSON *(name), certify that on* 11-18-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MAX SANDERS *of* HENDRICKS *County,* IN *(state), and* LINDA MILLER *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-18-89

Signed by: /s/ GENE JOHNSON, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-21-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 612

File

11-15-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-11-89
Name of Physician K. Trammell, M.D

MALE APPLICANT

Name: First Robert Middle Otto Last Ebert

Date of Birth: Month 3 Day 26 Year 32

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 7626 Amber Turn City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Otto Nicholas Ebert
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Esther Elizabeth Jackson
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Norma Middle Jean Last Davis

Date of Birth: Month 4 Day 11 Year 40

Place of Birth (State or foreign country) Anderson In.

Residence Address: Street or R.R. 7626 Amber Turn City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Gregory Allen Davis 22 yrs.

6. (a) Full name of father ~~of dependent children~~ Samuel George Southers
   Residence of father (if deceased, so state) Anderson, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother ~~of dependent children~~ Eileen Elizabeth Brant
   Residence of mother (if deceased, so state) Anderson, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Robert O. Ebert — Signature of Applicant — 11-15-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Robert O. Ebert
New Address Same

Subscribed and sworn to before me this 15th day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Norma J. Davis — Signature of Applicant — 11-15-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Norma J. Davis
New Address Same

Subscribed and sworn to before me this 15th day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-15-89, *authorizing the marriage of* ROBERT OTTO EBERT *and* NORMA JEAN DAVIS.

I further certify that the following marriage certificate was filed in my office:

I, JACQUELINE MEANS *(name), certify that on* 11-18-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* ROBERT OTTO EBERT *of* HENDRICKS *County,* IN *(state), and* NORMA JEAN DAVIS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-18-89, *Signed by:* /s/ JACQUELINE MEANS, PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-21-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 613

File

11-17-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-1-88
Name of Physician David Hadley M.D.

MALE APPLICANT

Name: First Ronnie Middle L. Last Carpenter

Date of Birth: Month 11 Day 6 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 115 N. East Apt. 3 City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Loyd E. Carpenter
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Florence Susie Oniel
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name: First Melissa Middle K. Last Newkirk

Date of Birth: Month 5 Day 12 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 115 N. East Apt. 3 City Plainfield County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Identification Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. No.
6. (a) Full name of father of dependent children Ronnie L. Newkirk
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Gloria Fay Rickenbaugh
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Ronnie Carpenter 11-17-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Connie Lawson 11-17-89
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Ronnie Carpenter

New Address

Subscribed and sworn to before me this 17 day of Nov. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Melissa K Newkirk 11/17/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Connie Lawson 11-17-89
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Melissa K Newkirk

New Address

Subscribed and sworn to before me this 17 day of Nov. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-17-89, *authorizing the marriage of* RONNIE L. CARPENTER *and* MELISSA K. NEWKIRK.

I further certify that the following marriage certificate was filed in my office:

I, KEITH H. KIRK *(name), certify that on* 11-24-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* RONNIE L. CARPENTER *of* HENDRICKS *County,* IN *(state), and* MELISSA K. NEWKIRK *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-24-89.

Signed by: /s/ KEITH H. KIRK, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-29-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 614

File

11-17-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Stephen J Hoops

MALE APPLICANT

Name First James Middle Martin Last Huffman

Date of Birth Month 2 Day 1 Year 45

Place of Birth (State or foreign country) IN

Residence Address Street or R.R. 1035 W. Main St. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Ryy Huffman
6. (a) Full name of father ~~of dependent children~~ Charles A. Huffman Jr.
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother ~~of dependent children~~ Alice Louise Cirtin
   Residence of mother (if deceased, so state) Indpls. IN.
   Birthplace of mother (State or foreign country) IN.

FEMALE APPLICANT

Name First Anne Middle Marie Last Cicchinelli

Date of Birth Month 1 Day 24 Year 49

Place of Birth (State or foreign country) New York

Residence Address ← Same Street or R.R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Dominic A. Cicchinelli
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of mother ~~of dependent children~~ Ruth Anna George
   Residence of mother (if deceased, so state) New York, Nichols
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X James M Huffman 11-17-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X James M Huffman
New Address 1035 W. Main st Plfd

Subscribed and sworn to before me this 17th day of Nov. 19 89
Connie Tousin Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Anne Marie Cicchinelli Nov 17, 1989
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Anne Marie Cicchinelli
New Address 1035 W Main St. Plainfield

Subscribed and sworn to before me this 17th day of Nov. 19 89
Connie Tousin Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-17-89, *authorizing the marriage of* JAMES MARTIN HUFFMAN *and* ANNE MARIE CICCHINELLI.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* ~~11 17 89~~ *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* JAMES M. HUFFMAN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-17-89, *and* ANNE M. CICCHINELLI *of* HENDRICKS *County,* IN *(state).*

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-17-89 *(date).*

Signed Connie Tousin *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 615

File

11-17-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-10-89
Name of Physician Dr. Leafton

MALE APPLICANT

Name First David Middle V. Last Monroe
Date of Birth Month Mar Day 13 Year 1963
Place of Birth (State or foreign country) Ohio
Residence Address Street or R.R. 8 Maple Ln Apt 1 City Brownsburg County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Military ID

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Richard Monroe
   Residence of father (if deceased, so state) New Carlisle, OH
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of mother of dependent children Shirlanye Keele
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) OH

FEMALE APPLICANT

Name First Terri Middle A. Last Bolin
Date of Birth Month Nov Day 18 Year 1962
Place of Birth (State or foreign country) Nebraska
Residence Address Street or R.R. 8 Maple Ln Apt 1 City Brownsburg County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Ateka Bolin
6. (a) Full name of father of dependent children Carl Wm Schmidt II
   Residence of father (if deceased, so state) Dayton Ohio
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother of dependent children Mary C. Hastings
   Residence of mother (if deceased, so state) New Carlisle, Oh.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Dan V. Monroe — 11-17-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Dan V. Monroe
New Address 8 MAPLE LN #1 BURG.

Subscribed and sworn to before me this 17 day of Nov, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Terri A. Bolin — 11/17/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Terri A. Bolin
New Address 8 Maple Ln. #1 Brownsburg, IN

Subscribed and sworn to before me this 17 day of Nov, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-18-89, *authorizing the marriage of* DAVID V. MONROE *and* TERRI A. BOLIN.

I further certify that the following marriage certificate was filed in my office:

I, MICHAEL D. KEELE *(name), certify that on* 11-18-89 *(date), at* INDPLS. *in* MARION *County, Indiana,* DAVID V. MONROE *of* HENDRICKS *County,* IN *(state), and* TERRI A. BOLIN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-18-89.

Signed by: /s/ MICHAEL D. KEELE, JUDGE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-21-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 416

File

11-20-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-17-89
Name of Physician A. Bakey M.D

MALE APPLICANT

Name First Michael Middle William Last Miller

Date of Birth Month 4 Day 19 Year 57

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 10929 Rockville Rd #22 City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   some dependents as →

6. (a) Full name of father ~~of dependent children~~ James William Miller
   Residence of father (if deceased, so state) Sausalito, Calif.
   Birthplace of father (State or foreign country) Indpls. In.
   (b) Full maiden name of mother ~~of dependent children~~ Janice Ann Rauh
   Residence of mother (if deceased, so state) Sausalito Ca.
   Birthplace of mother (State or foreign country) Indpls., In.

FEMALE APPLICANT

Name First Penny Middle Sue Last Miller

Date of Birth Month 4 Day 15 Year 61

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 10929 Rockville Rd #22 City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jennifer Ann Miller 8yrs
   David Allen Miller 5yrs

6. (a) Full name of father ~~of dependent children~~ Robert Jan Garber
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Indpls., In.
   (b) Full maiden name of mother ~~of dependent children~~ Marguerite Overmon
   Residence of mother (if deceased, so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indpls. In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michael W. Miller 11-20-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michael W. Miller
New Address SAME

Subscribed and sworn to before me this 20th day of Nov 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Pennysue Miller 11/20/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Pennysue Miller
New Address Same

Subscribed and sworn to before me this 20th day of Nov 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-20-89, *authorizing the marriage of* MICHAEL WILLIAM MILLER *and* PENNY SUE MILLER.

I further certify that the following marriage certificate was filed in my office:

I, MICHAEL D. KEELE *(name), certify that on* 11-21-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MICHAEL W. MILLER *of* HENDRICKS *County,* IN *(state), and* PENNY S. MILLER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-21-89.

Signed by: /s/ MICHAEL D. KEELE, JUDGE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-27-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 617

File

11-20-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-21-89
Name of Physician R Stegemoller, MD

MALE APPLICANT

Name Gary First Wayne Middle Ludwig Last

Date of Birth July Month 20 Day 1945 Year

Place of Birth (State or foreign country) Indiana

Residence Address/ Street or R.R. 2302 1st St. City Plainfield County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jaime Lynn Ludwig 13 yrs
6. (a) Full name of father ~~of dependent children~~ Charles William Ludwig
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Velda Marie Driver
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name Evelyn First Elaine Middle Siddons Last

Date of Birth Month 8 Day 28 Year 50

Place of Birth (State or foreign country) Danville, In.

Residence Address Street or R.R. 1189 W. Lincoln St Apt A-4 City Danville County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Alex Joseph Siddons 8 yrs.
6. (a) Full name of father ~~of dependent children~~ Cosmell F. Mail
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother ~~of dependent children~~ Nellie Haythine Watson
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Gary Wayne Ludwig 11-20-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Gary Wayne Ludwig
New Address 1112 W. Main Danville

Subscribed and sworn to before me this 20 day of Nov. 1989

Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Evelyn Elaine Siddons 11-20-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Evelyn Elaine Siddons
New Address 1112 W. Main Danville

Subscribed and sworn to before me this 20th day of Nov 1989

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County Court, by written order issued

and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-20-89, *authorizing the marriage of* GARY WAYNE LUDWIG *and* EVELYN ELAINE SIDDONS.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 11-28-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GARY W. LUDWIG *of* HENDRICKS *County,* IN *(state), and* EVELYN E. SIDDSONS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-28-89.

Signed by: /s/ CONNIE TATE, 1st DEP. CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-28-89 *(date).*

Signed Connie Tate *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 618

File

11-20-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-6-89
Name of Physician Christina Miller

MALE APPLICANT

Name: First Brian Middle Douglas Last Gwaltney

Date of Birth: Month May Day 31 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10129 W Rockville Rd. City Indpls. County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Walter Adrian Gwaltney
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Phyllis Ann Harris
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country)

FEMALE APPLICANT

Name: First Demaris Middle Faustine Last Edwards

Date of Birth: Month March Day 2 Year 1970

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ James Edgar Edwards
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of mother ~~of dependent children~~ Lucindy Mae Snyder
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Brian Gwaltney 11-20-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Brian Gwaltney
New Address SAME

Subscribed and sworn to before me this 20 day of November 1989

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Demaris Edwards 11-20-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Demaris Edwards
New Address SAME

Subscribed and sworn to before me this 20 day of November 89

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-20-89, *authorizing the marriage of* BRIAN DOUGLAS GWALTNEY *and* DEMARIS FAUSTINE EDWARDS.

I further certify that the following marriage certificate was filed in my office:

I, CARL A. RILEY *(name), certify that on* 12-2-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* BRIAN D. GWALTNEY *of* HENDRICKS *County,* IN *(state), and* DEMARIS F. EDWARDS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-2-89, *Signed by:* /s/ CARL A. RILEY, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-5-89 *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 619

File

11-20-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-1-89
Name of Physician L. Trammel, M.D.

MALE APPLICANT

Name First: Jeffrey Middle: Michael Last: Amerman

Date of Birth Month: 2 Day: 17 Year: 67

Place of Birth (State or foreign country): Clinton In.

Residence Address Street or R.R.: 484 Midland Dr. City: Danville County: In. State:

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Leland Morris Amerman
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Bonnie Lynn Daniels
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jeffrey M. Amerman — Signature of Applicant — 11/20/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jeffrey M. Amerman
New Address Same

Subscribed and sworn to before me this 20th day of Nov 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First: Melissa Middle: Darla Last: Hayes

Date of Birth Month: 12 Day: 11 Year: 71

Place of Birth (State or foreign country) Kokomo, In.

Residence Address Street or R.R.: 193 Rd 300 E City: Danville County: State: In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Thomas Jerry Hayes
   Residence of father (~~if deceased, so state~~) Danville In.
   Birthplace of father (State or foreign country) Pike Co. Indiana
   (b) Full maiden name of mother of dependent children Darla Gene Brown
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Sullivan, In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Melissa D. Hayes — Signature of Applicant — 11-20-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Melissa D. Hayes
New Address 484 Midland Dr. Dan

Subscribed and sworn to before me this 20th day of Nov 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Thomas J. Hayes Father
Signed Darla G. Hayes Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-22-89, *authorizing the marriage of* JEFFREY MICHAEL AMERMAN *and* MELISSA DARLA HAYES.

I further certify that the following marriage certificate was filed in my office:

I, DALE R. CHRISTIAN *(name), certify that on* 12-9-89 *(date), at* AVON *in* HENDRICKS *County, Indiana,* JEFFREY AMERMAN *of* HENDRICKS *County,* IN *(state), and* MELISSA HAYES *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-9-89.

Signed by: /s/ DALE R. CHRISTIAN, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-13-89 *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 620

File

11-20-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-20-89
Name of Physician P. M. Cockowski MD

MALE APPLICANT

Name: First Scott Middle alan Last Hancock
Date of Birth: Month 3 Day 23 Year 63
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 41 Maple St. City Avon County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Emmett Earl Hancock
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Patricia McKeri
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Lee Middle ann Last Roush
Date of Birth: Month 11 Day 6 Year 69
Place of Birth (State or foreign country) Wilmington, Ohio
Residence Address: Street or R.R. 41 Maple St. City Avon County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Military I.D. DD Form 2A

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Owen Starling Roush
   Residence of father (if deceased, so state) Hillsboro, Oh.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Dorothy Kathleen Greene
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Scott A Hancock — 20 NOV 89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Scott A Hancock
New Address SAME

Subscribed and sworn to before me this 20th day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Lee Ann Roush — 20 NOV 89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Lee Ann Roush
New Address SAME

Subscribed and sworn to before me this 20th day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-20-89, *authorizing the marriage of* SCOTT ALAN HANCOCK *and* LEE ANN ROUSH.

I further certify that the following marriage certificate was filed in my office:

I, WILLIAM P. HENDRICKS *(name), certify that on* 11-25-89 *(date), at* WASHINGTON TOWNSHIP *in* HENDRICKS *County, Indiana,* SCOTT A. HANCOCK *of* HENDRICKS *County,* IN *(state), and* LEE ANN ROUSH *of* HIGHLAND *County,* OHIO *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-20-89.

Signed by: /s/ WILLIAM P. HENDRICKS PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-28-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 621
File 21
11-~~30~~-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-14-89
Name of Physician A.G. Boadi, M.D.

MALE APPLICANT

Name First Rodney Middle Dale Last Collier
Date of Birth Month 1 Day 10 Year 60
Place of Birth (State or foreign country) Lebanon, In.
Residence Address R 1 Box 232D Street or R.R. Fillmore City Putnam County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of father ~~of dependent children~~ Bobbie Dale Collier
   Residence of father (if deceased, so state) Fillmore In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Elizabeth Kate Lawson
   Residence of mother (if deceased, so state) Fillmore, In.
   Birthplace of mother (State or foreign country) Virginia

FEMALE APPLICANT

Name First Christine Middle Kay Last Rodenbeck
Date of Birth Month 7 Day 30 Year 62
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 9880 W. 10th St Lot 28-7 Street or R.R. Indpls. City Marion County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of father ~~of dependent children~~ Claude Franklin Brewer
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Sharon Ruth Cunningham
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Rodney D Collier 11/21/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Rodney D Collier
New Address 9880 W. 10TH LOT 28-7 Indpls

Subscribed and sworn to before me this 21st day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of ____, 19__
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Christine K. Rodenbeck 11/21/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Christine K. Rodenbeck
New Address SAME

Subscribed and sworn to before me this 21st day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of ____, 19__
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-21-89, *authorizing the marriage of* RODNEY D. COLLIER *and* CHRISTINE K. RODENBECK.

I further certify that the following marriage certificate was filed in my office:

I, DAN J. SMETZER *(name), certify that on* 11-28-89 *(date), at* COATESVILLE *in* HENDRICKS *County, Indiana,* RODNEY D. COLLIER *of* PUTNAM *County,* IN *(state), and* CHRISTINE K. RODENBECK of HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-28-89.

Signed by: /s/ DAN J. SMETZER, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-30-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 622

File

HENDRICKS County

11-21-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 9-12-89
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name First: Kenneth Middle: Patrick Last: Reed

Date of Birth Month: 3 Day: 1 Year: 69

Place of Birth (State or foreign country): Danville, In.

Residence Address Street or R.R.: PO Box 25 City: Clayton County: State: In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Kenneth Lee Reed
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Mary Ruth Williams
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Kenneth P Reed — 11-21-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Kenneth P Reed
New Address same

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

FEMALE APPLICANT

Name First: Stephanie Middle: Ann Last: Followell

Date of Birth Month: 1 Day: 5 Year: 69

Place of Birth (State or foreign country): Indianapolis, In.

Residence Address Street or R.R.: PO Box 25 City: Clayton County: State: In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Gary Gene Followell
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Vicki Lynn Laudermilt
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Stephanie Followell — 11-21-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Stephanie Followell
New Address same

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-27-89, *authorizing the marriage of* KENNETH PATRICK REED *and* STEPHANIE ANN FOLLOWELL.

I further certify that the following marriage certificate was filed in my office:

I, DAVID LANG *(name), certify that on* 12-10-89 *(date), at* COATESVILLE *in* HENDRICKS *County, Indiana,* KENNETH P. REED *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* STEPHANIE A. FOLLOWELL *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-10-89

Signed by: /s/ DAVID LANG, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-13-89 *(date).*

Signed Connie Johnson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 623

File

11-21-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-20-89
Name of Physician Glenn Baker

MALE APPLICANT

Name: First Stephen Middle Craig Last Skelton
Date of Birth: Month June Day 11 Year 1970
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 667 Alpha Ave City Brownsburg County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Stephen W. Skelton
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother of dependent children Rebecca Engle
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Stephen C. Skelton — Signature of Applicant
Nov. 21, 1989 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Stephen C. Skelton
New Address 667 Alpha Avenue Brownsburg, In.

Subscribed and sworn to before me this 21 day of Nov, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Diane Last Foor
Date of Birth: Month July Day 30 Year 1971
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 667 Sheila Dr. City Brownsburg County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Donald L. Foor
   Residence of father (if deceased, so state) same
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Linda L. Coleman
   Residence of mother (if deceased, so state) same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Angela D. Foor — Signature of Applicant
Nov. 21, 1989 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Angela D. Foor
New Address 667 Alpha Ave. Brownsburg

Subscribed and sworn to before me this 21 day of Nov, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-21-89, *authorizing the marriage of* STEPHEN CRAIG SKELTON *and* ANGELA DIANE FOOR.

I further certify that the following marriage certificate was filed in my office:

I, DONALD TYLER *(name), certify that on* 11-24-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* STEPHEN C. SKELTON *of* HENDRICKS *County,* IN *(state), and* ANGELA D. FOOR *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-24-89.

Signed by: /s/ DONALD TYLER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-28-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 624

HENDRICKS County

File

11-22-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-20
Name of Physician Dr. Baker, M.D.

MALE APPLICANT

Name: First David Middle Wayne Last Wiggins

Date of Birth: Month 12 Day 13 Year 1957

Place of Birth (State or foreign country) Wichita Falls, Tx

Residence Address: Street or R.R. 1097 Kessler W. Dr. City Indpls County Marion State In. 46208

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Ruel Wayne Wiggins
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of mother of dependent children Jan Willard
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) Texas

FEMALE APPLICANT

Name: First Debora Middle Jean Last Spears

Date of Birth: Month 4 Day 2 Year 1960

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R.R. RR 8 Box 387 City Indpls County Marion State In 46234 (Hend. Co.)

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Ian Francis Spears - 11 yrs.
   Nigel Stuart Spears - 9 yrs.
6. (a) Full name of father of dependent children Richard Lewis Monroe
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Frances Louise Einfeldt
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X David Wiggins — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X David Wiggins

New Address

Subscribed and sworn to before me this 22 day of Nov 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)) ss: County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Debora J. Spears — Signature of Applicant — 11-22-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Debora J. Spears

New Address RR 8 Box 387 INDPLS 46234

Subscribed and sworn to before me this 22 day of Nov 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)) ss: County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-22-89 *, authorizing the marriage of* DAVID WAYNE WIGGINS *and* DEBORA JEAN SPEARS *.*

I further certify that the following marriage certificate was filed in my office:

I, ROGER HOLLOWAY *(name), certify that on* 12-2-89 *(date), at* INDPLS. *in* MARION *County, Indiana,* DAVID W. WIGGINS *of* MARION *County,* IN *(state), and* DEBORA J. SPEARS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-2-89 *.*

Signed by: /s/ ROGER HOLLOWAY, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-5-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 625

File

11-22-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-30-89
Name of Physician Thomas Walker, M.D.

MALE APPLICANT

Name: First Timothy Middle John Last Holt

Date of Birth: Month 7 Day 24 Year 1965

Place of Birth (State or foreign country) Danville In

Residence Address: Street or R.R. 523 Tomahawk Trail Apt 2306 City Indianapolis County State In 46214

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Forrest Dewayne Holt
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Rosemarie Rentledge
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Jacqueline Middle Sue Last Ashby

Date of Birth: Month 7 Day 17 Year 1965

Place of Birth (State or foreign country) Sault Ste. Marie Mich

Residence Address: Street or R.R. 7 Dawn Dr. City Brownsburg County State In 46112

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Joshua Samuel Ashby - 3 yrs.

6. (a) Full name of father of dependent children James Wade Ashby
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother of dependent children Patricia Ann McCord
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Timothy John Holt 11/22/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Timothy John Holt
New Address Same

Subscribed and sworn to before me this 22 day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Jacqueline Sue Ashby 11/22/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Jacqueline Sue Ashby
New Address 523 Tomahawk Trail Apt 2306 Indy, IN 46214

Subscribed and sworn to before me this 22 day of Nov 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-22-89, *authorizing the marriage of* TIMOTHY JOHN HOLT *and* JACQUELINE SUE ASHBY.

I further certify that the following marriage certificate was filed in my office:

I, STEVEN T. REEVES *(name), certify that on* 11-24-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* TIMOTHY J. HOLT *of* MARION *County,* IN *(state), and* JACQUELINE S. ASHBY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-22-89.

Signed by: /s/ STEVEN T. REEVES, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-28-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 626

File

11-22-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-22-89
Name of Physician Dr. Thorfield

MALE APPLICANT

Name: First Nathan Middle Douglas Last Chitwood

Date of Birth: Month Mar Day 16 Year 1971

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 429 Lisa Ln City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Gary A. Chitwood
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Linnea J. Rammel
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name: First Sharon Middle Diane Last Becker

Date of Birth: Month Dec Day 14 Year 1970

Place of Birth (State or foreign country) Fla.

Residence Address: Street or R.R. 783 Wildwood Dr City Carmel County Morg. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Edward Joseph Becker
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Deborah Susan Jones
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Nathan Chitwood 11-22-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Nathan Chitwood
New Address 429 Lisa Lane

Subscribed and sworn to before me this 22 day of Nov 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Sharon Becker 11-22-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Sharon Becker
New Address 429 Lisa Lane

Subscribed and sworn to before me this 22 day of Nov 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-22-89, *authorizing the marriage of* NATHAN CHITWOOD *and* SHANON BECKER.

I further certify that the following marriage certificate was filed in my office:

I, J. MARK VAN VALIN *(name), certify that on* 12-30-89 *(date), at* W. MORRIS ST FREE METHODIST CHURCH, MARION *County, Indiana,* NATHAN CHITWOOD *of* HENDRICKS *County,* IN *(state), and* SHANON BECKER *of* MORGAN *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-9-90.

Signed by: /s/ J. MARK VAN VALIN, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-9-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 627

File

11-22-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-22-89
Name of Physician David B. Haggard, M.D.

MALE APPLICANT

Name: First Larry Middle Clifford Last Patrick

Date of Birth: Month 3 Day 16 Year 1948

Place of Birth (State or foreign country) Lebanon, Va

Residence Address: Street or R.R. Box 73 City Stilesville County Hendricks State In 46180

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Sadra DeAnn Patrick - 16yrs.
6. (a) Full name of father of dependent children Bolden Stuart Patrick
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of mother of dependent children Jannie B. Addison
   Residence of mother (if deceased, so state) Virginia
   Birthplace of mother (State or foreign country) Virginia

FEMALE APPLICANT

Name: First Connie Middle Lynn Last Cummins

Date of Birth: Month 9 Day 6 Year 1956

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R.R. P.O. Box 73 City Stilesville County Hendricks State In 46180

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Donald Andrew Cummins - 13yrs.
   Brandon E. Hayes - 11yrs.
6. (a) Full name of father of dependent children Cecil Herman Cummins
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Jenola Nell Emmert
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Larry Clifford Patrick 11-22-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Larry Clifford Patrick
New Address Same

Subscribed and sworn to before me this 22 day of Nov 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Connie Lynn Cummins 11-22-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Connie Lynn Cummins
New Address Same

Subscribed and sworn to before me this 22 day of Nov 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-22-89, *authorizing the marriage of* LARRY CLIFFORD PATRICK *and* CONNIE LYNN CUMMINS.

I further certify that the following marriage certificate was filed in my office:

I, RAY DIXON *(name), certify that on* 11-25-89 *(date), at* STILESVILLE *in* HENDRICKS *County, Indiana,* LARRY C. PARTRICK *of* HENDRICKS *County,* IN *(state), and* CONNIE L. CUMMINS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-25-89.

Signed by: /s/ RAY DIXON, REVEREND *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-29-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 628

File

HENDRICKS County

11-27-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-2-89
Name of Physician G. R. Harris M.D.

MALE APPLICANT

Name: First Ronald Middle Harry Last Kneeland

Date of Birth: Month 5 Day 5 Year 59

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. P.O. Box 91 City North Salem County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Ronald D. Kneeland
   Residence of father (if deceased, so state) Rockville, In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Janice C. Duvall
   Residence of mother (if deceased, so state) Rockville, In
   Birthplace of mother (State or foreign country) Pa.

FEMALE APPLICANT

Name: First Nancy Middle Lynn Last Rudder

Date of Birth: Month 9 Day 15 Year 61

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 82-6 Chipping Way City Louisville County State Ky. 40222

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Norman Earl Rudder
   Residence of father (if deceased, so state) Glendora, Ca.
   Birthplace of father (State or foreign country) Ind./under Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Jan Susanne Pepper
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Ronald H. Kneeland — 11-27-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Ronald H. Kneeland

New Address

Subscribed and sworn to before me this 27th day of Nov, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Nancy L. Rudder — 12/15/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Nancy L. Rudder

New Address same as above

Subscribed and sworn to before me this 15th day of Dec, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-15-89, *authorizing the marriage of* RONALD H. KNEELAND *and* NANCY L. RUDDER.

I further certify that the following marriage certificate was filed in my office:

I, S. V. STILES *(name), certify that on* ~~12-16-89~~ *(date), at* ~~DANIVLLE~~ *in* HENDRICKS *County, Indiana,* RONALD H. KNEELAND *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-15-89.

(state), and NANCY L. RUDDER *of* JEFFERSON *County,* IN

Signed by: /s/ S. V. STILES, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-19-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 629

File

11-27-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-6-89
Name of Physician T. M. Voss, M.D.

MALE APPLICANT

Name First Malcolm Middle Shane Last Summers

Date of Birth Month 4 Day 15 Year 70

Place of Birth (State or foreign country) Danville, In.

Residence Address Street or R.R. RR#1 Box 118 City Clayton County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Enos Quenton Summers
   Residence of father (if deceased, so state) Belleville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Dorothy Helen Bryan
   Residence of mother (if deceased, so state) Belleville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Malcolm Shane Summers 11/27/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Malcolm Shane Summers
New Address 7964 Oak Hill Drive Plfd.

Subscribed and sworn to before me this 27th day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name First Andrea Middle Marie Last Prater

Date of Birth Month 4 Day 27 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 7964 Oak Hill Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Glennen Lee Prater
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Kathleen Joan Conzer
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Andrea M. Prater 11-27-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Andrea M. Prater
New Address Same

Subscribed and sworn to before me this 27th day of Nov, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-27-89, *authorizing the marriage of* MALCALM SHANE SUMMERS *and* ANDREA MARIE PRATER.

I further certify that the following marriage certificate was filed in my office:

I, STEPHEN WHITE *(name), certify that on* 12-3-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* MALCALM S. SUMMERS *of* HENDRICKS *County,* IN *(state), and* ANDREA MARIE PRATER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-3-89.

Signed by: /s/ STEPHEN WHITE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-5-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 630

HENDRICKS County

File

11-28-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-16-89
Name of Physician Gregory Hewlett

MALE APPLICANT

Name: First Daniel Middle Lee Last Keller

Date of Birth: Month 11 Day 29 Year 65

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R.R. [illegible] City [illegible] County [illegible] State [illegible]

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ George H. Keller
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Mary L. Whipking
   Residence of mother (if deceased, so state) Dave
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Joie Middle Lynne Last Miller

Date of Birth: Month 11 Day 29 Year 69

Place of Birth (State or foreign country) Ind.

Residence Address: 1172 S. Vine Plfd. Street or R.R. [illegible] City [illegible] County [illegible] State [illegible]

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Michael R. Miller
   Residence of father (if deceased, so state) Lotsaw Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Mary L. Dewese
   Residence of mother (if deceased, so state) Danville Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Daniel Keller 11/28/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Daniel Keller 11/28/89

New Address

Subscribed and sworn to before me this 28 day of Nov. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Joie L. Miller 11-28-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Joie L. Miller 11-28-89

New Address

Subscribed and sworn to before me this 28 day of Nov. 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-28-89, *authorizing the marriage of* DANIEL L. KELLER *and* JOIE L. MILLER.

I further certify that the following marriage certificate was filed in my office:

I, BRADFORE F. PURDY *(name), certify that on* 12-16-89 *(date), at* ~~5360 W 16th ST~~ *in* MARION *County, Indiana,* DANIEL L. KELLER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-16-89 *(state), and* JOIE L. MILLER *of* HENDRICKS *County,* IN *(state).*

Signed by: /s/ BRADFORE F. PURDY, CLERGYMAN *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-19-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 631

File

11-28-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Philip Batista

MALE APPLICANT

Name First Paul Middle Joseph Last Mahler

Date of Birth Month 8 Day 28 Year 69

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. 8360 E. 300 N. City Brgy County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Mark Carl Mahler
   Residence of father (if deceased, so state) Brgy Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Kathleen McGuire
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Paul J Mahler 11-28-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Paul J Mahler

New Address

Subscribed and sworn to before me this 28 day of Nov., 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name First Catherine Middle Marie Last Butcher

Date of Birth Month 8 Day 24 Year 69

Place of Birth (State or foreign country) Ohio

Residence Address Street or R.R. 375 W. Main City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Neil Duane Butcher
   Residence of father (if deceased, so state) Butler Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Martha Jean DeTar
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Catherine Butcher 11-28-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Catherine Butcher

New Address Same

Subscribed and sworn to before me this 28 day of Nov., 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-28-89, *authorizing the marriage of* PAUL J. MAHLER *and* CATHERINE M. BUTCHER.

I further certify that the following marriage certificate was filed in my office:

I, NEIL BUTCHER *(name), certify that on* 1-19-90 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* PAUL J. MAHLER *of* HENDRICKS *County,* IN *(state), and* CATHERINE M. BUTCHER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-19-90.

Signed by: /s/ NEIL BUTCHER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-24-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 632

File

HENDRICKS County

11-28-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-22-89
Name of Physician Rebecca Hawk

MALE APPLICANT

Name: First Todd Middle James Last Henriksen

Date of Birth: Month 12 Day 26 Year 69

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R.R. [illegible] City [illegible] County [illegible] State [illegible]

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Dennis James Henriksen
   Residence of father (if deceased, so state) Decased
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of mother of dependent children Patsy Evelyn Olson
   Residence of mother (if deceased, so state) Portage Wisconsin
   Birthplace of mother (State or foreign country) Wisconsin

FEMALE APPLICANT

Name: First Jackie Middle Lynn Last Frye

Date of Birth: Month 4 Day 10 Year 70

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 182 E. Mason City Danville County [illegible] State [illegible]

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Jon Val Frye
   Residence of father (if deceased, so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Paulette Joan Brown
   Residence of mother (if deceased, so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Todd J. Henriksen 11/28/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Todd J. Henriksen
New Address

Subscribed and sworn to before me this 28 day of Nov., 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Jackie Lynn Frye
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Jackie Lynn Frye
New Address

Subscribed and sworn to before me this 28 day of Nov., 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the [illegible] County Court, by written order issued
and filed in [illegible], authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-28-89, *authorizing the marriage of* ~~TODD JAMES HENRIKSEN~~ *and* ~~JACKIE LYNN FRYE~~.

I further certify that the following marriage certificate was filed in my office:

I, DALE ALAN RUMBLE *(name), certify that on* 12-16-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* TODD J. HENRIKSEN *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* JACKIE L. FRYE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-16-89.

Signed by: /s/ DALE ALAN RUMBLE, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-20-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 633

File

11-30-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician John Davies

MALE APPLICANT

Name First Faron Middle Ray Last Norris
Date of Birth Month 5 Day 4 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 2380 Howling Ln. City Indianapolis County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Troy Lloyd Norris
   Megan Elizabeth Norris
6. (a) Full name of father ~~of dependent children~~ Bedford Norris
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother ~~of dependent children~~ Daisy Mae Clapp
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Rebecca Middle Lynn Last Farmer
Date of Birth Month 9 Day 10 Year 1960
Place of Birth (State or foreign country) Nebraska
Residence Address Street or R.R. 2380 Howling Ln. City Indianapolis County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
   Sarah Lynn Seales
   Jennifer Renee Seales
6. (a) Full name of father ~~of dependent children~~ Angela K. Farmer Darrell Lee Seales
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Camellay Clark
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Faron R Norris — 11-30-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Faron R Norris
New Address 2380 Howling Lane Indpls IN 0

Subscribed and sworn to before me this 30th day of Nov. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Rebecca L. Farmer — 11-30-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Rebecca L. Farmer
New Address 2380 Howling Lane, Indpls. IN.

Subscribed and sworn to before me this 30th day of Nov. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-30-89, *authorizing the marriage of* FARON RAY NORRIS *and* REBECCA LYNN FARMER.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 11-30-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* FARON RAY NORRIS *of* HENDRICKS *County,* IN *(state), and* REBECCA LYNN FARMER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-30-89

Signed by: /s/ CONNIE TATE, 1st DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 11-30-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 634

File

HENDRICKS County

12-4-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-28-89
Name of Physician Garnet R. Harris M.D.

MALE APPLICANT

Name: First Gene Middle Edward Last Thomas

Date of Birth: Month 8 Day 15 Year 63

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 9880 W. 10th St. Lot 29-2 City Indpls. County State In. 46234

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Shelby Gene Thomas
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky. (?)
   (b) Full maiden name of mother ~~of dependent children~~ Beulah Ellen Acton
   Residence of mother (if deceased, so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name: First Shannon Middle Marie Last Sturm

Date of Birth: Month 7 Day 13 Year 66

Place of Birth (State or foreign country) Columbus In.

Residence Address: Street or R.R. 9880 W. 10th St. Lot 29-2 City Indpls. County State In. 46234

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Robert Leroy Sturm
   Residence of father (if deceased, so state) North Salem, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Janet Kaey Miller
   Residence of mother (if deceased, so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Gene E Thomas — Signature of Applicant — 12-4-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Gene E Thomas

New Address SAME

Subscribed and sworn to before me this 4th day of Dec 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Shannon M Sturm — Signature of Applicant — 12-4-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Shannon M Sturm

New Address Same

Subscribed and sworn to before me this 4th day of Dec 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-15-89, *authorizing the marriage of* GENE EDWARD THOMAS *and* SHANNON MARIE STURM.

I further certify that the following marriage certificate was filed in my office:

I, JANICE S. CHILEWSKI *(name), certify that on* 15th OF DEC. 1989 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GENE E. THOMAS *of* HENDRICKS *County,* IN *(state), and* SHANNON MARIE STURM *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-15-89

Signed by: /s/ JANICE S. CHILEWSKI, CHIEF DEPUTY *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-15-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 635

File

12.5.89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-5-89
Name of Physician Joseph Thompson

MALE APPLICANT

Name: First Darin Middle Lee Last Hubble
Date of Birth: Month June Day 11 Year 1971
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. 625 S. Grant City Brgs County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Dennis Lloyd Hubble
   Residence of father (if deceased, so state) Brgs Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Linda Sue Williams
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Michelle Middle Irene Last Peters
Date of Birth: Month 3 Day 29 Year 71
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R.R. 380 S. Moss City Brgs County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Jeffery M. Peters
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Sandra K. Jessup
   Residence of mother (if deceased, so state) Pend. Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Darin L Hubble 12/5-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Darin L Hubble
New Address

Subscribed and sworn to before me this 5 day of Dec., 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Michelle I Peters 12-5-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Michelle I Peters
New Address Same

Subscribed and sworn to before me this 5 day of Dec., 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-5-89, *authorizing the marriage of* DARIN LEE HUBBLE *and* MICHELLE IRENE PETERS.

I further certify that the following marriage certificate was filed in my office:

I, JOHN CALDWELL *(name), certify that on* 12-15-89 *(date), at* AVON *in* HENDRICKS *County, Indiana,* DARIN LEE HUBBLE *of* HENDRICKS *County,* IN *(state), and* MICHELLE IRENE PETERS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-15-89.

Signed by: /s/ JOHN CALDWELL, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-18-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 436

File

HENDRICKS County

12-5-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Eric Clark

MALE APPLICANT

Name: First Paul Middle R Last Wineman
Date of Birth: Month 11 Day 2 Year 39
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. Same City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Eric.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Paul E. Wineman
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Esther Alberta Cassett
   Residence of mother (if deceased, so state) Ladpls. Ind.
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Sharon Middle A. Last Wineman
Date of Birth: Month 6 Day 9 Year 42
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. 163 Sunset Dr. City Danville County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Eric.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Clifford R. Leonard
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Esther M. Keefer
   Residence of mother (if deceased, so state) Ladpls. Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Paul R Wineman 12-5-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Paul R Wineman
New Address
Subscribed and sworn to before me this 5 day of Dec. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Sharon A Wineman 12-5-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Sharon A Wineman
New Address Same
Subscribed and sworn to before me this 5 day of Dec. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
County Court, by written order issued
and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-5-89, *authorizing the marriage of* PAUL RICHARD WINEMAN *and* SHARON ANN WINEMAN.

I further certify that the following marriage certificate was filed in my office:

I, JOHN P. ROOF *(name), certify that on* 1-1-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* PAUL RICHARD WINEMAN *of* HENDRICKS *County,* IN *(state) and* SHARON ANN WINEMAN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-1-90, *Signed by:* /s/ JOHN P. ROOF, EPISCOPAL PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-2-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 637

File

12-6-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-1-89
Name of Physician Glenn Baker, M.D.

MALE APPLICANT

Name: First James Middle Gregary Last Hendricks

Date of Birth: Month 12 Day 12 Year 64

Place of Birth (State or foreign country): Indianapolis, In.

Residence Address: Street or R.R. 119 E. Lincoln City Brownsburg County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Lonnie Rogers Hendricks
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) North Carolina
   (b) Full maiden name of mother of dependent children Patricia Ann Gill
   Residence of mother (if deceased, so state) Indpls. In
   Birthplace of mother (State or foreign country) Michigan

FEMALE APPLICANT

Name: First Stacy Middle Lyn Last Fields

Date of Birth: Month 10 Day 29 Year 63

Place of Birth (State or foreign country): Martinsville In.

Residence Address: Street or R.R. 119 E. Lincoln City Brownsburg County State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Richard Eugene Fields
   Residence of father (if deceased, so state) Martinsville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Sharon Ruth Toole
   Residence of mother (if deceased, so state) Greenwood, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

J. Gregory Hendricks 12-6-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed J. Gregory Hendricks
New Address same

Subscribed and sworn to before me this 6th day of Dec 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Stacy Lyn Fields 12-6-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Stacy L Fields
New Address Same as above

Subscribed and sworn to before me this 6th day of Dec 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-6-89, *authorizing the marriage of* JAMES GREGORY HENDRICKS *and* STACY LYNN FIELDS.

I further certify that the following marriage certificate was filed in my office:

I, BILL M. RIGGS *(name), certify that on* 12-16-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JAMES GREGORY HENDRICKS *of* HENDRICKS *County,* INDIANA *(state), and* STACY LYNN FIELDS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-16-89.

Signed by: ~~/s/ BILL M. RIGGS~~, ~~MINISTER~~ *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-27-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 638

File

HENDRICKS County

12-6-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-30-89
Name of Physician K. Johns, MD

MALE APPLICANT

Name: First Robert Middle L. Last Croy

Date of Birth: Month May Day 13 Year 1951

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 6610 E US 136 City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Darrell Croy
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Margaret Lee
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) In.

FEMALE APPLICANT

Name: First Trina Middle M. Last Murphy

Date of Birth: Month Jan Day 24 Year 1964

Place of Birth (State or foreign country) Ill.

Residence Address: Street or R.R. 6610 E US 136 City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☑ Judicial Decree
☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Amber D. Murphy

6. (a) Full name of father of dependent children Sam Basile
   Residence of father (if deceased, so state) Peoria, Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of mother of dependent children Marie Belvadure
   Residence of mother (if deceased, so state) St Charles, Ill.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Robert L. Croy — 12-6-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Robert L. Croy
New Address 6610 E. US 136

Subscribed and sworn to before me this 6 day of Dec 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Trina M. Murphy — 12-6-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Trina M. Murphy
New Address 6610 E. US 136

Subscribed and sworn to before me this 6 day of Dec 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court, by written order issued _____ County and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-6-89, *authorizing the marriage of* ROBERT L. CROY *and* TRINA M. MURPHY.

I further certify that the following marriage certificate was filed in my office:

I, JANICE S. CHILEWSKI *(name), certify that on* 12-7-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT L. CROY *of* HENDRICKS *County,* IN *(state), and* TRINA M. Murphy *of* hendricks *County,* in *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-7-89. *Signed by:* /s/ JANICE S. CHILEWSKI, CHIEF DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-7-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 639

File

12-8-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-29-89
Name of Physician Dr. Thomas M Walker

MALE APPLICANT

Name First: Dwight Middle: Allen Last: Pritchard
Date of Birth Month: 4 Day: 6 Year: 1965
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address Street or R.R.: 219 N. Grant City: Brownsburg County: In State: 46112
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Dale Allen Pritchard
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Donna Lee Berlin
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Dwight Pritchard — 12-9-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Dwight Pritchard
New Address

Subscribed and sworn to before me this 8th day of Dec, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
____ Clerk

FEMALE APPLICANT

Name First: Denise Middle: Heather Last: Link
Date of Birth Month: 3 Day: 7 Year: 1967
Place of Birth (State or foreign country): Alton, Illinois
Residence Address Street or R.R.: 219 N. Grant City: Brownsburg County: In State: 46112
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Kenneth Andrew Link
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother of dependent children Glenda Sue Mary
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Denise H. Link — ____
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Denise H. Link
New Address

Subscribed and sworn to before me this 8th day of Dec, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-29-89, *authorizing the marriage of* DWIGHT ALLEN PRITCHARD *and* DENISE HEATHER LINK.

I further certify that the following marriage certificate was filed in my office:

I, ~~GEORGE PLASTERER~~ *(name), certify that on* ~~12-30-89~~ *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DWIGHT ALLEN PRITCHARD *of* MARION *County,* IN *(state), and* DENISE HEATHER LINK *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-30-89.

Signed by: /s/ GEORGE PLASTERER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-3-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 640

File

HENDRICKS County

12-8-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-22-89
Name of Physician A. Vogle

MALE APPLICANT

Name: First Robert Middle E. Last Tudor

Date of Birth: Month 1 Day 29 Year 30

Place of Birth (State or foreign country) Pikeville KY

Residence Address: Street or R.R. 4819 Ridge Hill Way City Pefd. County Dn. State 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Charles L. Tudor
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Penny MacCampbell
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: First Laura Middle Marcella Last Chrisman

Date of Birth: Month 6 Day 6 Year 1945

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R.R. 7051 Crawfordsville Rd City Indpls. County State In 46214

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Doug Oliver Blair
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Laura Ioana Mass
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Robert E. Tudor — 12-8-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Robert E. Tudor

New Address

Subscribed and sworn to before me this 8th day of Dec, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Laura M Chrisman — 12-8-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Laura M. Chrisman

New Address

Subscribed and sworn to before me this 8th day of Dec 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-8-89, *authorizing the marriage of* ROBERT E. TUDOR *and* LAURA M. CHRISMAN.

I further certify that the following marriage certificate was filed in my office:

I, GERALD E. THOMAS *(name), certify that on* 12-16-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT E. TUDOR *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* LAURA M. CHRISMAN *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-8-89.

Signed by: /s/ GERALD E. THOMAS, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-19-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 641

File

12-11-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-20-89
Name of Physician Bernard E. Stallard MD

MALE APPLICANT

Name: First James Middle Jeffrey Last Hubbard
Date of Birth: Month 6 Day 23 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4169 Eagle Lake Drive City Indpls County Marion State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ James Morris Hubbard
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Betty Lou Montgomery
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Nancy Middle Diane Last Gasch
Date of Birth: Month 10 Day 20 Year 1945
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 35 Acre Lane City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Michael David Gasch 22 yrs
   Kevin Michael Gasch 19 yrs
   Eric Kevin Gasch 17 yrs.
6. (a) Full name of father ~~of dependent children~~ Glenn Kenneth Olson
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother ~~of dependent children~~ Thelma Nelson
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X James Jeffrey Hubbard 12/11/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed James Jeffrey Hubbard
New Address 35 Acre Lane, Brownsburg, IN 46112

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Nancy D. Gasch 12-11-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed Nancy D. Gasch
New Address ____

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-11-89, *authorizing the marriage of* JAMES JEFFREY HUBBARD *and* NANCY DIANE GASCH.

I further certify that the following marriage certificate was filed in my office:

I, FRED W. FIEDLER *(name), certify that on* 12-30-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JAMES JEFFREY HUBBARD *of* MARION *County,* IN *(state), and* NANCY DIANE GASCH *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-30-89.

Signed by: /s/ FRED W. FIEDLER, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-3-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 642

File

HENDRICKS County

12-11-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated Eric Dark
Name of Physician

MALE APPLICANT

Name: First Jason Middle S. Last Dorn

Date of Birth: Month 8 Day 4 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 429 E. Main St. City Pitts. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Eye.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) ~~Full name of father of dependent children~~ John Van Dorn
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Sharon Ann Mathis
   Residence of mother (if deceased, so state) Iowa
   Birthplace of mother (State or foreign country) Iowa.

FEMALE APPLICANT

Name: First Melodie Middle S. Last Hudson

Date of Birth: Month 12 Day 29 Year 65

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 960 Wyckford Dr. Apt. 3 City Indpls. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Eye.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of father ~~of dependent children~~ Raymond Lee Hudson
   Residence of father (if deceased, so state) Casey Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of mother ~~of dependent children~~ Mary Elizabeth Adams
   Residence of mother (if deceased, so state) Casey Ill.
   Birthplace of mother (State or foreign country) Maryland

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Jason Dorn — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Jason Dorn

New Address —

Subscribed and sworn to before me this 11 day of Dec., 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this — day of —, 19—

— Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Melodie Hudson — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Melodie Hudson

New Address same as above

Subscribed and sworn to before me this 11 day of Dec., 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this — day of —, 19—

— Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the — County Court, by written order issued —, and filed in —, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-11-89, *authorizing the marriage of* JASON S. DORN *and* MELODIE S. HUDSON.

I further certify that the following marriage certificate was filed in my office:

I, KEN LEACH *(name), certify that on* 12-15-89 *(date), at* PLAINFIELD *in* ~~HENDRICKS~~ *County, Indiana,* ~~JASON S. DORN~~ *of* ~~HENDRICKS~~ *County,* ~~IN~~ *(state), and* MELODI HUDSON *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-15-89. *Signed by:* /s/ KEN LEACH, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-18-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 643

File

12-12-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-9-89
Name of Physician Shippen, M.D.

MALE APPLICANT

Name: First Bennie Middle Oakley Last Martin Jr.

Date of Birth: Month 9 Day 10 Year 1944

Place of Birth (State or foreign country) Muncie, Ind.

Residence Address: Street or R.R. 13 N. Rd. 450 E. City Danville County Ind. State 46122 Apt. C

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Draft Card-Reg. Cert.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Bennie Oakley Martin
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Martha Elizabeth Boomer
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Leigh Middle Karen Last Schultz

Date of Birth: Month 7 Day 23 Year 1949

Place of Birth (State or foreign country) Brooklyn, NY

Residence Address: Street or R.R. 13 N. Rd. 450 E. City Danville County Ind. State 46122 Apt. C

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children George Alexander Schultz
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of mother of dependent children Gladys Lundquist
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Bennie O Martin Jr. 12-11-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Bennie O Martin Jr.

New Address Same

Subscribed and sworn to before me this 12 day of Dec 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Leigh Schultz
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Leigh Schultz

New Address Same

Subscribed and sworn to before me this 12 day of Dec 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-12-89, *authorizing the marriage of* BENNIE OAKLEY MARTIN, JR. *and* LEIGH KAREN SCHULTZ.

I further certify that the following marriage certificate was filed in my office:

I, HARLAN KINCADE *(name), certify that on* 12-30-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BENNIE OAKLEY MARTIN, JR. *of* HENDRICKS *County,* IN *(state), and* LEIGH KAREN SCHULTZ *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-30-89.

Signed by: /s/ HARLAN KINCADE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-2-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 644

HENDRICKS County

File

12-13-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-12-89
Name of Physician David B. Huggard, M.D.

MALE APPLICANT

Name: First Alejandro Middle Jovier Last Victoria

Date of Birth: Month 3 Day 6 Year 64

Place of Birth (State or foreign country) Mexico City, Mexico

Residence Address: Street or R.R. 2435 Gibbs Rd. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Pass Port

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Mario Victoria
   Residence of father (if deceased, so state) Tejuana Mexico
   Birthplace of father (State or foreign country) Mexico City, Mexico
   (b) Full maiden name of mother ~~of dependent children~~ Cristina Vega
   Residence of mother (if deceased, so state) Mexico City, Mexico
   Birthplace of mother (State or foreign country) Cuernavaca, Mor Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Alejandro Victoria 12-13-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Alejandro Victoria
New Address 4646 N Abington Dr. Indianapolis, In 46254

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

FEMALE APPLICANT

Name: First Lisa Middle Ann Last Whicker

Date of Birth: Month 5 Day 5 Year 67

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. ~~4646 N Abington Dr. Indpls. In~~ 2435 Gibbs Rd City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Garford Kenneth Whicker
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Buffalo, N.Y.
   (b) Full maiden name of mother ~~of dependent children~~ Cynthiann Hall
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Lisa Whicker 12-13-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Lisa Whicker
New Address 4646 N Abington Dr. Indpls, In 46254

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-13-89, *authorizing the marriage of* ALEJANDRO JOVIER VICTORIA *and* LISA ANN WHICKER.

I further certify that the following marriage certificate was filed in my office:

I, GEORGE PLASTERER *(name), certify that on* 12-16-89 *(date), at* ~~PLAINFIELD~~ *in* HENDRICKS *County, Indiana,* ALEJANDRO JOVIER VICTORIA *(state), and* LISA ANN WHICKER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-16-89.

Signed by: /s/ GEORGE PLASTERER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-20-89 *(date).*

Signed ____ *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 645

File

12-13-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-30-89
Name of Physician Jim Brown

MALE APPLICANT

Name First John Middle Patrick Last Starkey
Date of Birth Month 12 Day 4 Year 1965
Place of Birth (State or foreign country) Lancaster, Ohio
Residence Address Street or R.R. 214 Parthenia City Brownsburg County Hendricks State In 46112
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children John Wilson Starkey
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother of dependent children Virginia Lee Jones
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name First Diana Middle Lynn Last King
Date of Birth Month 6 Day 13 Year 1960
Place of Birth (State or foreign country) Crawfordsville In
Residence Address Street or R.R. 214 Parthenia City Brownsburg County Hendricks State In 46112
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Mindi Lynn King - 7 yrs.
6. (a) Full name of father of dependent children Robert Elliot Stewart
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Joan Marilyn Harkrider
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X John P. Starkey — 12-13-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X John P. Starkey
New Address SAME

Subscribed and sworn to before me this 13 day of Dec, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Diana Lynn King — 12-13-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Diana Lynn King
New Address same

Subscribed and sworn to before me this 13 day of Dec, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-13-89, *authorizing the marriage of* JOHN PATRICK STARKEY *and* DIANA LYNN KING.

I further certify that the following marriage certificate was filed in my office:

I, DONALD TYLER *(name), certify that on* 12-26-89 *(date), at* BETHESDA BAPTIST CHURCH *in* HENDRICKS *County, Indiana,* JOHN PATRICK STARKEY *of* MARION *County,* IN *(state), and* DIANA LYNN KING *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-26-89

Signed by: /s/ DONALD TYLER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-29-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 646

File

HENDRICKS County

12-14-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-10-89
Name of Physician Robert Howell, M.D.

MALE APPLICANT

Name: First Kevin Middle J. Last Jones

Date of Birth: Month 6 Day 26 Year 59

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Damon Neil Jones
   Residence of father (if deceased, so state) Ply Ind.
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of mother ~~of dependent children~~ Patricia Ann Thomas
   Residence of mother (if deceased, so state) Ply Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x [signature] Date

Signature of Applicant

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x [signature]

New Address

Subscribed and sworn to before me this 14 day of Dec, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Amie Middle Louise Last Davis

Date of Birth: Month 3 Day 19 Year 1959

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R.R. 1970 Crystal Bay E. Dr City Plfd. County In. State 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driv's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None

6. (a) Full name of father of dependent children Frank Eugene Davis
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Sandra Marie Stanback
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x [signature] 12-14-89

Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x [signature]

New Address 1970 Crystal Bay E Dr Plainfield

Subscribed and sworn to before me this 14 day of Dec 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued , and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-14-89 *, authorizing the marriage of* Kevin Jay Jones *and* Amie Louise Davis *.*

I further certify that the following marriage certificate was filed in my office:

I, George Plasterer *(name), certify that on* ~~12-23-89~~ *(date), at* ~~Plainfield~~ *in* Hendricks *County, Indiana,* Kevin Jay Jones *of* Hendricks *County,* IN *(state), and* AMie Louise Davis *of* Hendricks *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-23-89 *.*

Signed by: /s/ George Plasterer *,* Clergy *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-28-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 647

File

12-14-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-14-89
Name of Physician David Hadley, M.D.

MALE APPLICANT

Name First Michael Middle Ray Last Wallace
Date of Birth Month 9 Day 22 Year 68
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. R.R. #1 Box 122 City Clayton County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Rufus Alan Wallace
   Residence of father (if deceased, so state) Brownsville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Penny Morris
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Karen Sue Collins — 12/14/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Karen Sue Collins
New Address

Subscribed and sworn to before me this 14th day of Dec. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name First Karen Middle Sue Last Collins
Date of Birth Month 3 Day 1 Year 72
Place of Birth (State or foreign country) Indianapolis In
Residence Address Street or R.R. R # 4 Box 256 City Clayton County State In. 46118
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Clarence Junior Collins
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of mother ~~of dependent children~~ Karen Lee Nicely
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michael Wallace — 12/14/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michael Wallace
New Address

Subscribed and sworn to before me this 14th day of Dec. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Both Clarence Collins
Signed ~~Karen Sue~~ ~~Clarence Collins~~ Father
Signed Karen S. Collins Mother

Subscribed and sworn to before me this 14 day of Dec. 1989
Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-14-89, *authorizing the marriage of* MICHAEL RAY WALLACE *and* KAREN SUE COLLINS.

I further certify that the following marriage certificate was filed in my office:

I, LESLIE WALTZ *(name), certify that on* 12-24-89 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* MICHAEL RAY WALLACE *of* HENDRICKS *County,* IN *(state), and* KAREN SUE COLLINS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-24-89.

Signed by: /s/ LESLIE WALTZ, ELDER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-2-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 648

HENDRICKS County

File

12-15-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician John Payne

MALE APPLICANT

Name: First Carl Middle E. Last Garland

Date of Birth: Month 3 Day 8 Year 49

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Mark Edward Garland
6. (a) Full name of father ~~of dependent children~~ Elmer H. Garland
   Residence of father (if deceased, so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Delores J. Wilson
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Sharon Middle A. Last Stewart

Date of Birth: Month 10 Day 19 Year 48

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. RR 1 Box 40 City Clayton County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   —
6. (a) Full name of father ~~of dependent children~~ W. Wayne Stewart
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Maxie Beatrice Russell
   Residence of mother (if deceased, so state) North Salem Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Carl E. Garland 12-15-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Carl E. Garland

New Address

Subscribed and sworn to before me this 12 day of Dec, 1989

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Sharon A. Stewart 12-15-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Sharon A. Stewart

New Address

Subscribed and sworn to before me this 12 day of DEC, 1989

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-15-89, *authorizing the marriage of* CARL E. GARLAND *and* SHARON A. STEWART.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 12-15-89 *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* CARL E. GARLAND *of* HENDRICKS *County,* IN *(state), and* SHARON A. STEWART *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-15-89.

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-15-89 *(date).*

Signed Connie Johnson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 649

File

12-15-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-17-89
Name of Physician Lynn Thoren

MALE APPLICANT

Name First Troy Middle D. Last Maupin

Date of Birth Month 2 Day 21 Year 1964

Place of Birth (State or foreign country) Danville, In. 46122

Residence Address Street or R.R. P.O. Box 213, Lizton City Lizton County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ George D. Maupin
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Ellen L. Wright
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Troy D Maupin 12-15-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Troy D Maupin
New Address PO Box 213 Lizton Ind 46149

Subscribed and sworn to before me this 15 day of Dec. 1989
Connie Tatum Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First TRACI Middle A. Last BARKER

Date of Birth Month 2 Day 9 Year 68

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address Street or R.R. R.O. Box 213, Lizton City Lizton County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Chelcie J. Barker

6. (a) Full name of father ~~of dependent children~~ Thomas J. Barker
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Sally J. Hopkins
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Traci A. Barker 12-15-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Traci A. Barker
New Address PO Box 213 Lizton In 46149

Subscribed and sworn to before me this 15th day of Dec. 1989
Connie Tatum Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-15-89, *authorizing the marriage of* TROY L. MAUPIN *and* TRACI A. BARKER.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 12-15-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* TROY L. MAUPIN *of* HENDRICKS *County,* IN *(state), and* TRACI A. BARKER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-15-89.

Signed by: /s/ CONNIE TATE, 1st DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-15-89 *(date).*

Signed Connie Tatum *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 650

HENDRICKS County

File

12-18-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-18-89
Name of Physician Burl Eaton, M.D.

MALE APPLICANT

Name: First Rodney Middle James Last Blackman

Date of Birth: Month November Day 16 Year 1966

Place of Birth (State or foreign country) Toledo Ohio

Residence Address: Street or R.R. 27940 Solamint Rd. #1-206 City Canyon Country County State Ca. 91351

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father ~~of dependent children~~ John Mathers Emerson Blackman
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother of dependent children Carol May Metz
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

FEMALE APPLICANT

Name: First Sara Middle Kathleen Last Floyd

Date of Birth: Month November Day 3 Year 1969

Place of Birth (State or foreign country) Tipton In.

Residence Address: Street or R.R. RR#1 Box 224-20 City Pittsboro County State In. 46167

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father ~~of dependent children~~ James Deneice Floyd
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of mother ~~of dependent children~~ Violet Roberta Wilson
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Rodney James Blackman — Signature of Applicant — 12/18/89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Rodney James Blackman
New Address SAME

Subscribed and sworn to before me this 18th day of Dec. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Sara Kathleen Floyd — Signature of Applicant — 12-18-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Sara Kathleen Floyd
New Address Sa Male Applicant

Subscribed and sworn to before me this 18th day of Dec. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* Dec. 18, 1989, *authorizing the marriage of* RODNEY JAMES BLACKMAN *and* SARA KATHLEEN FLOYD.

I further certify that the following marriage certificate was filed in my office:

I, J. DON JENNINGS, II *(name), certify that on* 12-23-89 *(date), at* ~~XXX~~ CICERO *in* HAMILTON *County, Indiana,* RODNEY JAMES BLACKMAN *of* LOS ANGLES *County,* ~~XX~~ CA *(state), and* SARA KATHLEEN FLOYD *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-23-89

Signed by: /s/ J. DON JENNINGS, II MINISTER *(official designation)* 12-29-89 *(date).*

Filed and recorded in accordance with the laws of the State of Indiana on Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 651
File 12-19-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-10-89
Name of Physician Ronald Steigmeier

MALE APPLICANT

Name: First David Middle James Last Harlamert
Date of Birth: Month January Day 16, Year 1958
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. R.R. #1 Box 28, City Boggstown, County, State In. 46110
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Ashley Nicole Harlamert
   Brian James Harlamert
6. (a) Full name of father ~~of dependent children~~ James Wally Harlamert
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Elizabeth Kay Keeling
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Sybil Middle Anita Last Hall
Date of Birth: Month January Day 29 Year 1956
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 518 Locust Lane, City Brownsburg, County, State 46112
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ James Wilbur Storms
   Residence of father (if deceased, so state) Dec.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Sybil Lucille McDermott
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X David Harlamert — Dec 19, 1989
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X David Harlamert
New Address 518 Locust Ln. Brownsburg In

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Sybil Anita Hall — Dec. 19, 1989
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Sybil Anita Hall
New Address 518 Locust Lane Brownsburg IN

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-19-89, *authorizing the marriage of* DAVID JAMES HARLAMERT *and* SYBIL ANITA HALL.

I further certify that the following marriage certificate was filed in my office:

I, ROBERT F. GAMMON *(name), certify that on* 12 31 89 *(date), at* INDPLS *in* MARION *County, Indiana,* DAVID JAMES HARLAMERT *of* SHELBY *County,* IN *(state), and* SYBIL ANITA HALL *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-31-89.

Signed by: /s/ ROBERT F. GAMMON, JUDGE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-9-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 652

File

HENDRICKS County

12-19-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-19-89
Name of Physician Robert Howell, M.D.

MALE APPLICANT

Name: First Folkert Middle — Last Pascal

Date of Birth: Month 8 Day 25 Year 1967

Place of Birth (State or foreign country) Netherlands

Residence Address: Street or R.R. Burg. Jos. de [illegible] City Waalstraat 7 County State

Previous Marital Status: Never Married ☒ OR 8011 AS Zwolle Netherlands

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Jan Arend Pascal
   Residence of father (if deceased, so state) Netherlands
   Birthplace of father (State or foreign country) Netherlands
   (b) Full maiden name of mother of dependent children Rookje Zuessen
   Residence of mother (if deceased, so state) Netherlands
   Birthplace of mother (State or foreign country) Netherlands.

FEMALE APPLICANT

Name: First Angela Middle Suzette Last Bacon

Date of Birth: Month July Day 14 Year 1969

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 559 Dibbs St. City Plainfield County State In 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Orville Woodrow Bacon
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Carolyn Sue York
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X [signature] 12-19-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]

New Address

Subscribed and sworn to before me this 19 day of Dec 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Angela S. Bacon 12-19-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Angela S. Bacon

New Address

Subscribed and sworn to before me this 19 day of Dec 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-19-89 *, authorizing the marriage of* FOLKERT PASCAL *and* ANGELA SUZETTE BACON .

I further certify that the following marriage certificate was filed in my office:

I, RONALD E. McDUGLE *(name), certify that on* 1-20-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* FOLKERT PASCAL *of* OVERYSSEL *County,* THE NETHERLANDS *(state), and* ANGELA SUZETTE BACON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-20-90

Signed by: /s/ RONALD E. McDUGLE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-22-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 653

File

12-19-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 8-15-83
Name of Physician Richard Floyd M.D.

MALE APPLICANT

Name: First Eddie Middle Wayne Last Agal

Date of Birth: Month 11 Day 14 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5165 East 450 N. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Benjamin Agal
   Christopher Agal
6. (a) Full name of father ~~of dependent children~~ William Edward Agal
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Susie Horton
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) West Virginia

FEMALE APPLICANT

Name: First Carolyn Middle Sue Last Agal

Date of Birth: Month 4 Day 3 Year 1951

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5165 East 450 N. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ John Hatterman
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Beverly Cook
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Eddie W Agal — 12-19-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Eddie W Agal
New Address 5165 E 450 N Brownsburg Ind 46112

Subscribed and sworn to before me this 19 day of Dec 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Carolyn S. Agal — 12-19-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Carolyn S. Agal
New Address 5165 E 450 N Brownsburg

Subscribed and sworn to before me this ____ day of ____ 19____

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____ 19____

____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____ 19____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-19-89, *authorizing the marriage of* EDDIE WAYNE AGAL *and* CAROLYN SUE AGAL.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 12-19-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* EDDIE WAYNE AGAL *of* HENDRICKS *County,* IN *(state), and* CAROLYN SUE AGAL *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-19-89.

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-19-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 654

File

HENDRICKS County

12-19-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-14-89
Name of Physician Dr. Richards

MALE APPLICANT

Name: First Samuel Middle Joe Last Goldsberry

Date of Birth: Month 10 Day 9 Year 1954

Place of Birth (State or foreign country) Humboldt, TN

Residence Address: Street or R.R. 9710 N. 1025E. City Brownsburg County State In 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Samuel J. Goldsberry Jr. - 14 yrs.
   Timothy S. Goldsberry - 12 yrs.
   Christopher Ryan Goldsberry - 10 yrs.
6. (a) Full name of father of dependent children Harvey Dwayne Goldsberry
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of mother of dependent children Clara Maud Dillman
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Samuel J. Goldsberry 12-9-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Samuel J. Goldsberry
New Address Same -

Subscribed and sworn to before me this 19 day of Dec 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name: First Jo Middle Ellen Last Alexander

Date of Birth: Month 2 Day 1 Year 1958

Place of Birth (State or foreign country) Madisonville Ky

Residence Address: Street or R.R. 9710 N. 1025E. City Brownsburg County State In 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Heather M. Alexander - 16 yrs.
6. (a) Full name of father of dependent children Hugh Harold Brown
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Mary Ellen Brooks
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jo Ellen Alexander 12/19/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jo Ellen Alexander
New Address Same

Subscribed and sworn to before me this 19 day of Dec 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-19-89, *authorizing the marriage of* SAMUEL J. GOLDSBERRY *and* JO ELLEN ALEXANDER.

I further certify that the following marriage certificate was filed in my office:

I, DEE R. HARRIS *(name), certify that on* 12-24-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* SAMUEL J. GOLDSBERRY *of* HENDRICKS *County,* IN *(state), and* JO ELLEN ALEXANDER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-27-89.

Signed by: /s/ DEE R. HARRIS, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-27-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 655

File

12-20-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-11-89
Name of Physician Kenneth Maynard, D.O.

MALE APPLICANT

Name: First Robert Middle Joseph Last Baldwin Jr.

Date of Birth: Month 10 Day 12 Year 1957

Place of Birth (State or foreign country) Houston, Texas

Residence Address: Street or R.R. 8890 E. 400 N. City Brownsburg County State In 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Joshua Joseph Baldwin - 8 yrs.
   Travis William Baldwin - 6 yrs.
6. (a) Full name of father of dependent children Robert Joseph Baldwin Sr.
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of mother of dependent children Virginia Ruth Richardson
   Residence of mother (if deceased, so state) deceased 3
   Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Robt J. Baldwin, Jr 12-20-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Robt J. Baldwin, Jr
New Address 9102 BEN HUR CLERMONT, IN 46234

Subscribed and sworn to before me this 20 day of Dec, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle Helen Last Atkins

Date of Birth: Month 4 Day 8 Year 1969

Place of Birth (State or foreign country) Greencastle, Indiana

Residence Address: Street or R.R. Rt. 1 Box 230 City Putnamville County State In 46167

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children Wm. Steven Atkins
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Sandra Sams
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Melissa Atkins 12-20-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Melissa Atkins
New Address 9102 Ben Hur Ave Clermont

Subscribed and sworn to before me this 20 day of Dec, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-20-89, *authorizing the marriage of* ROBERT JOSEPH BALDWIN JR. *and* MELISSA HELEN ATKINS.

I further certify that the following marriage certificate was filed in my office:

I, SAMUEL E. CARLTON *(name), certify that on* 12-22-89 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ROBERT JOSEPH BALDWIN JR. *of* HENDRICKS *County,* IN *(state), and* MELISSA HELEN ATKINS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-22-89.

Signed by: /s/ SAMUEL E. CARLTON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-27-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 656

File

HENDRICKS County

12-20-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-5-89
Name of Physician Deborah Williams

MALE APPLICANT

Name: First Billy Middle J. Last Morgan

Date of Birth: Month 5 Day 28 Year 72

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 54 Greenwood City Mo. 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) Military I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Billy J. Morgan
   Residence of father (if deceased, so state) Ky. Williamsburg
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Lynda D. Turner
   Residence of mother (if deceased, so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Karrie Middle Ann Last Keifer

Date of Birth: Month 6 Day 17 Year 69

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 2323 E. Hanna Ave City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Samuel Keifer
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Rosella J. Winings
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Billy J. Morgan — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Billy J. Morgan

New Address

Subscribed and sworn to before me this 20 day of Dec., 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Karrie Ann Keifer — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Karrie Ann Keifer

New Address

Subscribed and sworn to before me this 20 day of Dec., 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-20-89, *authorizing the marriage of* BILLY J. MORGAN *and* KARRIE A. KEIFER.

I further certify that the following marriage certificate was filed in my office:

I, RICHARD E. LENTZ *(name), certify that on* 12-24-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* BILLY J. MORGAN *of* MARION *County,* IN *(state) were married by me as (state), and* KARRIE A. KEIFER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-24-89.

Signed by: /s/ RICHARD E. LENTZ, CHAPLIAN-IND. NATIONAL GUARD *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-27-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 657
File
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-18-89
Name of Physician David Hazzard

MALE APPLICANT

Name First Timothy Middle Wayne Last Chambers
Date of Birth Month March Day 25, Year 1960
Place of Birth (State or foreign country) Clinton Indiana
Residence Address Street or R.R. R.R. #1 Box 375 City Coatesville County _____ State In. 46121
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children.
   Elisha Marie Chambers Thomas James Chambers
   Michelle Lynn Chambers
6. (a) Full name of father ~~of dependent children~~ Bernard Lee Chambers
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Sharon Kay McWethy
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Timothy Wayne Chambers 12/21/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Timothy Wayne Chambers
New Address Same

Subscribed and sworn to before me this 21st day of Dec. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name First Linda Middle Jay Last Harness
Date of Birth Month December Day 10, Year 1962
Place of Birth (State or foreign country) Danville, In.
Residence Address Street or R.R. R.R. #1 Box 375 City Coatesville County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Christopher Harness
6. (a) Full name of father ~~of dependent children~~ Wester Carl Harness
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother ~~of dependent children~~ Betty Graxia Clark
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Linda Jay Harness 12-21-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Linda Jay Harness
New Address Same

Subscribed and sworn to before me this 21st day of Dec. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-89, *authorizing the marriage of* TIMOTHY WAYNE CHAMBERS *and* LINDA FAYE HARNESS.

I further certify that the following marriage certificate was filed in my office:

I, ELMA CERTAIN *(name), certify that on* 12-30-89 *(date), at* AMO *in* HENDRICKS *County, Indiana,* TIMOTHY WAYNE CHAMBERS *of* HENDRICKS *County,* IN *(state), and* LINDA FAYE HARNESS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-30-89.

Signed by: /s/ ELMA CERTAIN, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-3-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 658

File

HENDRICKS County

12-21-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-15-89
Name of Physician Janet Haines M.D.

MALE APPLICANT

Name First Ronald Middle Lee Last Boughner

Date of Birth Month 10 Day 4 Year 48

Place of Birth (State or foreign country) Chester, West Virginia

Residence Address Street or R.R. 438 Avon Ave. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Charles Warren Boughner
   Residence of father (if deceased, so state) Key West, Fla.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Mary Margaret Bobovich
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Pa.

FEMALE APPLICANT

Name First Linda Middle Susan Last Williams

Date of Birth Month 6 Day 13 Year 50

Place of Birth (State or foreign country) Lancaster, New Hampshire

Residence Address Street or R.R. 438 Avon Ave City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Richard Caswell Anderson
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Vermont
   (b) Full maiden name of mother ~~of dependent children~~ Elnora May Holloway
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Vermont

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Ronald L Boughner — 12-21-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Ronald L Boughner
New Address Same

Subscribed and sworn to before me this 21st day of Dec 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of ____, 19__
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Linda S. Williams — 12-21-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Linda S. Williams
New Address Same

Subscribed and sworn to before me this 21st day of Dec. 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of ____, 19__
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-89, *authorizing the marriage of* RONALD LEE BOUGHNER *and* LINDA SUSAN WILLIAMS.

I further certify that the following marriage certificate was filed in my office:

I, RON HALLOCK *(name), certify that on* 12-23-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* RONALD LEE BOUGHNER *of* HENDRICKS *County,* IN *(state), and* LINDA SUSAN WILLIAMS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-23-89.

Signed by: /s/ RON HALLOCK, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-27-89 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 659

File

12-22-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-18-89
Name of Physician Hagenmiller, M.D.

MALE APPLICANT

Name: First James Middle Edward Last Stinnett

Date of Birth: Month 2 Day 22 Year 1944

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 24 E. Edgewood Dr. City Danville County State 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Floyd Stinnett
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Ida M. LaFever
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× _____ _____
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

_____ _____
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × _____
New Address _____

Subscribed and sworn to before me this 22 day of Dec, 19 89
Connie Hayden Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Carol Middle Ann Last Morgan

Date of Birth: Month 1 Day 25 Year 45

Place of Birth (State or foreign country) Cincinnati Ohio

Residence Address: Street or R.R. 24 E. Edgewood Dr. City Danville County State 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Krissa Michelle Morgan - 13 yrs.

6. (a) Full name of father of dependent children Sam Parker Jones
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Monticello Ky.
   (b) Full maiden name of mother of dependent children Lula Rogers
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Monticello Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Carol A. Morgan 12/22/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

_____ _____
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Carol A. Morgan
New Address _____

Subscribed and sworn to before me this 22 day of Dec, 19 89
Connie Hayden Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-22-89, *authorizing the marriage of* JAMES EDWARD STINNETT *and* CAROL ANN MORGAN.

I further certify that the following marriage certificate was filed in my office:

I, JOHN P. ROOF *(name), certify that on* 12-23-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JAMES EDWARD STINNETT *of* HENDRICKS *County,* IN *(state), and* CAROL ANN MORGAN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-23-89.

Signed by: /s/ JOHN P. ROOF, EPISCOPAL PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-26-89 *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 660

HENDRICKS County

File

Dec. 22, 1989 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12/18/89
Name of Physician Cynthia L. Wills, M.D.

MALE APPLICANT

Name: First Wayne Middle Neal Last Price

Date of Birth: Month November Day 8, Year 1940

Place of Birth (State or foreign country) Grundy, Va. (Buchanan Co.)

Residence Address: Street or R.R. R.R. #3 Box 296, City Brownsburg, County, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Christopher Jason Price
6. (a) Full name of father ~~of dependent children~~ Claude [illegible] Price
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of mother ~~of dependent children~~ Cuna Rebecca Sage
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Va.

FEMALE APPLICANT

Name: First Cynthia Middle Ann Last Kerns

Date of Birth: Month July Day 24, Year 1949

Place of Birth (State or foreign country)

Residence Address: Street or R.R. 1150 E Raccoon, City Danville, County, State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Christopher Michael Kerns
6. (a) Full name of father ~~of dependent children~~ Maurice William Hays
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ June Evelyn Howard
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X [illegible] Price 12-22-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X [illegible] Price

New Address

Subscribed and sworn to before me this 22nd day of Dec. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Cynthia D Kerns 12-22-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Cynthia D Kerns

New Address

Subscribed and sworn to before me this 22nd day of Dec. 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued , and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-22-89, *authorizing the marriage of* ~~WAYNE N. PRICE~~ *and* ~~CINDY KERNS~~.

I further certify that the following marriage certificate was filed in my office:

I, ROGER L. STRONG *(name), certify that on* 12-23-89 *(date), at* CALVARY CHAPEL *in* HENDRICKS *County, Indiana,* WAYNE N. PRICE *of* PUTNAM *County,* IN *(state), and* CINDY KERNS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-23-89.

Signed by: /s/ ROGER L. STRONG, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-27-89 *(date).*

Signed [illegible] *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 661

File

12-22-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 10-20-89
Name of Physician Stephen C. Hughes

MALE APPLICANT

Name First: Anas Middle: Noor Last: Mohamed

Date of Birth Month: August Day: 1 Year: 1965

Place of Birth (State or foreign country) Colombo Sri Lanka

Residence Address Street or R.R.: 1117 Valley View Dr. City: Plainfield County: Hendricks State: In 46168

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Noor Mohamed
   Residence of father (if deceased, so state) Sri Lanka
   Birthplace of father (State or foreign country) Sri Lanka
   (b) Full maiden name of mother ~~of dependent children~~ Sowattuma Sheriff Libbe
   Residence of mother (if deceased, so state) Sri Lanka
   Birthplace of mother (State or foreign country) Sri Lanka

FEMALE APPLICANT

Name First: Khadijah Middle: A. Last: Ahmad

Date of Birth Month: July Day: 21, Year: 1952

Place of Birth (State or foreign country) Boston Massachusetts

Residence Address Street or R.R.: 1117 Valley View Dr. City: Plainfield County: Hendricks State: In 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Nuraideen Shafir
   Fatimah Shafir

6. (a) Full name of father ~~of dependent children~~ James W. Barclay
   Residence of father (if deceased, so state) Massachusetts
   Birthplace of father (State or foreign country) Massachusetts
   (b) Full maiden name of mother ~~of dependent children~~ C. Nilda Fratobello
   Residence of mother (if deceased, so state) Massachusetts
   Birthplace of mother (State or foreign country) Massachusetts

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X [signature] 12-22-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]

New Address Same

Subscribed and sworn to before me this 22nd day of Dec, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Khadijah A. Ahmad 12/22/89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Khadijah A. Ahmad

New Address Same

Subscribed and sworn to before me this 22nd day of Dec, 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-26-89, *authorizing the marriage of* ANAS NOOR MOHAMED *and* KHADIJAH A. AHMAD.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 12-26-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ANAS NOOR MOHAMED *of* HENDRICKS *County,* IN *(state), and* KHADIJAH A. AHMAD *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-26-89

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-26-89 *(date).*

Signed [signature] *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 662

File

12-26-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-19-89
Name of Physician Charles D. Tripple M.D.

MALE APPLICANT

Name First Gaylord Middle Eugene Last Mantooth

Date of Birth Month 12 Day 25 Year 35

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. R#1 Box 220 City Clayton County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Albert Lawrence Mantooth
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Viola Irene Walton
   Residence of mother (if deceased, so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Virginia Middle Blanch Last Smith

Date of Birth Month 1 Day 31 Year 57

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. R#1 Box 220 City Clayton County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Russell Eugene Smith
   Residence of father (if deceased, so state) Naples Fla.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Katherine Fern Scott
   Residence of mother (if deceased, so state) Naples, Fla.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Gaylord E. Mantooth 12.26.89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Gaylord E. Mantooth
New Address SAME

Subscribed and sworn to before me this 26th day of Dec 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Virginia B. Smith 12-26-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Virginia Smith
New Address SAME

Subscribed and sworn to before me this 26th day of Dec 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-26-89 *, authorizing the marriage of* ~~GAYLORD E. MANTOOTH~~ *and* ~~VIRGINIA B. SMITH~~ *.*

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 12-26-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GAYLORD E. MANTOOD *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* VIRGINIA B. SMITH *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-26-89 *.*

Signed by: /s/ CYNTHIA JO SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 12-26-89 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 663

File

12-26-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-26-89
Name of Physician L. Trammell, M.D.

MALE APPLICANT

Name First Albert Middle Eugene Last Ashcraft
Date of Birth Month 7 Day 3 Year 63
Place of Birth (State or foreign country) Danville In.
Residence Address Street or R.R. 303 Avon Ave City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Mathew Dane Ashcraft 16 mo.
6. (a) Full name of father ~~of dependent children~~ Robert Ashcraft
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Delores Lawson
   Residence of mother (if deceased, so state) Plainfield In
   Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

albert e ashcraft 12-26-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed albert e ashcraft
New Address SAME

Subscribed and sworn to before me this 26th day of Dec, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name First Elise Middle Michelle Last Clanton
Date of Birth Month 7 Day 19 Year 60
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. 303 Avon Ave City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Mathew Dane Ashcraft 16 mo.
6. (a) Full name of father ~~of dependent children~~ William Forrest Clanton
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Ellen Elizabeth Littlehale
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

12-26-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed
New Address Same as above

Subscribed and sworn to before me this 26th day of Dec, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-26-89, *authorizing the marriage of* ALBERT EUGENE ASHCRAFT *and* ELISE MICHELLE CLANTON.

I further certify that the following marriage certificate was filed in my office:

I, DAVID BERTHOLD *(name), certify that on* 12-29-89 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* ALBERT EUGENE ASHCRAFT *of* HENDRICKS *County,* IN *(state), and* ELISE MICHELLE CLANTON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-29-89.

Signed by: /s/ DAVID BERTHOLD, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-3-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 664

File

HENDRICKS County

12.26.89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-14-89
Name of Physician T. M Walker

MALE APPLICANT

Name: First Garry Middle Lee Last Smith Jr.

Date of Birth: Month Sept Day 28 Year 1969

Place of Birth (State or foreign country) Indpls In.

Residence Address: Street or R.R. P.O. Bx 202-2140 City Main Pittsboro County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Lee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Gary Lee Smith Sr.
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Alice Juanita Norrick
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Peggy Middle ann Last Ledington

Date of Birth: Month Aug Day 21 Year 1971

Place of Birth (State or foreign country) Indpls IN

Residence Address: Street or R.R. RR#1 Bx 148L City Pittsboro County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children James Edward Ledington
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother of dependent children Julia ann Wood
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Garry L. Smith Jr. — Signature of Applicant — 12-24 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Garry L. Smith Jr.

New Address 7679 Meadow Mill Way Indpls, Ind. 46214

Subscribed and sworn to before me this 26 day of Dec 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Peggy Ann Ledington — Signature of Applicant — 12-26-89 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Peggy A. Ledington

New Address 7679 Meadow Mill Way Indpls IN 46214

Subscribed and sworn to before me this 26 day of Dec 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County Court, by written order issued ____, and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-26-89, *authorizing the marriage of* GARRY LEE SMITH *and* PEGGY ANN LEDINGTON.

I further certify that the following marriage certificate was filed in my office:

I, JACK L. MCINTOSH *(name), certify that on* 1-6-90 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* GARRY LEE SMITH *of* HENDRICKS *County,* IN *(state) and* PEGGY ANN LEDINGTON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-6-90.

Signed by: /s/ JACK L. MCINTOSH, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-10-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 665

File

12-26-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-18-89
Name of Physician C. Kelly

MALE APPLICANT

Name First David Middle Ray Last Wooden

Date of Birth Month 9 Day 9 Year 60

Place of Birth (State or foreign country) Indianapolis In.

Residence Address Street or R.R. 6830 E 100 N City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ David Wesson Wooden
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Phyllis Lee Stinnett
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Helen Middle Antoinette Last Hensel

Date of Birth Month 4 Day 23 Year 66

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 6830 E 100 N City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Donald Edward Hensel
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of mother ~~of dependent children~~ Geraldine Louise Gambral
   Residence of mother (if deceased, so state) Phoenix, Az.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

David Roy Wooden Dec 26, 1989
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed David Roy Wooden
New Address same

Subscribed and sworn to before me this 26 day of Dec. 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Helen Anntoinette Hensel 12-26-89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Helen Anntoinette Hensel
New Address same

Subscribed and sworn to before me this 26 day of Dec 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-26-89, *authorizing the marriage of* DAVID ROY WOODEN *and* HELEN ANNTOINETTE HENSEL.

I further certify that the following marriage certificate was filed in my office:

I, JOHN P. ROOF *(name), certify that on* 12-29-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DAVID ROY WOODEN *of* HENDRICKS *County,* IN *(state), and* HELEN ANNTOINETTE HENSEL *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-29-89.

Signed by: /s/ JOHN P. ROOF, EPISCOPAL PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-2-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 666

HENDRICKS County

File

12-28-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-28-89
Name of Physician Traer (Palmer?)

MALE APPLICANT

Name Last ~~First~~ Middle: Law Richard L.

Date of Birth: Month 12 Day 1 Year 51

Place of Birth (State or foreign country): Ind.

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) SS# 315-58-2721

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Henry Hellen Law
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of mother of ~~dependent children~~ Barbara Jane Houston
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name First Deborrah Middle K. Last Tom

Date of Birth: Month 2 Day 24 Year 54

Place of Birth (State or foreign country): Ind.

Residence Address: Street or R.R. 945 Pinewood Dr. City Pitt County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ John Hedrick Denson
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Thera Jeanette McBurn
   Residence of mother (if deceased, so state) Indpls Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Richard L. Law — 12-26-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Richard L. Law

New Address

Subscribed and sworn to before me this 26 day of Dec., 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Deborrah K. Tom — ____
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Deborrah K. Tom

New Address

Subscribed and sworn to before me this 28 day of Dec., 19 89

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-89, *authorizing the marriage of* RICHARD L. LAW *and* DEBORAH K. TOM.

I further certify that the following marriage certificate was filed in my office:

I, MYRON BARNARD *(name), certify that on* 12-30-89 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RICHARD L. LAW *of* HENDRICKS *County,* IN *(state) and* DEBORAH K. TOM *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-30-89.

Signed by: /s/ MYRON BARNARD, JUDGE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-3-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 667

File

12-28-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician N. N. Prokopy MD

MALE APPLICANT

Name: First Gary Middle L. Last Spurgeon

Date of Birth: Month 4 Day 28 Year 46

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 534 Hoosier Blvd. City Indpls. County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Scott Edward Spurgeon
   Richard Allen Spurgeon
6. (a) Full name of father of ~~dependent~~ children William O. Spurgeon
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent~~ children Dorothy Lucille Lee
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Bonnie Middle C. Last Wenger

Date of Birth: Month 1 Day 13 Year 44

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 7231 Brendale City Brendale County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of ~~dependent~~ children Delbert Clapp
   Residence of father (if deceased, so state) Greensburg Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent~~ children Eva Mae Johnson
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Gary L Spurgeon — Signature of Applicant — 12-28-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Gary L Spurgeon
New Address

Subscribed and sworn to before me this 28 day of Dec., 19 89

Connie Lawson — Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Bonnie C Wenger — Signature of Applicant — 12-28-89 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Bonnie C. Wenger
New Address

Subscribed and sworn to before me this 28 day of Dec., 19 89

Connie Lawson — Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-89, *authorizing the marriage of* GARY L. SPURGEON *and* BONNIE C. WENGER.

I further certify that the following marriage certificate was filed in my office:

I, THOMAS M. MULLINS *(name), certify that on* 12-29-89 *(date), at* CLERMONT *in* MARION *County, Indiana,* GARY L. SPURGEON *of* HENDRICKS *County,* IN *(state), and* BONNIE C. WENGER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-29-89.

Signed by: /s/ THOMAS M. MULLINS, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-3-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 618

File

HENDRICKS County

12-29-89 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-14-89
Name of Physician Kuslin

MALE APPLICANT

Name First Douglas Middle Allen Last Stephenson

Date of Birth Month 9 Day 30 Year 1966

Place of Birth (State or foreign country) Putnam Co Hospital Greencastle In

Residence Address Street or R.R. RR1 Box 23 City Coatesville County Hendricks State In 46121

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

Jordan Michael Stephenson - 1yr.

6. (a) Full name of father of dependent children Michael Ray Stephenson
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Karen Lynn Shoemaker
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Doug Stephenson — 12-29-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Doug Stephenson

New Address

Subscribed and sworn to before me this 29th day of Dec 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Cynthia Middle Elaine Last Perry

Date of Birth Month 3 Day 5 Year 1970

Place of Birth (State or foreign country) St. Francis Hosp. Dudpls In.

Residence Address Street or R.R. RR1 Box 168 City Stilesville County Hendricks State In 46180

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

Joshua Stephen Stephenson - 1yr.

6. (a) Full name of father of dependent children James Anthony Perry
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Judith Ann Bishop
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Cynthia E. Perry — 12-29-89
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Cynthia E. Perry

New Address

Subscribed and sworn to before me this 29th day of Dec 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued, and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-29-89 *, authorizing the marriage of* DOUGLAS STEPHENSON *and* CYNTHIA PERRY *.*

I further certify that the following marriage certificate was filed in my office:

I, DAVID LANG *(name), certify that on* 1-6-90 *(date), at* COATESVILLE *in* HENDRICKS *County, Indiana,* DOUGLAS STEPHENSON *of* HENDRICKS *County,* IN *(state), and* CYNTHIA PERRY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-6-90 *.*

Signed by: /s/ DAVID LANG , MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-10-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 669

File

12-29-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-6-90
Name of Physician J. Kyles

MALE APPLICANT

Name First Bruce Middle Shafto Last McDaniel

Date of Birth Month 9 Day 21 Year 38

Place of Birth (State or foreign country) Richmond, Va.

Residence Address Street or R.R. 7342 Bahama Ct. City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ William Edward McDaniel
   Residence of father (if deceased, so state) Emporia, Va.
   Birthplace of father (State or foreign country) Dillon, So. Car.
   (b) Full maiden name of mother ~~of dependent children~~ Florence Lady Shafto
   Residence of mother (if deceased, so state) Matthews Co., Va. ~~New Jersey~~
   Birthplace of mother (State or foreign country) New Jersey

FEMALE APPLICANT

Name First Carol Middle Sue Last Edwards

Date of Birth Month 1 Day 14 Year 48

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. RR 2 Box 224 City Clayton County State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Leslie Farris Typo.

6. (a) Full name of father ~~of dependent children.~~ Ralph Eugene Eaton
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Wanda Turley
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Bruce S McDaniel 12/29/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Bruce S McDaniel
New Address RR2 Box 224, CLAYTON, IN

Subscribed and sworn to before me this 29th day of Dec, 1989
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Carol S Edwards 12/29/89
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Carol S. Edwards
New Address same

Subscribed and sworn to before me this 29th day of Dec, 19 89
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-12-90, *authorizing the marriage of* BRUCE S. McDANIEL *and* CAROL SUE EDWARDS.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 1-12-90 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* BRUCE S. McDANIEL *of* MARION *County,* IN *(state), and* CAROL SUE EDWARDS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-12-90.

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-17-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. ~~670~~ 1

File

HENDRICKS County

1-2-89
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-29-89
Name of Physician Davis

MALE APPLICANT

Name: First Robert Middle Wayne Last Wernsing

Date of Birth: Month 3 Day 4 Year 1960

Place of Birth (State or foreign country) Lebanon, In.

Residence Address: Street or R.R. RR 2 Box 73 City Clayton County State In 46118

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children William Owen Wernsing
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Ruth Lucille Cope
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Kathleen Middle Rose Last Coons

Date of Birth: Month 8 Day 27 Year 1948

Place of Birth (State or foreign country) New Albany, In.

Residence Address: Street or R.R. 805 N. 50 E. City Danville County State In 46122

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
   Kimberly Luca - 20
   Christopher Coons - 14
6. (a) Full name of father of dependent children James Urban Smith
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Dortha Maurice Walters
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Robert W Wernsing 1-2-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Robert W Wernsing

New Address

Subscribed and sworn to before me this 2nd day of Jan, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Kathleen Rose Coons 1-2-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Kathleen Rose Coons

New Address

Subscribed and sworn to before me this 2nd day of Jan, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued, and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-2-90, *authorizing the marriage of* ROBERT WAYNE WERNSING *and* KATHLEEN ROSE COONS.

I further certify that the following marriage certificate was filed in my office:

I, DALE ALAN RUMBLE *(name), certify that on* 1-6-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT WAYNE WERNSING *of* HENDRICKS *County,* IN *(state) and* KATHLEEN ROSE COONS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-6-90, *Signed by:* /s/ DALE ALAN RUBLE, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-9-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 672

File

1-2-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Rodney Middle Arthur Last Williams
Date of Birth: Month 2 Day 29 Year 44
Place of Birth (State or foreign country) Montana
Residence Address: Street or R.R. P.O. Box 279 City Pittsboro County In State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Rodney Arthur Brisco
   Residence of father (if deceased, so state) unknown
   Birthplace of father (State or foreign country) Oregon
   (b) Full maiden name of mother of dependent children Leslie Maudina Brown
   Residence of mother (if deceased, so state) unknown
   Birthplace of mother (State or foreign country) Montana

FEMALE APPLICANT

Name: First Vicky Middle Ruth Last Leath
Date of Birth: Month 7 Day 11 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. P.O. Box 279, City Pittsboro County In State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Michael Leath
   Shawna Leath
6. (a) Full name of father of dependent children Clifford Raymond Leath
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Mary Agnes Kerslow
   Residence of mother (if deceased, so state) unknown
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Rodney Arthur Williams
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Rodney Arthur Williams
New Address Same

Subscribed and sworn to before me this 2 day of Jan, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Vicky Ruth Leath
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Vicky Ruth Leath
New Address Same

Subscribed and sworn to before me this 2 day of Jan, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-2-90, *authorizing the marriage of* RODNEY ARTHUR WILLIAMS *and* VICKY RUTH LEATH.

I further certify that the following marriage certificate was filed in my office:

I, RAYMOND H. DUFF *(name), certify that on* 1-14-90 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* RODNEY ARTHUR WILLIAMS *of* HENDRICKS *County,* IN *(state), and* VICKY RUTH LEATH *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-22-90.

Signed by: /s/ RAYMOND H. DUFF, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-7-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. ~~672~~ 3

HENDRICKS County

File

1-2-~~90~~

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-2-90
Name of Physician Kowsowsky M.D.

MALE APPLICANT

Name First: Thomas Middle: Karl Last: Garzareck

Date of Birth Month: 10 Day: 2 Year: 1970

Place of Birth (State or foreign country): Franklin In.

Residence Address Street or R.R.: 632 Vestal Lane City: Bldg. County: State: In 46163

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Karl Heinz Garzareck
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) W. Germany
   (b) Full maiden name of mother of dependent children Angelow Schippes
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) W. Germany

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Thomas K. Garzareck 1-2-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Thomas K. Garzareck

New Address

Subscribed and sworn to before me this 2nd day of Jan, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

FEMALE APPLICANT

Name First: Heather Middle: Dawn Last: Coslett

Date of Birth Month: 2 Day: 16 Year: 1971

Place of Birth (State or foreign country): Dudgls. In.

Residence Address Street or R.R.: RR2 Box 287 City: County: State:

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
   Dana

6. (a) Full name of father of dependent children Charles Arnold Coslett
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Vivian Florence Bailey
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Heather Dawn Coslett 1-2-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Heather Dawn Coslett

New Address

Subscribed and sworn to before me this 2nd day of Jan, 1989

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-2-90, *authorizing the marriage of* THOMAS KARL GARZARECK *and* HEATHER DAWN COSLETT.

I further certify that the following marriage certificate was filed in my office:

I, FRED W. FIEDLER *(name), certify that on* 2-17-90 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* THOMAS KARL GARZARECK *of* HENDRICKS *County,* IN *(state), and* HEATHER DAWN COSLETT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-17-90

Signed by: /s/ FRED W. FIEDLER, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-21-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 734

File

1-2-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 4-22-88
Name of Physician Kristine Courtney

MALE APPLICANT

Name: Gregory (First) Dale (Middle) Strange (Last)
Date of Birth: 11 (Month) 12 (Day) 1954 (Year)
Place of Birth (State or foreign country): Indiana
Residence Address: 21 Twin St. (Street or R.R.) Brownsburg (City) Hendricks (County), In (State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jeremy Paul Strange 3 yrs
   Jennifer Lynn Strange 2 yrs
6. (a) Full name of father ~~of dependent children~~ Paul Strange
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Delmont Nadine Boortoreww
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Kimberly (First) Kay (Middle) Clemons (Last)
Date of Birth: 12 (Month) 7 (Day) 1961 (Year)
Place of Birth (State or foreign country): Indiana
Residence Address: 21 Twin St. (Street or R.R.) Brownsburg (City) Hendricks (County), In (State)
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Allon Neal Clemons
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of mother ~~of dependent children~~ Vay Lucy Bryan
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Gregory Dale Strange 1-2-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed Gregory Dale Strange
New Address 21 Twin St. Brownsburg, In.

Subscribed and sworn to before me this 2 day of Jan 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Kimberly Kay Clemons 1-2-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed Kimberly Kay Clemons
New Address Same

Subscribed and sworn to before me this 2 day of Jan 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-2-90, *authorizing the marriage of* GREGORY DALE STRANGE *and* KINBERLY KAY CLEMANS.

I further certify that the following marriage certificate was filed in my office:

I, RAYMOND E. WEBER *(name), certify that on* 1-6-90 *(date), at* WINAMAC *in* PULASKI *County, Indiana,* GREGORY DALE STRANGE *of* HENDRICKS *County,* IN *(state), and* KIMBERLY KAY CLEMONS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-2-90

Signed by: /s/ RAYMOND E. WEBER, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-8-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. ~~574~~ 5

File

HENDRICKS County

1-3-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated Lab Director (L. Endres) St. Vincent 1-16-90
Name of Physician

MALE APPLICANT

Name First: Joseph Middle: R. Last: Smith
Date of Birth Month: 2 Day: 26 Year: 65
Place of Birth (State or foreign country): MD
Residence Address Street or R.R.: RR 1 Box 323 City: County: 450-5 State: Clayton
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Dr. Lee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children: William Francis Smith
   Residence of father (if deceased, so state): Deceased
   Birthplace of father (State or foreign country): MD
   (b) Full maiden name of mother of dependent children: Judith Lee Pentz
   Residence of mother (if deceased, so state): Clayton Ind.
   Birthplace of mother (State or foreign country): MD

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Joseph R. Smith — 1-3-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Joseph R. Smith
New Address

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
____ Clerk

FEMALE APPLICANT

Name First: Mary Middle: S. Last: Nelms
Date of Birth Month: 7 Day: 12 Year: 66
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: RR 1 Box 323 City: Clayton County: State:
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Lee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Thomas Calloway Nelms IV

6. (a) Full name of father of dependent children: Donald Ray Nevel
   Residence of father (if deceased, so state): Rockville Ind.
   Birthplace of father (State or foreign country): Ind.
   (b) Full maiden name of mother of dependent children: Mary Ann Hutson
   Residence of mother (if deceased, so state): Pitt. Ind.
   Birthplace of mother (State or foreign country): Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Mary S. Nelms — ____
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Mary S. Nelms
New Address

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-16-90, *authorizing the marriage of* JOSEPH R. SMITH *and* MARY S. NELMS.

I further certify that the following marriage certificate was filed in my office:

I, MYRON BARNARD *(name), certify that on* 1-19-90 *(date), at* INDPLS *in* MARION *County, Indiana,* JOSEPH R. SMITH *of* HENDRICKS *County,* IN *(state), and* MARY S. NELMS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-19-90.

Signed by: /s/ MYRON BARNARD, JUDGE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-23-90 *(date).*

Signed Lonnie Layman *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. ~~695~~ 6

File

1-4-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-2-90
Name of Physician Thomas Moore M.D.

MALE APPLICANT

Name First Robert Middle Daniel Last Pierce
Date of Birth Month 11 Day 27 Year 54
Place of Birth (State or foreign country) Frankfort, In.
Residence Address Street or R.R. 2537 N. Washington City ~~Ind~~ Danville County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Bob Joseph Pierce
   Residence of father (if deceased, so state) Speedway, In.
   Birthplace of father (State or foreign country) Frankfort In.
   (b) Full maiden name of mother ~~of dependent children~~ Elaine Jean ~~Boley~~ Volz
   Residence of mother (if deceased, so state) Speedway In.
   Birthplace of mother (State or foreign country) Frankfort, In.

FEMALE APPLICANT

Name First Andrea Middle Marie Last Simpson
Date of Birth Month 7 Day 23 Year 54
Place of Birth (State or foreign country) Buffalo, N.Y.
Residence Address Street or R.R. 3372 N. 48th. City Milwaukee County State Wisc. 53216
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ John Anthony Simpson
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of mother ~~of dependent children~~ Faye Naomi Schuck
   Residence of mother (if deceased, so state) Indianapolis In.
   Birthplace of mother (State or foreign country) St. Paul Mn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Robert Daniel Pierce — Signature of Applicant
1-4-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Robert Daniel Pierce
New Address 3372 N. 48th St.

Subscribed and sworn to before me this 4th day of Jan, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Andrea Marie Simpson — Signature of Applicant
1-4-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Andrea Marie Simpson
New Address same

Subscribed and sworn to before me this 4th day of Jan. 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-4-90, *authorizing the marriage of* ROBERT DANIEL PIERCE *and* ANDREA MARIE SIMPSON.

I further certify that the following marriage certificate was filed in my office:

I, JAMES L. DAMMEIR *(name), certify that on* 1-6-90 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ROBERT D. PIERCE *of* HENDRICKS *County,* IN *(state), and* ANDREA M. SIMPSON *of* MILWAUKEE *County,* WISCONSIN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-6-90.

Signed by: /s/ JAMES L. DAMMEIR, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-10-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 7

File

HENDRICKS County

1-4-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Todd Middle R. Last Teeters

Date of Birth: Month 2 Day 12 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 5861 Westbury Dr. N. Apt A City Indpls. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Robert Lee Teeters
   Residence of father (if deceased, so state) Martinsville, Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Nancy Martha Moore
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Robin Middle Gayle Last Smith

Date of Birth: Month 1 Day 31 Year 66

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 660 Rd. 500 E City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Larry Eugene Smith
   Residence of father (if deceased, so state) Danville, Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Barbara Ann Breedlove
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Todd R Teeters 1/4/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Todd R Teeters 1/4/90
New Address 5861 WESTBURY DR N. #A INDIANAPOLIS 46224
Subscribed and sworn to before me this 4TH day of JANUARY, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)
Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Robin G. Smith 1-4-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Robin G. Smith
New Address 5861 WESTBURY DR. N. #A INDPLS. 46224
Subscribed and sworn to before me this 4 day of January 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)
Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-4-90 *, authorizing the marriage of* TODD R. TEETERS *and* ROBIN GAYLE SMITH *.*

I further certify that the following marriage certificate was filed in my office:

I, JERRY L. WILLIAMS *(name), certify that on* 1-6-90 *(date), at* INDPLS *in* MARION *County, Indiana,* TODD R. TEETERS *of* MARION *County,* IN *(state), and* ROBIN GAYLE SMITH *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-6-90 *,*

Signed by: /s/ JERRY L. WILLIAMS *,* MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-9-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 8

File

1-5-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-20-89
Name of Physician Irving Cohen, M.D.

MALE APPLICANT

Name First GARY Middle ALAN Last PEARMAN

Date of Birth Month 9 Day 4 Year 1963

Place of Birth (State or foreign country) DANVILLE, IN.

Residence Address Street or R.R. 5882 Magdalene Dr. City Indianapolis County In. State 46224

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Dary Alan Pearman, Sr.
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Carol Spangler
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First JACKIE Middle SUE Last ELLIS

Date of Birth Month 7 Day 7 Year 1969

Place of Birth (State or foreign country) DANVILLE, IN.

Residence Address Street or R.R. 914 - APT B, Pinewood Dr. City Plainfield County In. State 46168

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ William S. Ellis
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Susan B. Lucarelli
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Gary Pearman — Signature of Applicant
1/5/90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Gary Pearman
New Address 5882 Magdalene Dr. Indpls Ind 46224

Subscribed and sworn to before me this 5th day of January, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Jackie Ellis — Signature of Applicant
1/5/90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Jackie Ellis
New Address 5882 Magdalene Dr. Indpls, IN

Subscribed and sworn to before me this 5th day of January, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-5-90, *authorizing the marriage of* GARY ALAN PEARMAN *and* JACKIE SUE ELLIS.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 1-5-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GARY ALAN PEARMAN *of* MARION *County,* IN *(state), and* JACKIE SUE ELLIS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-5-90.

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-5-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 9

File

HENDRICKS County

1-5-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician James Rea

MALE APPLICANT

Name: First John Middle D. Last Scarbrough

Date of Birth: Month 2 Day 7 Year 49

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 520 Avon Rd. City Plfd. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rea

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Dr. John David Scarbrough
   Residence of father (if deceased, so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother of ~~dependent children~~ Marjorie Lowell Hibbs
   Residence of mother (if deceased, so state) Dead
   Birthplace of mother (State or foreign country) Ky.

FEMALE APPLICANT

Name: First Jill Middle Last Jones

Date of Birth: Month 1 Day 15 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. Dead City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rea

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Linda Jones

6. (a) Full name of father of ~~dependent children~~ Richard Allen Maxwell
   Residence of father (if deceased, so state) Ludlow. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Linda Irene Sherrill
   Residence of mother (if deceased, so state) Dead
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x John David Scarbrough — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x John David Scarbrough

New Address

Subscribed and sworn to before me this 5 day of Jan. 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Jill Jones — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Jill Jones

New Address

Subscribed and sworn to before me this 5 day of Jan. 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-5-90, *authorizing the marriage of* JOHN D. SCARBROUGH *and* JILL JONES.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 1-5-90 *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* JOHN D. SCARBROUGH *of* HENDRICKS *County,* IN *(state), and* JILL JONES *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-5-90.

Signed by: /s/ CYNTHIA J. SPENCE, 1st DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-5-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 10

File

1-9-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-8-90
Name of Physician Philip Eskew, Jr. M.D.

MALE APPLICANT

Name First: Mitchell Middle: Ford Last: Goodwin
Date of Birth Month: 6 Day: 5 Year: 51
Place of Birth (State or foreign country): Columbus, Ohio
Residence Address Street or R.R.: 428 N. Allen Dr. City: Brownsburg County: In State:
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Harry Brimhall Goodwin
   Residence of father (if deceased, so state) Sanibel Is., Fla.
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of mother ~~of dependent children~~ Mary Elizabeth Ford
   Residence of mother (if deceased, so state) Sanibel Is. Fla.
   Birthplace of mother (State or foreign country) Maryland

FEMALE APPLICANT

Name First: Melissa Middle: Kim Last: Suter
Date of Birth Month: 1 Day: 22 Year: 56
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address Street or R.R.: 428 N. Allen Dr. City: Brownsburg County: In State:
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Andrew Allen Suter 11yrs.
   Danielle Renee Suter 8yrs.
   Mikkel Dawn Suter 7yrs.
6. (a) Full name of father ~~of dependent children~~ Carl Russell Fishel
   Residence of father (if deceased, so state) Martinsville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Vida Geniene Kerrod
   Residence of mother (if deceased, so state) Martinsville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Mitchell F. Goodwin 1-9-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Mitchell F. Goodwin
New Address same

Subscribed and sworn to before me this 9th day of Jan 1990
Connie Tate Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Melissa K Suter 1-9-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Melissa K Suter
New Address same

Subscribed and sworn to before me this 9th day of Jan 1990
Connie Tate Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-9-90, *authorizing the marriage of* MITCHELL FORD GOODWIN *and* MELISSA KIM SUTER.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 1-9-89 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MITCHELL FORD GOODWIN *of* HENDRICKS *County,* IN *(state), and* MELISSA KIM SUTER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-9-90

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-9-90 *(date).*

Signed Connie Tate *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 11

File

HENDRICKS County

1-9-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-10-90
Name of Physician Deswell

MALE APPLICANT

Name: First Daniel Middle Richard Last Hessler

Date of Birth: Month 7 Day 28 Year 61

Place of Birth (State or foreign country) Ind

Residence Address: Street or R.R. Jane City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Jenny
   Jean
6. (a) Full name of father of ~~dependent children~~ James B. Hessler
   Residence of father (if deceased, so state) Stilesville Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother of ~~dependent children~~ Mary N.
   Residence of mother (if deceased, so state) Ind
   Birthplace of mother (State or foreign country) Same

FEMALE APPLICANT

Name: First Carla Middle Marie Last Short

Date of Birth: Month 9 Day 15 Year 66

Place of Birth (State or foreign country) Ind

Residence Address: Street or R.R. PO Box 96 City Clayton County Hend State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of ~~dependent children~~ Carl A. Short
   Residence of father (if deceased, so state) Ft. Brentwood Ind.
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother of ~~dependent children~~ Janet S.
   Residence of mother (if deceased, so state) Clayton
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Daniel R Hessler 1-9-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Daniel R Hessler

New Address

Subscribed and sworn to before me this 9 day of Jan 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Carla M. Short 1-9-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Carla M. Short 1-9-90

New Address

Subscribed and sworn to before me this 9 day of Jan 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-10-90, *authorizing the marriage of* DANIEL RICHARD HESSLER *and* CARLA MARIE SHORT.

I further certify that the following marriage certificate was filed in my office:

I, JOHN H. SICHTING *(name), certify that on* 2-3-90 *(date), at* HAZELWOOD *in* HENDRICKS *County, Indiana,* DANIEL RICHARD HESSLER *of* HENDRICKS *County,* IN *(state), and* CARLA MARIE SHORT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-3-90, *Signed by:* /s/ JOHN H. SICHTING, ~~MINISTER~~ *(official designation)* 2-6-90 *(date).*

Filed and recorded in accordance with the laws of the State of Indiana on 2-6-90

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 12

File

1-10-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician C. R. Kelly

MALE APPLICANT

Name First David Middle K. Last Henline

Date of Birth Month 4 Day 7 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Liv.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Sarah Marie Henline
   Christopher David "
6. (a) Full name of father of ~~dependent children~~ Richard Keith Henline
   Residence of father (if deceased, so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Carol Ann Palmer
   Residence of mother (if deceased, so state) Lebanon Ind.
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name First Theresa Middle J. Last Polk

Date of Birth Month 6 Day 11 Year 66

Place of Birth (State or foreign country) Ind

Residence Address Street or R.R. 2206 E. Main City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Liv.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   James Charles Polk
6. (a) Full name of father of ~~dependent children~~ Charles Smith Jr.
   Residence of father (if deceased, so state) Ralph. Ind.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother of ~~dependent children~~ Helena Barnett
   Residence of mother (if deceased, so state) Dale
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X [signature] 1-10-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]

New Address

Subscribed and sworn to before me this 10 day of Jan, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Theresa Jo Polk 1-10-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Theresa Jo Polk

New Address

Subscribed and sworn to before me this 10 day of Jan, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-10-90, *authorizing the marriage of* DAVID K. HENLINE *and* THERESA J. POLK.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 1-12-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID K. HENLINE *of* HENDRICKS *County,* IN *(state), and* THERESA J. POLK *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-12-90.

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-12-90 *(date).*

Signed [signature] *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 13

File

1-11-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-4-90
Name of Physician W Edwards

MALE APPLICANT

Name: First Donald Middle Gene Last Barker

Date of Birth: Month 8 Day 30 Year 40

Place of Birth (State or foreign country) Costa, West Va.

Residence Address: Street or R.R. 6939 E. 100 N. City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   James Justin Barker 12yrs.
6. (a) Full name of father ~~of dependent children~~ James Truman Barker
   Residence of father (if deceased, so state) West. Va.
   Birthplace of father (State or foreign country) Costa, W. Va.
   (b) Full maiden name of mother ~~of dependent children.~~ Goldie Beatrice Kinder
   Residence of mother (if deceased, so state) West. Va.
   Birthplace of mother (State or foreign country) Charleston W. Va.

FEMALE APPLICANT

Name: First Linda Middle Joyce Last Greathouse

Date of Birth: Month 1 Day 11 Year 45

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 6939 E. 100 N City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Harvey Eugene Bailey
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) ?
   (b) Full maiden name of mother ~~of dependent children~~ Ruby Jane Ringer
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) ?

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Donald G Barker — 1-11-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Donald G. Barker

New Address Same

Subscribed and sworn to before me this 11th day of Jan., 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana) ss: County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Linda J. Greathouse — 1-11-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

_____ Clerk of Court — _____ Date

State of Indiana) ss: County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Linda J. Greathouse

New Address Same

Subscribed and sworn to before me this 11th day of Jan. 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana) ss: County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-11-90, *authorizing the marriage of* DONALD GENE BARKER *and* LINDA JOYCE GREATHOUSE.

I further certify that the following marriage certificate was filed in my office:

I, LARRY R. HESSON *(name), certify that on* 1-11-90 *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* DONALD G. BARKER *of* HENDRICKS *County,* ~~IN~~ *(state) and* LINDA J. GREATHOUSE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-11-90.

Signed by: /s/ LARRY R. HESSON, JUDGE, SUP 2 *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-11-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 14

File

1-17-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Dr. Moore

MALE APPLICANT

Name: First Edward Middle Clinton Last Bundy Jr.

Date of Birth: Month [illegible] Day 15 Year 50

Place of Birth (State or foreign country) Ind

Residence Address: Street or R.R. PO Box 68 City Ames County [illegible] State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Rochelle Bundy
   Tara Crystal Bundy
6. (a) Full name of father of dependent children Edward Clinton Bundy Sr.
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother of dependent children Frances Madeline Cockrum
   Residence of mother (if deceased, so state) Kansas City Kansas
   Birthplace of mother (State or foreign country) Ind

FEMALE APPLICANT

Name: First Marsha Middle Lynn Last Miller - Strange

Date of Birth: Month 8 Day 2 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. PO Box 68 City Ames County [illegible] State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Rochelle Bundy Jennifer Strange
   Robert Johnson
6. (a) Full name of father of dependent children Everett Miller Jr.
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother of dependent children Ina Fe Verne Smith
   Residence of mother (if deceased, so state) Lostcreek Ind
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Edward C Bundy Jr 1-11-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Edward C. Bundy Jr

New Address

Subscribed and sworn to before me this 11 day of Jan, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Marsha L. Strange 1-11-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Marsha L. Strange

New Address

Subscribed and sworn to before me this 11 day of Jan 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-11-90, *authorizing the marriage of* EDWARD CLINTON BUNDY JR. *and* MARSHA LYNN STRANGE.

I further certify that the following marriage certificate was filed in my office:

I, LEONARD W. FREDERICK *(name), certify that on* 1-13-90 *(date), at* 4:30 p.m. *in* HENDRICKS *County, Indiana,* EDWARD CLINTON BUNDY *of* HENDRICKS *County,* IN *(state), and* MARSHA LYNN STRANGE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-13-90.

Signed by: /s/ LEONARD W. FREDERICK, ASSOCIATE PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-17-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 15

File

HENDRICKS County

1-12-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Kathleen B. Oldham

MALE APPLICANT

Name: First Steven Middle F. Last Butler

Date of Birth: Month 1 Day 12 Year 55

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 10542 Cornell Ave. City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Steven Adrian Butler
   ~~Baby~~
6. (a) Full name of father ~~of dependent children~~ Robert F. Butler
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Geraldine Ada Spangler
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Canada

FEMALE APPLICANT

Name: First Sally Middle J. Last McClure

Date of Birth: Month 5 Day 23 Year 55

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 1120 E. Hadley Rd. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Brandy Allison
   Hadley
6. (a) Full name of father ~~of dependent children~~ James Julian Hoffman
   Residence of father (if deceased, so state) Winona, Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Patty Louise Degner
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Steven F. Butler — Date
Signature of Applicant

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Steven F. Butler
New Address

Subscribed and sworn to before me this 12 day of Jan. 19 90
Lonnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Sally J McClure — 1-12-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Sally J McClure
New Address Same as above

Subscribed and sworn to before me this 12 day of Jan. 19 90
Lonnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-12-90, *authorizing the marriage of* STEVEN F. BUTLER *and* SALLY J. McCLURE.

I further certify that the following marriage certificate was filed in my office:

I, LYNDA F. HUPPERT *(name), certify that on* 1-20-90 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* STEVEN F. BUTLER *of* HAMILTON *County,* IN *(state), and* SALLY J. McCLURE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-20-90.

Signed by: /s/ LYNDA F. HUPPERT, WASHINGTON TWP *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on SMALL CLAIMS JUDGE 1-24-90 *(date).*

Signed Lonnie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 16

File

1-12-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First William Middle FRANCIS Last Smith
Date of Birth: Month 09 Day 18 Year 61
Place of Birth (State or foreign country): St Louis, MO
Residence Address: Street or R.R. RR1 Box 323 City Clayton County IN State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) OPER LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   NONE
6. (a) Full name of father ~~of dependent children~~ William FRANCIS Smith
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) MO
   (b) Full maiden name of mother ~~of dependent children~~ Judith LEE PENTZ
   Residence of mother (if deceased, so state) RR1 Box 323 Clayton IN
   Birthplace of mother (State or foreign country) MO

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

William Francis Smith 01-12-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

☒ Signed William Francis Smith

New Address

Subscribed and sworn to before me this 12th day of January, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First CHANDELLE Middle RENEE' Last DAVIS
Date of Birth: Month 01 Day 06 Year 69
Place of Birth (State or foreign country): Bloomington, IN
Residence Address: Street or R.R. 2341 LAKE OF LANTERNS EAST DRIVE City Indpls County State IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) OPER. LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Robert W. DAVIS
6. (a) Full name of father ~~of dependent children~~ LOREN Robert DAVIS
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother ~~of dependent children~~ DIANA KAY TIMMONS
   Residence of mother (if deceased, so state) 2341 LAKE OF LANTERNS Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Randall R. Davis 01-12-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Randall R. Davis

New Address

Subscribed and sworn to before me this 12th day of January 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-12-90, *authorizing the marriage of* WILLIAM FRANCIS SMITH *and* CHANDELLE RENEE' DAVIS.

I further certify that the following marriage certificate was filed in my office:

I, DAVID BERTHOLD *(name), certify that on* 1-20-90 *(date), at* INDPLS *in* MARION *County, Indiana,* WILLIAM FRANCIS SMITH *of* HENDRICKS *County,* IN *(state), and* CHANDELLE RENEE' DAVIS *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-20-90.

Signed by: /s/ DAVID BERTHOLD, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-23-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 17

File

HENDRICKS County

1-16-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Guadalupe Middle Rodriguez Last
Date of Birth: Month Sept. Day 12 Year 1920
Place of Birth (State or foreign country): En San Julian, Mexico
Residence Address: Street or R.R. 4365 Burkhart City Apt. J, County Indpls, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Uruvis Louise

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father ~~of dependent children~~ Encarnacion Rodriguez
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Mexico
   (b) Full maiden name of mother ~~of dependent children~~ Juana Salas Rodriguez
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Mexico

FEMALE APPLICANT

Name: First Shirley Middle Mae Last Gray
Date of Birth: Month 10 - Day 27 - Year 1934
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R.R. 119 Brendenwood Dr., City Brownsburg, County, State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father ~~of dependent children~~ Howard L. VanArsdale
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother ~~of dependent children~~ Francis Louise VanArsdale
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Guadalupe Rodriguez — Signature of Applicant
1-16-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Guadalupe Rodriguez
New Address

Subscribed and sworn to before me this 16th day of Jan. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Shirley Gray. — Signature of Applicant
Jan. 16, 1990 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Shirley Gray.
New Address SAME

Subscribed and sworn to before me this 16th day of Jan. 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-16-90, *authorizing the marriage of* GUADALUPE RODRIGUEZ *and* SHIRLEY MAE GRAY.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 1-16-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GUADALUPE RODRIGUEZ *of* MARION *County,* IN *(state), and* SHIRLEY MAE GRAY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-16-90

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-16-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 18

File

1-17-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-11-90
Name of Physician Stephen Seeger

MALE APPLICANT

Name: First David Middle S. Last Whitman

Date of Birth: Month July Day 14 Year 1960

Place of Birth (State or foreign country) Scotland

Residence Address: Street or R.R. PO Box 167 City Clayton County — State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Bradley W. Whitman
   Andrea L. Whitman
6. (a) Full name of father of dependent children Dudley W. "Sam" Whitman
   Residence of father (if deceased, so state) Elwood, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Margaret Morrison
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Scotland

FEMALE APPLICANT

Name: First Laura Middle L. Last Mack

Date of Birth: Month July Day 14 Year 1966

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 416 N. Center St. apt 7 City Plainfield County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of dependent children Gene Mack
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of mother of dependent children Mary Ferguson
   Residence of mother (if deceased, so state) Clinton In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X David Whitman — 1-17-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X David Whitman

New Address

Subscribed and sworn to before me this 17 day of Jan 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Laura Mack — 1-17-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Laura Mack

New Address 416 N. Center St. apt 7 Plainfield, In 46168

Subscribed and sworn to before me this 17 day of Jan 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-17-90, *authorizing the marriage of* DAVID SAMUEL WHITMAN *and* LAURA LOUISE MACK.

I further certify that the following marriage certificate was filed in my office:

I, JERRY D. ELMORE *(name), certify that on* 1-27-90 *(date), at* CLINTON *in* VERMILLION *County, Indiana,* DAVID S. WHITMAN *of* HENDRICKS *County,* IN *(state), and* LAURA L. MACK *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-27-90.

Signed by: /s/ JERRY D. ELMORE, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-5-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 19

File

HENDRICKS County

1-17-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician M.D. Clark

MALE APPLICANT

Name: First Stephen Middle L. Last Robertson

Date of Birth: Month 7 Day 18 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 18 Box 356-A City Indpls. County State IN

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Athel Robertson
   Residence of father (if deceased, so state) Indpls. IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of mother of ~~dependent children~~ Lola Madalene Roy
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) KY

FEMALE APPLICANT

Name: First Kimberly Middle Ann Last Collins

Date of Birth: Month 2 Day 15 Year 72

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 715 E. 300 N. City Brburg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Thomas E. Collins
   Residence of father (if deceased, so state) Brownsburg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother of ~~dependent children~~ Christi L. Keene
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Stephen L Robertson — Signature of Applicant
January 17, 1990 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Kimberly A. Collins — Signature of Applicant
January 17, 1990 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this applicat

Signed X
New Address PSC

Subscribed and sworn to befor

Connie Lawson

CONSENT OF PARENTS, PAR

We, the parents of this applicant state facts which make the cons

State of Indiana)
) ss:
County of HENDRICKS)

Signed
Signed

Subscribed and sworn to before n

COMPLETE IF MARRIAG

County Court, by written order issued

and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

FILED
JAN 17 1990
Connie Lawson
CLERK HENDRICKS CIRCUIT COURT
SUPERIOR

We, Thomas E. Collins and Christi L. Collins, give our consent for our daughter, Kimberly Ann Collins, to be married on January 22 1990 at the place solemnized

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 1-17-90, authorizing the marriage of STEPHEN L. ROBERTSON and KIMBERLY ANN COLLINS.

I further certify that the following marriage certificate was filed in my office:

I, CHESTER L. ROSS (name), certify that on 1-22-90 (date), at INDPLS in MARION County, Indiana, STEPHEN L. ROBERTSON of HENDRICKS County, IN (state), and KIMBERLY ANN COLLINS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 1-17-90.

Signed by: /s/ CHESTER L. ROSS, MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 2-2-90 (date).

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 20

File

1-18-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-16-90
Name of Physician Dr. L. Lovell, M.D.

MALE APPLICANT

Name First Ivan Middle Neil Last Davis

Date of Birth Month 12 Day 24 Year 59

Place of Birth (State or foreign country) Harrisonburg, Va.

Residence Address Street or R.R. 361 Heritage Dr. City Danville County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Leon Bee Davis
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of mother ~~of dependent children~~ Ruth Gawthrop
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) W. Va.

FEMALE APPLICANT

Name First Kathleen Middle — Last Blake

Date of Birth Month 3 Day 20 Year 60

Place of Birth (State or foreign country) E. Chicago, In.

Residence Address Street or R.R. 5964 Coquina-Key Apt E City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Jeff Blake
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Frances M. Maryanowski
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Ivan Neil Davis — Signature of Applicant
01-18-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Ivan Neil Davis
New Address Same

Subscribed and sworn to before me this 18th day of Jan, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Kathleen Blake — Signature of Applicant
1-18-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Kathleen Blake
New Address 361 Heritage Dr. Danville

Subscribed and sworn to before me this 18th day of Jan, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-19-90, *authorizing the marriage of* IVAN NEIL DAVIS *and* KATHLEEN BLAKE.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 1-19-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* IVAN NEIL DAVIS *of* HENDRICKS *County,* IN *(state), and* KATHLEEN BLAKE *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-19-90

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-19-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 21

File

HENDRICKS County

1-19-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-8-90
Name of Physician Dr. Caton

MALE APPLICANT

Name: First Mark Middle Alan Last Ritter

Date of Birth: Month Sept. Day 23 Year 1964

Place of Birth (State or foreign country): Robinson Illinois

Residence Address: Street or R.R. 106 W. Charter City Dr. County Muncie State In. 47303

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   No
6. (a) Full name of father of dependent children Ivan Leroy Ritter
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Casey, Ill.
   (b) Full maiden name of mother of dependent children Ila Mae Shaw
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Casey, Ill.

FEMALE APPLICANT

Name: First Chiqeeta Middle Starr Last Larsen

Date of Birth: Month July Day 30 Year 1963

Place of Birth (State or foreign country): Danville Indiana

Residence Address: Street or R.R. 6505 N City 625E County Brownsburg State 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   April Starr Larsen
   Robert Donald Larsen
6. (a) Full name of father of dependent children Donald C. Young
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Scottsville, Ky.
   (b) Full maiden name of mother of dependent children Ollie Jodean Ford
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tompkinsville, Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Mark A. Ritter 1-19-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Connie Lawson 1-19-90
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Mark A. Ritter
New Address

Subscribed and sworn to before me this 19th day of Jan 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Chiqeeta L. Larsen 1-19-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Connie Lawson 1-19-90
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Chiqeeta L. Larsen
New Address 106 W. Charter, Muncie, Ind. 47303

Subscribed and sworn to before me this 19 day of Jan 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-19-90, *authorizing the marriage of* MARK ALAN RITTER *and* CHIQEETA STARR LARSEN.

I further certify that the following marriage certificate was filed in my office:

I, R. RANDOLPH RICHARDSON *(name), certify that on* 2-3-90 *(date), at* INDPLS *in* MARION *County, Indiana,* MARK ALAN RITTER *of* DELAWARE *County,* IN *(state) and* CHIQEETA STARR LARSEN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-3-90.

Signed by: ~~/s/ R. RANDOLPH RICHARDSON~~, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-21-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

530

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 22

File

1-23 90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-19-90
Name of Physician Snyder M.D

MALE APPLICANT

Name First Craig. Middle Richard Last Jacko

Date of Birth Month Nov Day 28 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 5935 E. 520 N City B'Burg County Hendricks State IN

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) dln Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Richard Victor Jacko
   Residence of father (if deceased, so state) Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother ~~of dependent children~~ Diana C Bolen
   Residence of mother (if deceased, so state) Ind
   Birthplace of mother (State or foreign country) Ind

FEMALE APPLICANT

Name First Paula Middle Kay Last Bradford

Date of Birth Month Sept Day 14 Year 1963

Place of Birth (State or foreign country) Ill.

Residence Address Street or R.R. 5935 E 520 N City B'Burg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Ralph Dean Bradford
   Residence of father (if deceased, so state) Ill
   Birthplace of father (State or foreign country) Ill
   (b) Full maiden name of mother ~~of dependent children~~ Patricia Joann Cook
   Residence of mother (~~if deceased, so state~~) Ill
   Birthplace of mother (State or foreign country) Ill

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Craig R. Jacko — 1-23-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Craig R. Jacko

New Address

Subscribed and sworn to before me this 23 day of Jan 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Paula K Bradford — 1-23-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Paula K Bradford

New Address

Subscribed and sworn to before me this 23 day of Jan 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-23-90, *authorizing the marriage of* CRAIG RICHARD JACKO *and* PAULA KAY BRADFORD.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 1-23-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CRAIG R. JACKO *of* HENDRICKS *County,* IN *(state), and* PAULA K. BRADFORD *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-23-90

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-23-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 23

File

1-24-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-22 90
Name of Physician Wm. Edwards

MALE APPLICANT

Name: First David Middle A. Last Smith

Date of Birth: Month 8 Day 22 Year 62

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 4990 W. 450 S City Crawfordsville County State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Crockett Nathaniel Smith
6. (a) Full name of father of ~~dependent children~~ Harold David Smith
   Residence of father (if deceased, so state) Crawfordsville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother ~~of dependent children~~ Joy Jean Stephens
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Mississippi(?)

FEMALE APPLICANT

Name: First Cami Middle C. Last Jacko

Date of Birth: Month 7 Day 5 Year 67

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 5935 E 500 N. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of ~~dependent children~~ Richard Victor Jacko
   Residence of father (if deceased, so state) B'burg IN.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother of ~~dependent children~~ Diana Carol Bolen
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X David A Smith — Signature of Applicant
1-2490 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X David A Smith
New Address 4990 W 450 S Crawfordsville

Subscribed and sworn to before me this 24 day of Jan. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19__
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Cami C. Jacko — Signature of Applicant
1-24-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Cami C. Jacko
New Address

Subscribed and sworn to before me this 24 day of Jan. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19__
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court, by written order issued _____, and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-24-90, *authorizing the marriage of* DAVID A. SMITH *and* CAMI C. JACKO.

I further certify that the following marriage certificate was filed in my office:

I, STEVE FINKE *(name), certify that on* 2-9-90 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DAVID A. SMITH *of* MONTGOMERY *County,* IN *(state) were married by me as (state), and* CAMI C. JACKO *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-9-90, PASTOR *(official designation)*

Signed by: /s/ STEVE FINKE *(date).*

Filed and recorded in accordance with the laws of the State of Indiana on 2-13-90

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 24

File

Jan. 24, 1990
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Dr. Haggard

MALE APPLICANT

Name — First: Robert Middle: Lawrence Last: Haug

Date of Birth — Month: Oct. Day: 6 Year: 1968

Place of Birth (State or foreign country): New Jersey

Residence Address — Street or R.R.: 303 Green St. City: Plainfield County: Hendricks State: In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children George Frederick Haug Sr.
   Residence of father (if deceased, so state) New Jersey
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of mother of dependent children Jeneen S. Bethke
   Residence of mother (if deceased, so state) St. Petersburg Fla
   Birthplace of mother (State or foreign country) New Jersey

FEMALE APPLICANT

Name — First: Sandra Middle: D. Last: Gibbs

Date of Birth — Month: June Day: 2 Year: 1949

Place of Birth (State or foreign country): Indpls In.

Residence Address — Street or R.R.: 123 Eastern Ave. City: Plfd. County: Hend. State: In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Lester Butts
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother of dependent children Zelpha Naomi Patrick
   Residence of mother (if deceased, so state) Plainfield, Ind.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Robert L Haug — Signature of Applicant
1/24/90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Robert L. Haug

New Address

Subscribed and sworn to before me this 24 day of Jan, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Sandra D. Gibbs — Signature of Applicant
1-24-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Sandra D. Gibbs

New Address 303 Green St. Plfd.

Subscribed and sworn to before me this 24 day of Jan, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-24-90, *authorizing the marriage of* ROBERT LAWRENCE HAUG *and* SANDRA D. GIBBS.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 2-1-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT LAWRENCE HAUG *of* HENDRICKS *County,* IN *(state), and* SANDRA D. GIBBS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-1-90.

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-1-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 25

File

1-25-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-22-90
Name of Physician Donell

MALE APPLICANT

Name: First Matthew Middle Arnold Last McClure

Date of Birth: Month 6 Day 20 Year 1969

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R.R. 245 South Washington City Danville County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Oscar R. McClure
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Patricia L. Plunkett
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Rachel Middle Jene Last Willard

Date of Birth: Month 2 Day 13 Year 1973

Place of Birth (State or foreign country) Bloomington, In.

Residence Address: Street or R.R. 3245 N. Washington City Danville County State In. 46122

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Charles P. Willard
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Pamela K. Cordes
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Matthew Arnold McClure 1-25-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Matthew Arnold McClure
New Address 245 S Washington Danville In 46122
Subscribed and sworn to before me this 25th day of January 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Rachel Jene Willard 1-25-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Rachel Jene Willard
New Address 245 S. Washington
Subscribed and sworn to before me this 25th day of January 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Mother has full custody

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed Pamela K. Willard Mother
Subscribed and sworn to before me this 25th day of January 19 90
Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-25-90, *authorizing the marriage of* MATTHEW ARNOLD McCLURE *and* RACHEL JENE WILLARD.

I further certify that the following marriage certificate was filed in my office:

I, RAYMOND H. DUFF *(name), certify that on* ~~1-27-90~~ *(date), at* ~~AVON~~ *in* HENDRICKS *County, Indiana,* MATTHEW ARNOLD McCLURE *of* ~~HENDRICKS~~ *County,* ~~IN~~ *(state) were married by me as* (state), and RACHEL JENE WILLARD *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-25-90, *Signed by:* /s/ RAYMOND H. DUFF, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-7-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 26

File

1-25-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 6-11-88
Name of Physician Susan Burkholder

MALE APPLICANT

Name: First Tim Middle L. Last Rist

Date of Birth: Month 3 Day 9 Year 61

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 145 Manor Dr. City B'burg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Same
6. (a) Full name of father ~~of dependent children~~ Jack Lewis Rist
   Residence of father (if deceased, so state) Indpls. IN.
   Birthplace of father (State or foreign country) IN.
   (b) Full maiden name of mother ~~of dependent children~~ Charlotte Ann Wornberg
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Tim Rist 1 25 90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Tim Rist

New Address

Subscribed and sworn to before me this 25 day of Jan. 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name: First Susan Middle I. Last Schreier

Date of Birth: Month 4 Day 19 Year 56

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R.R. 14 S. Manor Dr. City B'burg County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Brittany Ann Rist
6. (a) Full name of father ~~of dependent children~~ Robert P. Schreier
   Residence of father (if deceased, so state) Indpls. IN
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of mother ~~of dependent children~~ Irene C. Watson
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Wisconsin

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Susan I Schreier 1-25-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Susan I Schreier

New Address

Subscribed and sworn to before me this 25 day of Jan. 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-25-90, *authorizing the marriage of* TIM L. RIST *and* SUSAN I. SCHREIER.

I further certify that the following marriage certificate was filed in my office:

I, DAVID HARNESS *(name), certify that on* 2-3-90 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* TIM L. RIST *of* HENDRICKS *County,* IN *(state), and* SUSAN I. SCHRIER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-3-90

Signed by: /s/ DAVID HARNESS, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-9-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 27

File

HENDRICKS County

1-25-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-24-90
Name of Physician Dr Johns

MALE APPLICANT

Name: First Scott Middle G. Last Miller
Date of Birth: Month 4 Day 2 Year 62
Place of Birth (State or foreign country): Indianapolis - In. Marion
Residence Address: Street or R.R. 5655 N. 1050 E City Brownsburg County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children William Lowell Miller
   Residence of father (if deceased, so state) Dead
   Birthplace of father (State or foreign country) Indpls In.
   (b) Full maiden name of mother of dependent children Helena Shipley
   Residence of mother (if deceased, so state) Dead
   Birthplace of mother (State or foreign country) Maywood In.

FEMALE APPLICANT

Name: First Sarah Middle J. Last Stryker
Date of Birth: Month 10 Day 27 Year 61
Place of Birth (State or foreign country): Indianapolis - In. Marion Co.
Residence Address: Street or R.R. 5870 Lakeland Blvd. City Indpls County Marion State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Lauren Ashley Stryker
6. (a) Full name of father of dependent children Marvin D. Bryant
   Residence of father (if deceased, so state) Dead
   Birthplace of father (State or foreign country) Putnam Co.
   (b) Full maiden name of mother of dependent children Kathleen Lowell Miller
   Residence of mother (if deceased, so state) Dead
   Birthplace of mother (State or foreign country) Pittsburg Penn

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Scott G. Miller 1-25-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Scott G. Miller
New Address

Subscribed and sworn to before me this 25 day of Jan. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Sarah J. Stryker 1-25-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Sarah J. Stryker
New Address 5870 Lakeland Blvd.

Subscribed and sworn to before me this 25 day of Jan. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-25-90 *, authorizing the marriage of* SCOTT ALLEN MILLER *and* SARAH JANE STRYCKER *.*

I further certify that the following marriage certificate was filed in my office:

I, ROBERT F. GAMMON *(name), certify that on* 1-27-90 *(date), at* ~~INDIANAPOLIS~~ *in* MARION *County, Indiana,* SCOTT ALLEN MILLER *of* HENDRICKS *County,* ~~IN~~ *(state), and* SARAH JANE STRYCKER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-27-90 *.*

Signed by: /s/ ROBERT F. GAMMON, JUDGE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-30-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 28

File

1-26-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-22-90
Name of Physician R. Steigmeier

MALE APPLICANT

Name: First Joseph Middle A. Last Jones
Date of Birth: Month 2 Day 18 Year 51
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4302 W 200 N. City Danville County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Clinton M. Jones
6. (a) Full name of father ~~of dependent children~~ Roy E. Jones
   Residence of father (if deceased, so state) Hartford Salem Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother ~~of dependent children~~ Louise M. Grayson
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Joseph A. Jones — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Joseph A. Jones
New Address Same as above

Subscribed and sworn to before me this 26 day of Jan. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

FEMALE APPLICANT

Name: First Melanie Middle Jo Last Lofton
Date of Birth: Month 5 Day 25 Year 51
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 110 Patrick City Danville County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Bart D. Lofton
   Brady J. Lofton
6. (a) Full name of father ~~of dependent children~~ Dale E. Chalfant
   Residence of father (if deceased, so state) Danville Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother ~~of dependent children~~ Janet M. Myers
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Melanie J. Lofton — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Melanie J. Lofton
New Address

Subscribed and sworn to before me this 26 day of Jan. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-26-90, *authorizing the marriage of* JOSEPH A. JONES *and* MELANIE J. LOFTON.

I further certify that the following marriage certificate was filed in my office:

I, DAVID GIVENS LOCKE *(name), certify that on* 2-10-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOSEPH A. JONES *of* HENDRICKS *County,* IN *(state), and* MELANIE J. LOFTON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-10-90.

Signed by: /s/ DAVID GIVENS LOCKE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-14-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 29

File

HENDRICKS County

1-26-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-10-90
Name of Physician Terri Y. Brown M.D.

MALE APPLICANT

Name First Daniel Middle Joseph Last Krieger

Date of Birth Month 12 Day 23 Year 54

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 9318 Chestnut Ln. City Munster County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Joseph Cornelius Krieger
   Residence of father (if deceased, so state) ~~Speedway, In.~~
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Dorothy Ann Durack
   Residence of mother (if deceased, so state) ~~Speedway, In.~~
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Christie Middle Allison Last Harvey

Date of Birth Month 8 Day 24 Year 55

Place of Birth (State or foreign country) Indianapolis In.

Residence Address Street or R.R. 140 S East St. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ John Christie Harvey
   Residence of father (if deceased, so state) Auburn, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Ruth Laura Shupe
   Residence of mother (if deceased, so state) Auburn, In.
   Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Daniel J. Krieger — Signature of Applicant — 1/26/90 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Daniel J. Krieger

New Address

Subscribed and sworn to before me this 26th day of Jan. 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Christie Allison Harvey — Signature of Applicant — 1-26-90 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Christie Allison Harvey

New Address 9318 Chestnut Ln Munster In. 46321

Subscribed and sworn to before me this 26th day of Jan. 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-26-90, *authorizing the marriage of* DANIEL JOSEPH KRIEGER *and* CHRISTIE ALLISON HARVEY.

I further certify that the following marriage certificate was filed in my office:

I, F. THOMAS LALLAH *(name), certify that on* 2-10-90 *(date), at* AUBURN *in* DEKALB *County, Indiana,* DANIEL JOSEPH KRIEGER *of* LAKE *County,* IN *(state), and* CHRISTIE ALLISON HARVEY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-10-90.

Signed by: /s/ F. THOMAS LALLAH, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-9-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 30

File

1-26-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-25-90
Name of Physician R. L. Hooker M.D.

MALE APPLICANT

Name First Nelson Middle Eddie Last Robinson

Date of Birth Month 10 Day 4 Year 40

Place of Birth (State or foreign country) Danville, In.

Residence Address Street or R.R. General Delivery City Roachdale County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
   ~~Jane Ellen Robinson~~
   Amber Danielle Robinson 3 yrs.
6. (a) Full name of father ~~of dependent children~~ Denver Robinson
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Della Evelyn Mallicoat
   Residence of mother (if deceased, so state) Bainbridge, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Janet Middle Lavonne Last Long

Date of Birth Month 10 Day 19 Year 54

Place of Birth (State or foreign country) Greencastle, In.

Residence Address Street or R.R. General Delivery City Roachdale County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
   Amber Danielle Robinson 3 yrs.
6. (a) Full name of father ~~of dependent children~~ Clay Doxie Webb
   Residence of father (if deceased, so state) ~~Roachdale, In.~~ Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Anna Mae Dowell
   Residence of mother (if deceased, so state) Roachdale, In.
   Birthplace of mother (State or foreign country) Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Nelson Eddie Robinson 1-26-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Nelson Eddie Robinson
New Address ~~Same~~

Subscribed and sworn to before me this 26th day of Jan. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Janet Long 1-26-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ~~Same~~ Janet Long
New Address same

Subscribed and sworn to before me this 26th day of Jan 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-26-90, *authorizing the marriage of* NELSON EDDIE ROBINSON *and* JANET LAVONNE LONG.

I further certify that the following marriage certificate was filed in my office:

I, MELVIN WHITE *(name), certify that on* 1-27-90 *(date), at* ROACHDALE *in* PUTNAM *County, Indiana,* NELSON EDDIE ROBINSON *of* PUTNAM *County,* IN *(state), and* JANET LAVONNE LONG *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-27-90.

Signed by: /s/ MELVIN WHITE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-13-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 31

HENDRICKS County

File

1-26-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-26-90
Name of Physician Charles Tripple

MALE APPLICANT

Name: First Jason Middle — Last Hays

Date of Birth: Month 10 Day 27 Year 70 19

Place of Birth (State or foreign country) TX

Residence Address: Street or R.R. 5705 Standish City Circle County — State Texas

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Monroe N. Hays
   Residence of father (if deceased, so state) Orange Grove TX
   Birthplace of father (State or foreign country) TX
   (b) Full maiden name of mother of ~~dependent children~~ Cruz - Garcia
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) TX

FEMALE APPLICANT

Name: First Renee Middle Lynn Last Loudermilk

Date of Birth: Month 7 Day — Year 70 19

Place of Birth (State or foreign country) Indpls. IN.

Residence Address: Street or R.R. 4116 Linden Ln. City Plfd. County — State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Earl Mickae/ Loudermilk
   Residence of father (if deceased, so state) New Palestine, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother of ~~dependent children~~ Doris Lynn Wilson
   Residence of mother (if deceased, so state) Plfd. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Jason Hays — 1-26-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Jason Hays
New Address Same as above

Subscribed and sworn to before me this 26 day of Jan., 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Renee Loudermilk — 1-26-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Renee Loudermilk
New Address

Subscribed and sworn to before me this 26 day of Jan., 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____, and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-26-90, *authorizing the marriage of* JASON HAYS *and* RENEE LOUDERMILK.

I further certify that the following marriage certificate was filed in my office:

I, JOHN A. LEFLER *(name), certify that on* 2-3-90 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* JASON HAYS *of* COLLIN *County,* TX *(state), and* RENEE L. LOUDERMILK *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-3-90.

Signed by: /s/ JOHN A. LEFLER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-9-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 32

File

1-29-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-22-90
Name of Physician Robert Powell

MALE APPLICANT

Name First Scott Middle Alan Last Plunkett

Date of Birth Month 5 Day 28 Year 1968

Place of Birth (State or foreign country) Judge's, In.

Residence Address Street or R.R. 1693 N. 425 E. City Danville County In State 46122

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Billy D. Plunkett
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Diana B. Mitchell
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Cari Middle Ann Last Jacko

Date of Birth Month 5 Day 6 Year 1972

Place of Birth (State or foreign country) Danville In.

Residence Address Street or R.R. 5935 E. 500 N. City Brownsburg County In State 46112

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   ~~If answer is "yes," has the adjudication been removed? No ☐ Yes ☐~~
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Richard Victor Jacko
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Diana Carol Boles
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Scott A Plunkett
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Scott A Plunkett

New Address

Subscribed and sworn to before me this 29 day of Jan, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Cari A. Jacko
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Cari A. Jacko

New Address

Subscribed and sworn to before me this 29 day of Jan, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Richard V. Jacko — Father

Signed Diana C. Jacko — Mother

Subscribed and sworn to before me this 29th day of Jan, 1990

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-29-90, *authorizing the marriage of* SCOTT ALAN PLUNKETT *and* CARI ANN JACKO.

I further certify that the following marriage certificate was filed in my office:

I, STEVE FINKE *(name), certify that on* 2-9-90 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* SCOTT ALAN PLUNKETT *of* HENDRICKS *County,* IN *(state), and* CARI ANN JACKO *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-9-90.

Signed by: /s/ STEVE FINKE, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-13-90 *(date).*

Signed Connie Lawson *Clerk*

Circuit Court

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 33

HENDRICKS County

File

1-29-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Scott Middle Allan Last Plunkett

Date of Birth: Month 5 Day 28 Year 1968

Place of Birth (State or foreign country) Indpls. In.

Residence Address: Street or R.R. 1692 N. 425 E. City Danville County State In 46122

Previous Marital Status: Never Married X OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Billy G. Plunkett
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Diana R. Mitchell
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Lori Middle Ann Last Jacko

Date of Birth: Month 5 Day 6 Year 1972

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 5935 E. 500 N. City Brownsburg County State In. 46112

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Richard Victor Jacko
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Diana Carol Boden
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X _____ _____
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

_____ _____
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X _____
New Address _____

Subscribed and sworn to before me this 29 day of Jan, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X _____ _____
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

_____ _____
Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X _____
New Address _____

Subscribed and sworn to before me this 29 day of Jan, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____.*

I further certify that the following marriage certificate was filed in my office:

I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County, _____ (state), and _____ of _____ County, _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____.*

Signed by: _____, _____ (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).

Signed _____ Clerk
HENDRICKS Circuit Court

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. ~~57~~ 33

File

1-29-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician D. Haggard

MALE APPLICANT

Name First Michael Middle A. Last Moore

Date of Birth Month 8 Day 18 Year 70

Place of Birth (State or foreign country) IN

Residence Address Street or R.R. 635 E. Main City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rye.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ William R. Moore
   Residence of father (if deceased, so state) Bridgeport Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Opal Ruth White
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name First Kathe Middle D. Last Petree

Date of Birth Month 1 Day 8 Year 70

Place of Birth (State or foreign country) IN

Residence Address Street or R.R. 8995 S. 75 W. City Danville County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rye.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ George William Petree
   Residence of father (if deceased, so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Rachel Illene Smith
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Michael A. Moore 1-29-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Michael A. Moore
New Address 635 E Main Danville

Subscribed and sworn to before me this 29 day of Jan., 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Kathe Petree
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Kathe Petree
New Address

Subscribed and sworn to before me this 29 day of Jan., 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-29-90, *authorizing the marriage of* MICHAEL A. MOORE *and* KATHE D. PETREE.

I further certify that the following marriage certificate was filed in my office:

I, DONALD R. SWANSON *(name), certify that on* 2-10-90 *(date), at* DANIVLLE *in* HENDRICKS *County, Indiana,* MICHAEL A. MOORE *of* HENDRICKS *County,* IN *(state), and* KATHE D. PETREE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-10-90.

Signed by: /s/ DONALD R. SWANSON, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-13-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 34

File

HENDRICKS County

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Robert Middle N Last GREEN

Date of Birth: Month 09 Day 11 Year 68

Place of Birth (State or foreign country)

Residence Address: 10802 W. WASHINGTON Street or R.R. Indpls City HENDRICKS County IN State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) OPERATORS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ THOMAS N. GREEN
   Residence of father (if deceased, so state) UNKNOWN
   Birthplace of father (State or foreign country) UNKNOWN GA
   (b) Full maiden name of mother of dependent children BRENDA FAYE DEWAR
   Residence of mother (if deceased, so state) 207 millsprings COATESVILLE IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Robert N Green — Signature of Applicant — 01-29-90 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Robert N Green
New Address 10803 W. Washington St. Indpls, IN
Subscribed and sworn to before me this 29th day of Jan, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
____ Clerk

FEMALE APPLICANT

Name: First SHERRY L. Middle CONNARD Last

Date of Birth: Month 01 Day 09 Year 73

Place of Birth (State or foreign country) IN

Residence Address: 489 S. LUETT Street or R.R. Indpls City MARION County IN State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) OPERATORS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ DARRELL EUGENE CONNARD
   Residence of father (if deceased, so state) DANVILLE, IN
   Birthplace of father (State or foreign country) W. VA
   (b) Full maiden name of mother ~~of dependent children~~ SANDRA LYNN PRITT
   Residence of mother (if deceased, so state) 489 S. LUETT, INDPLS IN
   Birthplace of mother (State or foreign country) W. VA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Sherry Lynn Connard — Signature of Applicant — 01-29-90 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Sherry L Connard
New Address 10802 W. Washington Street, Indpls, IN
Subscribed and sworn to before me this 29th day of Jan, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Darrell Eugene Connard Father
Signed Sandra Lynn Gibson Mother
Subscribed and sworn to before me this 29th day of Jan, 19 90
Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 01-29-90, *authorizing the marriage of* ROBERT N. GREEN *and* SHERRY L. CONNARD.

I further certify that the following marriage certificate was filed in my office:

I, JANICE S. CHILEWSKI *(name), certify that on* 1-29-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT N. GREEN *of* MARION *County,* IN *(state), and* SHERRY L. CONNARD *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-29-90.

Signed by: /s/ JANICE S. CHILEWSKI, CHIEF DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 1-29-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 35

File

1-29-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Robert Hearin

MALE APPLICANT

Name: First Dale Middle L. Last Bennett

Date of Birth: Month 10 Day 8 Year 61

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. R 2 Box 233 City Clayton County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Eye.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Ernest Ivan Bennett
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Velma Fraine Dale
   Residence of mother (if deceased, so state) Clayton Ind.
   Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Lori Middle Lynn Last Hampton

Date of Birth: Month 10 Day 8 Year 66

Place of Birth (State or foreign country) Ind

Residence Address: Street or R.R. PO Box 117 City Stilesville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Eye.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Michael Royce Hampton
   Residence of father (if deceased, so state) Stilesville Ind
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of ~~dependent children~~ Wanda Sue Hypes
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Dale L. Bennett — 1-29-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Dale L Bennett

New Address

Subscribed and sworn to before me this 29 day of Jan. 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Lori L. Hampton — 1-29-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Lori L. Hampton

New Address

Subscribed and sworn to before me this 29 day of Jan. 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-29-90, *authorizing the marriage of* DALE L. BENNETT *and* LORI L. HAMPTON.

I further certify that the following marriage certificate was filed in my office:

I, STEVAN W. RANSON *(name), certify that on* 2-17-90 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* DALE L. BENNETT *of* HENDRICKS *County,* IN *(state), and* LORI L. HAMPTON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-17-90.

Signed by: /s/ STEVAN W. RANSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-22-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 34

File

1-30-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-29-90
Name of Physician David B. Haggard, M.D.

MALE APPLICANT

Name: First Jeffrey Middle B. Last Mace

Date of Birth: Month 12 Day 3 Year 53

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 140 Melissa Ann Ct. City Indpls. County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Jeffrey ~~Infra~~ Jonathon
   Jason
6. (a) Full name of father ~~of dependent children~~ Clayton Sharon Mace
   Residence of father (if deceased, so state) Fairview Heights Il.
   Birthplace of father (State or foreign country) Il
   (b) Full maiden name of mother ~~of dependent children~~ Pansy Violet Ewing
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Mo

FEMALE APPLICANT

Name: First Deborah Middle Jean Last Doty

Date of Birth: Month 12 Day 18 Year 50

Place of Birth (State or foreign country) Greenwood, In.

Residence Address: Street or R.R. 140 Melissa Ann Ct. City Indpls. County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Deborah Debon Doty 17 yrs.
6. (a) Full name of father ~~of dependent children~~ Jones Frank Grider
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Nannie Willard Williams
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Jeffrey B. Mace — 1-30-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Jeffrey B. Mace
New Address 140 Melissa Ann Ct Indpls

Subscribed and sworn to before me this ____ day of ____, 19__

Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

✓ Deborah J. Doty — Date
Signature of Applicant

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed ✓ Deborah J. Doty
New Address Same

Subscribed and sworn to before me this ____ day of ____, 19__

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19__

____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19__

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-30-90, *authorizing the marriage of* JEFFREY B. MACE *and* DEBORAH J. DOTY.

I further certify that the following marriage certificate was filed in my office:

I, J. K. WARRICK *(name), certify that on* 2-7-90 *(date), at* ~~INDIANAPOLIS~~ *in* MARION *County, Indiana,* JEFFREY B. MACE *of* HENDRICKS *County,* IN *(state) were married by me as* DEBORAH J. DOTY *of* HENDRICKS *County,* IN *(state), and were authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-4-90.

Signed by: /s/ J. K. WARRICK, SENIOR PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-7-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 37

File

1-31-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-30-90
Name of Physician Dr. Maynard M.D.

MALE APPLICANT

Name First Michael Middle Edward Last Wickens

Date of Birth Month 12 Day 25 Year 64

Place of Birth (State or foreign country) Columbus, Ohio

Residence Address Street or R.R. 1723 B Newport Way City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Anthony Michael Wickens
   Residence of father (if deceased, so state) Batesville In.
   Birthplace of father (State or foreign country) Wisc. (?)
   (b) Full maiden name of mother ~~of dependent children~~ Judith Ann Wess
   Residence of mother (if deceased, so state) Batesville, In
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michael E. Wickens — 31 JAN 90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michael E. Wickens
New Address 0514 ENDERLY AVE #7

Subscribed and sworn to before me this 31st day of Jan 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name First Carrie Middle Lynn Last Zerr

Date of Birth Month 10 Day 22 Year 64

Place of Birth (State or foreign country) Indianapolis In.

Residence Address Street or R.R. 514 Enderly Ave Apt 7, City Brownsburg, County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Heather Lynn Zerr 6 yrs.

6. (a) Full name of father ~~of dependent children~~ Jack Edward Scott
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Jean Ann Young
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Carrie L. Zerr — 1-31-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Carrie L. Zerr
New Address Same.

Subscribed and sworn to before me this 31st day of Jan 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-31-90, *authorizing the marriage of* ~~MICHAEL E. WICKENS~~ *and* ~~CARRIE L. ZERR~~.

I further certify that the following marriage certificate was filed in my office:

I, JOSEPH P. WADE *(name), certify that on* 2-14-90 *(date), at* INDPLS *in* MARION *County, Indiana,* MICHAEL E. WICKENS *of* MARION *County,* IN *(state), and* CARRIE L. ZERR *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-14-90.

Signed by: /s/ JOSEPH P. WADE, PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-15-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 38

File

HENDRICKS County

1-31-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-2-89
Name of Physician Robert Howell, M.D.

MALE APPLICANT

Name First: James Middle: William Last: White

Date of Birth Month: 12 Day: 14 Year: 23

Place of Birth (State or foreign country): Cloverdale In.

Residence Address Street or R.R.: RR#2 Box 218 City: Patand County: State: In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children.~~ Charles Henry White
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Martinsville In.
   (b) Full maiden name of mother ~~of dependent children~~ Stella Belle Black
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First: Patricia Middle: Ann Last: Rock

Date of Birth Month: 12 Day: 16 Year: 37

Place of Birth (State or foreign country): Charleston, West Va.

Residence Address Street or R.R.: 121 N. Mill St. City: Plainfield County: State: In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Forrest C. McNeil ~~George V. Hoffman~~
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) West Va.
   (b) Full maiden name of mother ~~of dependent children~~ Freda P. Stanley
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) West Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

James W White — 1-31-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed James W White
New Address 121 N. Mill St. Plainfield Ind.

Subscribed and sworn to before me this 31st day of Jan 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Patricia A Rock — 1/31/90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Patricia A Rock
New Address SAme

Subscribed and sworn to before me this 31st day of Jan 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-31-90 *, authorizing the marriage of* JAMES W. WHITE *and* PATRICIA A. ROCK *.*

I further certify that the following marriage certificate was filed in my office:

I, PERRY M. PRICE *(name), certify that on* 2-4-90 *(date), at* FAITH BAPTIST CHURCH *in* OWEN *County, Indiana,* JAMES W. WHITE *of* OWEN *County,* IN *(state) were married by me as (state), and* PATRICIA A. ROCK *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-31-90 *.*

Signed by: /s/ PERRY M. PRICE, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-6-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 39

File

1-31-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Delbert Middle Franklin Last Belcher

Date of Birth: Month 4 Day 13 Year 32

Place of Birth (State or foreign country) W. VA

Residence Address: Street or R.R. R 1 Box 248 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Adam Belcher

6. (a) Full name of father ~~of dependent children~~ Benjamin F. Belcher
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Charleston W. VA
   (b) Full maiden name of mother ~~of dependent children~~ Rosa B. Jackson
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Same

FEMALE APPLICANT

Name: First Ruth Middle Elaine Last Mello

Date of Birth: Month 1 Day 2 Year 48

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. E Same City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Fio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of father ~~of dependent children~~ William Alford Harkins
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Callie E. Townley
   Residence of mother (if deceased, so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) LA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Delbert Belcher — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Delbert Belcher

New Address

Subscribed and sworn to before me this 31 day of Jan., 1990

Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this — day of —, 19—

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Ruth E. Mello — Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Ruth E. Mello.

New Address

Subscribed and sworn to before me this 31 day of Jan., 1990

Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this — day of —, 19—

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the — County — Court, by written order issued — and filed in —, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-31-90, *authorizing the marriage of* DELBERT F. BELCHER *and* RUTH E. MELLO.

I further certify that the following marriage certificate was filed in my office:

I, JAMES FLATER *(name), certify that on* 3-31-90 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* DELBERT F. BELCHER *of* HENDRICKS *County,* IN *(state), and* RUTH E. MELLO *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-31-90.

Signed by: /s/ JAMES FLATER, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 4-3-90 *(date).*

Signed Connie Dawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 40

File

2-1-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-20-90
Name of Physician Smithkline Laboratory

MALE APPLICANT

Name: First Walter Middle A. Last Burnett

Date of Birth: Month 4 Day 10 Year 65

Place of Birth (State or foreign country) IA.

Residence Address: Street or R.R. 10929 W. Rockville Apt. #348 City Indpls. County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D.L. #'s).

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Walter Burnett Jr.
   Residence of father (if deceased, so state) Ind. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Barbara E. Churchill
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ill.

FEMALE APPLICANT

Name: First Shannon Middle Renee Last Fulling

Date of Birth: Month 4 Day 9 Year 71

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 3242 Pine Grove City Avon County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Robert Russell Fulling
   Residence of father (if deceased, so state) Houston, TX
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Nina Lee Park
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Walter A Burnett — 2/1/90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Walter A Burnett

New Address

Subscribed and sworn to before me this 1 day of Feb. 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Shannon Fulling — 2-1-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Shannon Fulling

New Address 10929 W Rockville Rd Apt 48

Subscribed and sworn to before me this 1 day of Feb. 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-1-90, *authorizing the marriage of* ~~WALTER A. BURNETT~~ *and* ~~SHANNON R. FULLING~~.

I further certify that the following marriage certificate was filed in my office:

I, CARL AKARD RILEY *(name), certify that on* 2-3-90 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* WALTER A. BURNETT *of* HENDRICKS *County,* IN *(state), and* SHANNON R. FULLING *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-3-90, *Signed by:* /s/ CARL AKARD RILEY, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-6-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 41

File

2-1-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-1-90
Name of Physician Kathryn A. Garner, M.D.

MALE APPLICANT

Name: First Robert Middle J Last Modglin
Date of Birth: Month 7 Day 26 Year 44
Place of Birth (State or foreign country) Lexington, Ky.
Residence Address: Street or R.R. 861 Ann City Indpls County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Sara, Matt & Mike
   5yrs 6yrs. 2yrs
6. (a) Full name of father ~~of dependent children~~ Charles H. Modglin
   Residence of father (if deceased, so state) Elwood
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Lee Thelma Lee
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Lexington, Ky.

FEMALE APPLICANT

Name: First Janet Middle Lee Last Danberg
Date of Birth: Month 2 Day 20 Year 56
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R.R. 2109 Winfield Ave. City Indpls. County State In. 46222
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ Gerald Theodore Danberg
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of mother ~~of dependent children~~ Bertha Ellen Michener
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Robert Modglin — Signature of Applicant
2-1-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Robert Modglin
New Address Same

Subscribed and sworn to before me this 1st day of ~~Jan~~ Feb 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____ 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Janet Danberg — Signature of Applicant
2-1-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Janet Danberg
New Address 861 Ann

Subscribed and sworn to before me this 1st day of Feb 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____ 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-1-90, *authorizing the marriage of* ROBERT J. MODGLIN *and* JANET LEE DANBERG.

I further certify that the following marriage certificate was filed in my office:

I, (not legible) *(name), certify that on* 2-22-90 *(date), at* INDPLS *in* MARION *County, Indiana,* ROBERT MODGLIN *of* HENDRICKS *County,* IN *(state), and* JANET L. DANBERG *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-22-90

Signed by: /s/ (not legible), JUDGE PRO TEM *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 4-4-90 *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

AFMLA/FD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 42

HENDRICKS County

File

2-2-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-23-90
Name of Physician D. Johnson MD.

MALE APPLICANT

Name: First David Middle Ray Last Harness
Date of Birth: Month 3 Day 12 Year 66
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 604 C Lakeside Dr. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Lester Ray Harness
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Eva Louise Carvile
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

David Ray Harness 2/2/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed David Ray Harness
New Address Same

Subscribed and sworn to before me this 2nd day of Feb. 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name: First Christina Middle Lynn Last Shrout
Date of Birth: Month 7 Day 15 Year 68
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 604 C Lakeside Dr. City Plfd. County State In. 46168
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Bobby Gene Shrout
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Augustina Silver
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Georgia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Christina Lynn Shrout 2-2-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Christina Lynn Shrout
New Address Same

Subscribed and sworn to before me this 2nd day of Feb. 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-2-90, *authorizing the marriage of* DAVID R. HARNESS *and* CHRISTINA L. SHROUT.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 2-2-90 *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* DAVID R. HARNESS *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* CHRISTINA L. SHROUT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-2-90.

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-2-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 43

File

2-2-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-29-90
Name of Physician Dr Kelly - Wishard

MALE APPLICANT

Name First: Michael Middle: Ray Last: Briggs

Date of Birth Month: 4 Day: 1 Year: 1961

Place of Birth (State or foreign country): Grand Rapids, Michigan

Residence Address Street or R.R.: 120 William Dr. Apt. M City: Brownsburg County: Hendricks State: In 46112

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Byrd James Briggs
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of mother of dependent children Melva Jean Martin
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Michigan

FEMALE APPLICANT

Name First: Judy Middle: Kay Last: Pearcy

Date of Birth Month: 7 Day: 13 Year: 1959

Place of Birth (State or foreign country): Indpls. In.

Residence Address Street or R.R.: 120 William Dr. apt M City: Brownsburg County: Hendricks State: In 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Jennifer Lynn Pearcy - 9 yrs.
6. (a) Full name of father of dependent children James Perry Pearcy
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Kathleen Ann Ciss
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Michael Briggs — 2-2-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Michael Briggs

New Address

Subscribed and sworn to before me this 2 day of Feb, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Judy K. Pearcy — _____
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Judy K. Pearcy

New Address

Subscribed and sworn to before me this 2 day of Feb, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-2-90, *authorizing the marriage of* MICHAEL RAY BRIGGS *and* JUDY KAY PEARCY.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 2-2-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL RAY BRIGGS *of* HENDRICKS *County,* IN *(state), and* JUDY KAY PEARCY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-2-90.

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-2-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 44

HENDRICKS County

File

2-2-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-26-90
Name of Physician D. Johnson

MALE APPLICANT

Name First Randall Middle Lance Last Stahl

Date of Birth Month 5 Day 9 Year 68

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 612 Lakeside Dr Apt A City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Travis Gay Stahl
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Margret Jean Key
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Texas

FEMALE APPLICANT

Name First Patricia Middle Faye Last Burdsall

Date of Birth Month 3 Day 23 Year 65

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. RR 1 Box 174 City Stilesville County State In. 46180

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Henry Wheatley
   Residence of father (if deceased, so state) ?
   Birthplace of father (State or foreign country) ?
   (b) Full maiden name of mother ~~of dependent children~~ Luthana Biers
   Residence of mother (if deceased, so state) Stilesville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Randall L. Stahl 2-2-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Randall L. Stahl
New Address 870 B Wickford Indpls. IN 46214

Subscribed and sworn to before me this ____ day of ____, 19____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Patricia F. Burdsall 2/2/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Patricia F. Burdsall
New Address 870B Wyckford Dr, Indpls. IN 46214

Subscribed and sworn to before me this ____ day of ____, 19____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-2-90, *authorizing the marriage of* RANDALL LANCE STAHL *and* PATRICIA FAYE BURDSALL.

I further certify that the following marriage certificate was filed in my office:

I, TERRENCE E. FOSTER *(name), certify that on* 2-24-90 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* RANDALL LANCE STAHL *of* HENDRICKS *County,* IN *(state), and* PATRICIA FAYE BURDSALL *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-2-90.

Signed by: /s/ TERRENCE E. FOSTER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-26-90 *(date).*

Signed ____ *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 45

File

2-5-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-18-90
Name of Physician Raymond D. Rice MD

MALE APPLICANT

Name First Mark Middle Anthony Last Wicks
Date of Birth Month 8 Day 12 Year 64
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Street or R.R. 4609 Tucson Dr. City Indpls. County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Dale Clayton Wicks
   Residence of father (if deceased, so state) ~~Indianapolis, In.~~ Brownsburg, In.
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of mother ~~of dependent children~~ Carolyn Jane Collard
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Mark Anthony Wicks 2-5-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Mark Anthony Wicks
New Address same

Subscribed and sworn to before me this 5th day of Feb 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name First Connie Middle Marie Last Howard
Date of Birth Month 12 Day 01 Year 68
Place of Birth (State or foreign country) Danville In.
Residence Address Street or R.R. 6013 Angela Ct. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☒
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children.~~ Terry Edward Howard
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Gloria Jean Leubbert
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Connie M Howard 2/5/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Connie M Howard
New Address 4609 Tucson Dr. Indpls, In.

Subscribed and sworn to before me this 5th day of Feb 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-8-90, *authorizing the marriage of* MARK ANTHONY WICKS *and* CONNIE MARIE HOWARD.

I further certify that the following marriage certificate was filed in my office:

I, EDWARD RIPPERGER *(name), certify that on* 3-3-90 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* MARK ANTHONY WICKS *of* HENDRICKS *County,* IN *(state), and* CONNIE MARIE HOWARD *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-3-90

Signed by: /s/ EDWARD RIPPERGER, CATHOLIC PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-6-90 *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

AFMCL A/FD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 46

File

HENDRICKS County

2-7-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-17-90
Name of Physician Nicholas N Prochoroff MD

MALE APPLICANT

Name: First Jeffrey Middle Allen Last Lewis

Date of Birth: Month October Day 11 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10047 Osceola Dr. City Indpls. County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ James A Lewis
   Residence of father (if deceased, so state) Arizona
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of mother ~~of dependent children~~ Kaye Ellen Evans
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Denise Middle Ann Last Medlen

Date of Birth: Month October Day 23 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4382 N 500 E. City Danville County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Cassandra Nicole Medlen 1 yr

6. (a) Full name of father ~~of dependent children~~ Carl Donald Medlen
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother ~~of dependent children~~ Jenny Lee Mulkey
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Jeffrey Allen Lewis 2-7-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed Jeffrey Allen Lewis
New Address 10047 Osceola dr.

Subscribed and sworn to before me this 7 day of 2 1990
Connie Tawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Denise A. Medlen 2-7-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed Denise A. Medlen
New Address same

Subscribed and sworn to before me this 7 day of Feb. 1990
Connie Tawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued, and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-7-90, *authorizing the marriage of* JEFFREY ALLEN LEWIS *and* DENISE ANN MEDLEN.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 2-14-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JEFFREY ALLEN LEWIS *of* HENDRICKS *County,* IN *(state), and* DENISE ANN MEDLEN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-14-90.

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-14-90 *(date).*

Signed Connie Tawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 47

File

2-7-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-12-90
Name of Physician Donald Stegmoller

MALE APPLICANT

Name First Thomas Middle Lee Last Kendrick

Date of Birth Month 8 Day 28 Year 45

Place of Birth (State or foreign country) Lafayette, In.

Residence Address Street or R.R. City County State 7867 Austin Ct. Plainfield, In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Monica Kendrick 19 yrs.
   Kristen Kendrick 9 yrs.
   Laura Kendrick 7 yrs.
6. (a) Full name of father ~~of dependent children~~ James Irvin Kendrick
   Residence of father (if deceased, so state) Speedway, In.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of mother ~~of dependent children~~ Merle McNeely
   Residence of mother (if deceased, so state) Speedway, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

[signature] 2/7/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed [signature]
New Address Same

Subscribed and sworn to before me this 7th day of Feb 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name First Meredith Middle ~~Ile~~ Eileen Last Bowman

Date of Birth Month 2 Day 4 Year 48

Place of Birth (State or foreign country) Evansville, In.

Residence Address Street or R.R. City County State 7867 Austin Ct. Plainfield, In. 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Kelley Bowman 14 yrs.
6. (a) Full name of father ~~of dependent children~~ Howard Burchard Hanson
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Wisc.
   (b) Full maiden name of mother ~~of dependent children~~ Vera Anne Johnson
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Wisc.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Meredith E. Bowman 2-7-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Meredith E. Bowman
New Address Same

Subscribed and sworn to before me this 7th day of Feb. 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-13-90, *authorizing the marriage of* THOMAS LEE KENDRICK *and* MEREDITH EILEEN BOWMAN.

I further certify that the following marriage certificate was filed in my office:

I, WILLIAM R. CLAYTON *(name), certify that on* 2-17-90 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* THOMAS LEE KENDRICK *of* HENDRICKS *County,* IN *(state), and* MEREDITH EILEEN BOWMAN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-17-90

Signed by: /s/ WILLIAM R. CLAYTON, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-21-90 *(date).*

Signed [signature] *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 48

File

HENDRICKS County

2-8-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-7-90
Name of Physician Robt. P. Hooker MD

MALE APPLICANT

Name First: David Middle: Alan Last: Redel

Date of Birth Month: 7 Day: 19 Year: 63

Place of Birth (State or foreign country): Kansas City Mo.

Residence Address Street or R.R.: 3950 N 1000 E Lot 170 City: Brownsburg County: In. State:

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jessica Redel 6 yrs.
6. (a) Full name of father ~~of dependent children~~ James Henry Redel
   Residence of father (if deceased, so state) Doraville In.
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of mother ~~of dependent children~~ Carol Ann Ficken
   Residence of mother (if deceased, so state) Doraville In.
   Birthplace of mother (State or foreign country) Missouri

FEMALE APPLICANT

Name First: Pati Middle: Ann Last: Lawhorn

Date of Birth Month: 4 Day: 10 Year: 62

Place of Birth (State or foreign country): Indianapolis In.

Residence Address Street or R.R.: 3950 N 1000 E Lot 170 City: Brownsburg County: In. State:

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father ~~of dependent children~~ John Edward Lawhorn
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Nancy Ann Gilliam
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

David A. Redel 2/8/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed David A. Redel
New Address same

Subscribed and sworn to before me this 8th day of Feb. 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Pati Lawhorn 2/8/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Pati Lawhorn
New Address same

Subscribed and sworn to before me this 8th day of Feb. 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued, authorizes and directs the issuance of a marriage license to the above named parties.

County and filed in

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-8-90, *authorizing the marriage of* DAVID ALAN REDEL *and* PATI ANN LAWHORN.

I further certify that the following marriage certificate was filed in my office:

I, LEONARD A. MANUEL JR. *(name), certify that on* 2-10-90 *(date), at* AVON *in* HENDRICKS *County, Indiana,* DAVID ALAN REDEL *of* HENDRICKS *County,* IN *(state), and* PATI ANN LAWHORN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-10-90.

Signed by: /s/ LEONARD A. MANUEL, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-7-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 49

File

2-8-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-5-90
Name of Physician M. Cooper MD

MALE APPLICANT

Name First William Middle Charles Last Bradley
Date of Birth Month 2 Day 19 Year 60
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. RR 4 Box 413 City Clayton County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children.~~ James M. Bradley
   Residence of father (if deceased, so state) Dec. Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Mary Ann Sutton
   Residence of mother (if deceased, so state) Bloomington, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Dana Middle Elaine Last Smith
Date of Birth Month 9 Day 10 Year 63
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. RR 4 Box 413 City Clayton County State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ David Alvin Smith
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Marilyn Sue Branson
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

William C. Bradley — Signature of Applicant
2-8-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed William C. Bradley
New Address same

Subscribed and sworn to before me this 8th day of Feb 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Dana E. Smith — Signature of Applicant
2-8-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Dana E. Smith
New Address same

Subscribed and sworn to before me this 8th day of Feb 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-8-90, *authorizing the marriage of* WILLIAM CHARLES BRADLEY *and* DANA ELAINE SMITH.

I further certify that the following marriage certificate was filed in my office:

I, A. E. McKENNEY *(name), certify that on* 2-14-90 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* WILLIAM CHARLES BRADLEY *of* HENDRICKS *County,* IN *(state), and* DANA E. SMITH *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-14-90.

Signed by: /s/ A. E. McKENNEY, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-16-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 50

File

HENDRICKS County

2-9-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-6-90
Name of Physician Dr. Poe

MALE APPLICANT

Name: First Scott Middle Michael Last Adams

Date of Birth: Month 6 Day 4 Year 71

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R.R. 725 Mackey Rd. City Plainfield County Hendricks State In. 46122

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Steven Michael Adams
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Florence Denise Johnson
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Shantel Middle Marie Last Cooper

Date of Birth: Month 2 Day 9 Year 70

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 2783 N. 300 East City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Stephen E. Cooper
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Sharon M. Lange
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Scott M Adams 2-9-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

x Signed Scott M Adams
New Address 725 Mackey Rd

Subscribed and sworn to before me this 9th day of Feb. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Shantel Marie Cooper 2-9-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

x Signed Shantel Marie Cooper
New Address 725 Mackey Rd.

Subscribed and sworn to before me this 9th day of Feb. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-9-90, *authorizing the marriage of* SCOTT MICHAEL ADAMS *and* SHANTEL MARIE COOPER.

I further certify that the following marriage certificate was filed in my office:

I, ANDREW J. SIMKINS *(name), certify that on* 3-10-90 *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* SCOTT M. ADAMS *of* HENDRICKS *County,* IN *(state), and* SHANTEL M. COOPER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-10-90.

Signed by: /s/ ANDREW J. SIMKINS, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-13-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 51

File

2-9-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-6 90
Name of Physician Dr Hooker

MALE APPLICANT

Name First Joseph Middle Gregory Last Summers
Date of Birth Month Mar Day 11 Year 69
Place of Birth (State or foreign country) Bloomington Indiana
Residence Address 105 Stewart Street City Plpfkn. County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children William Joseph Summers
   Residence of father (if deceased, so state) Alive
   Birthplace of father (State or foreign country) Bloomington In.
   (b) Full maiden name of mother of dependent children Patsy Marie Applegate
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Bloomington In.

FEMALE APPLICANT

Name First Lisa Middle Michelle Last Barber
Date of Birth Month Sept. Day 23 Year 70
Place of Birth (State or foreign country) Kokomo Indiana
Residence Address 855 Brookside City Plfd Jct. County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Donald E. Barber
   Residence of father (if deceased, so state) R #1, Box 69 Clayton
   Birthplace of father (State or foreign country) Princetown
   (b) Full maiden name of mother of dependent children Frances B. Harlow
   Residence of mother (if deceased, so state) R#1 Box 69 Clayton In.
   Birthplace of mother (State or foreign country) Bristol Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Joseph D. Summers 2-9-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

× Signed Joseph D. Summers
New Address

Subscribed and sworn to before me this 9 day of Feb 1990
Connie Lewson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Lisa M. Barber 2-9-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

× Signed Lisa M. Barber
New Address 855 Brookside. Plainfield

Subscribed and sworn to before me this 9 day of Feb. 1990
Connie Lewson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-9-90, *authorizing the marriage of* JOSEPH GREGORY SUMMERS *and* LISA MICHELLE BARBER.

I further certify that the following marriage certificate was filed in my office:

I, STEVAN M. RANSON *(name), certify that on* 2-24-90 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* JOSEPH GREGORY SUMMERS *(state), and* LISA MICHELLE BARBER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-24-90

Signed by: /s/ STEVAN M. RANSON, 2-24-90 *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on MINISTER *(date).*

Signed [signature] *Clerk*

HENDRICKS *Circuit Court*

4FWL-A/FD1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 52

File

2-9-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-2-90
Name of Physician Wm. Wade

MALE APPLICANT

Name: First Nicholas Middle Eric Last Holston

Date of Birth: Month Day 29 Year 1965

Place of Birth (State or foreign country) Crawfordsville Indiana

Residence Address: Street or R.R. 6745 E. US 136 City Brownsburg County State In 46112

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children M. B. Holston
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of mother of dependent children Marsha Katherine Morris
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Karen Middle Alice Last Francis

Date of Birth: Month 11 Day 16 Year 1959

Place of Birth (State or foreign country) Beechgrove, Tn.

Residence Address: Street or R.R. Lot 11 B Highway 31 W. City White House County State TN 37188

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Kenneth Francis
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Alice Odell Burton
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× [signature] 2-9-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × [signature]

New Address

Subscribed and sworn to before me this 9th day of Feb. 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

× Karen A. Francis 2-9-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed × Karen A. Francis

New Address

Subscribed and sworn to before me this 9th day of Feb. 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-9-90, *authorizing the marriage of* NICHOLOS ERIC HOLSTON *and* KAREN ALICE FRANCIS.

I further certify that the following marriage certificate was filed in my office:

I, HAROLD L. LEININGER *(name), certify that on* 3-10-90 *(date), at* ~~BROWNSBURG~~ *in* HENDRICKS *County, Indiana,* NICHOLOS ERIC HOLSTON *of* ROBERTSON *County,* ~~TN~~ *(state) and* KAREN ALICE FRANCIS *of* ROBERTSON *County,* TN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-10-90.

Signed by: /s/ HAROLD L. LEININGER, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-14-90 *(date).*

Signed [signature] *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 53

File

2-9-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2/9/90
Name of Physician David B. Wagoner

MALE APPLICANT

Name First: Matthew Middle: Wayne Last: Tabler

Date of Birth Month: February Day: 12 Year: 1965

Place of Birth (State or foreign country): Danville In.

Residence Address Street or R.R.: 2550 Eaker Ct. City: Brownsburg County: Hendricks State: In. 46112

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   NO
6. (a) Full name of father ~~of dependent children~~ Glenn Julian Tabler
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Doris Ann Brown
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First: Denise Middle: Marie Last: Tabler

Date of Birth Month: March Day: 8 Year: 1968

Place of Birth (State or foreign country): Danville In.

Residence Address Street or R.R.: 610 D. Lakeside Dr. City: Plainfield County: Hendricks State: 46168

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   NO
6. (a) Full name of father ~~of dependent children~~ Roy Melvin Wallen
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Patricia Marie Stephenson
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Matthew W. Tabler 2-9-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Matthew W. Tabler
New Address 118 W. Hanley ST Plainfield

Subscribed and sworn to before me this 9th day of Feb., 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Denise M. Tabler 2/9/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Denise M. Tabler
New Address 118 N. Hanley St. Plainfield

Subscribed and sworn to before me this 9th day of Feb. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-9-90, *authorizing the marriage of* MATTHEW WAYNE TABLER *and* DENISE MARIE TABLER.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 2-9-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MATTHEW WAYNE TABLER *of* HENDRICKS *County,* IN *(state), and* DENISE MARIE TABLER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-9-90.

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-9-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 54
File
2-9-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Lester Middle Leo Last Morgan
Date of Birth: Month 9 Day 14 Year 32
Place of Birth (State or foreign country) Wagoner, Ok.
Residence Address: Street or R.R. 2331 Deer Trail City Fair Oaks County Apt A Spelvy State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Lester Nolan Morgan
   Residence of father (if deceased, so state) Blueridge, Ill
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of mother ~~of dependent children~~ Stella Cleo Neel
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Oklahoma

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Lester L. Morgan — 2/9/90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Lester L. Morgan
New Address 824 Harding St. Plfd.
Subscribed and sworn to before me this 9th day of Feb, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Nancy Middle Marie Last Fields
Date of Birth: Month 10 Day 18 Year 39
Place of Birth (State or foreign country) Plainfield, In.
Residence Address: Street or R.R. 824 Harding St. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Glenard Flynn
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Vera Lorraine Roney
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Nancy Marie Fuld — 2-9-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Nancy Marie Fuld
New Address Same
Subscribed and sworn to before me this 9th day of Feb, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County Court, by written order issued ____, and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-9-90, *authorizing the marriage of* LESTER LEO MORGAN *and* NANCY MARIE FIELDS.

I further certify that the following marriage certificate was filed in my office:

I, G. DAYLE CAIN *(name), certify that on* 2-24-90 *(date), at* ~~PLAINFIELD~~ *in* HENDRICKS *County, Indiana,* LESTER LEO MORGAN *of* MARION *County,* ~~IN~~ *(state), and* NANCY MARIE FIELDS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-24-90, MINISTER *(official designation)*

Signed by: /s/ G. DAYLE CAIN *(date).*

Filed and recorded in accordance with the laws of the State of Indiana on 3-1-90 *Signed* Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 55

File

2-9-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-9-90
Name of Physician T. W. Poe M.D.

MALE APPLICANT

Name First: Anthony Middle: Ray Last: Sage

Date of Birth Month: 6 Day: 29 Year: 41

Place of Birth (State or foreign country) Greencastle In.

Residence Address Street or R.R.: RR 5 Box 595 City: Greencastle County: Putnam State: In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Charles Leo Sage
   Residence of father (if deceased, so state) Greencastle, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependents children~~ Helen Muriel ~~Hall~~ Rodgelter
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Anthony Ray Sage — Signature of Applicant
02-09-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Anthony Ray Sage
New Address 2345 N 87 St. Plainfield, In. 46168

Subscribed and sworn to before me this 9th day of Feb 1990

Connie Lewson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name First: Janice Middle: Eileen Last: Hensley

Date of Birth Month: 6 Day: 23 Year: 42

Place of Birth (State or foreign country) Garrett, Ind.

Residence Address Street or R.R.: 2345 First St. City: Plainfield County: Hendricks State: In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Timothy Hensley 17 yrs.

6. (a) Full name of father ~~of dependent children~~ Jim Leeson
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ ~~Eva~~ Ursula Mae Vanderbo
   Residence of mother (if deceased, so state) Garrett, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Janice Eileen Hensley — Signature of Applicant
2/9/90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Janice Eileen Hensley
New Address none

Subscribed and sworn to before me this 9th day of Feb 1990

Connie Lewson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-9-90 *, authorizing the marriage of* ANTHONY RAY SAGE *and* JANICE EILEEN HENSLEY *.*

I further certify that the following marriage certificate was filed in my office:

I, JOHN SCHOETTELKOTTE *(name), certify that on* 2-17-90 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* ANTHONY RAY SAGE *of* PUTNAM *County,* IN *(state), and* JANICE EILEEN HENSLEY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-17-90

Signed by: /s/ JOHN SCHOETTELKOTTE, CATHOLIC PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-20-90 *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

AFMLA/FD1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 56

File

HENDRICKS County

2-13-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Eva Clark

MALE APPLICANT

Name: First Kevin Middle Patrick Last Bailey

Date of Birth: Month Dec Day 15 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 232½ Avon Ave City Plfd. County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Bruce M. Bailey
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Gail A. Waggoner
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Chloie Middle Faye Last Modglin

Date of Birth: Month Oct Day 4 Year 1972

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2973 St Rd 75 N City Lebanon County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Edward McReese Modglin Jr
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Ethel Foster
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Kevin P. Bailey — Signature of Applicant
Feb 13, 1990 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Kevin P. Bailey
New Address 232½ Avon Av. Plainfield, In 46168
Subscribed and sworn to before me this 13 day of Feb 19 90
Connie Lewman Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Chloie F. Modglin — Signature of Applicant
Feb 13, 1990 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Chloie F. Modglin
New Address 232½ Avon Ave Plainfield In 46168
Subscribed and sworn to before me this 13 day of Feb 19 90
Connie Lewman Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
_____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

Edward M Modglin Jr.
Ethel Modglin

State of Indiana)
) ss:
County of HENDRICKS)

Signed Edward M Modglin Jr. Father
Signed Ethel Modglin Mother
Subscribed and sworn to before me this ____ day of ____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-13-90, *authorizing the marriage of* KEVIN PATRICK BAILEY *and* CHLOIE FAYE MODGLIN.

I further certify that the following marriage certificate was filed in my office:

I, MYRON BARNARD *(name), certify that on* 3-10-90 *(date), at* GREENWOOD *in* JOHNSON *County, Indiana,* KEVIN PATRICK BAILEY *of* HENDRICKS *County,* IN *(state), and* CHLOIE FAYE MODGLIN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-10-90.

Signed by: /s/ MYRON BARNARD, JUDGE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-14-90 *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 57

File

2-13-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-9-90
Name of Physician Robert Morgan MD.

MALE APPLICANT

Name First John Middle Kenton Last Williams

Date of Birth Month 4 Day 5 Year 59

Place of Birth (State or foreign country) Bloomington In.

Residence Address Street or R.R. 4868 Ridgehill Way City Plfd. County State In 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ John Woodraw Williams
   Residence of father (if deceased, so state) Bloomington, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Alta Glodene Fleetwood
   Residence of mother (if deceased, so state) Bloomington In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Virginia Middle Ann Last Spicer

Date of Birth Month 9 Day 22 Year 58

Place of Birth (State or foreign country) Kokomo In.

Residence Address Street or R.R. 9355 Notre Dame Dr apt A City Indpls. County State In 46240

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ John Adrian Spicer
   Residence of father (if deceased, so state) Kokomo, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Ann E. Claypool
   Residence of mother (if deceased, so state) Kyanaville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

John Kenton Williams 2/13/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed John Kenton Williams
New Address SAME

Subscribed and sworn to before me this 13th day of Feb, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Virginia A. Spicer 2-13-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Virginia A. Spicer
New Address 4868 RIDGE HILL WAY PLAINFIELD, IN 46168

Subscribed and sworn to before me this 13th day of Feb, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-13-90, *authorizing the marriage of* JOHN KENTON WILLIAMS *and* VIRGINIA ANN SPICER.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 3-23-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN KENTON WILLIAMS *of* HENDRICKS *County,* IN *(state), and* VIRGINIA ANN SPICER *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-23-90.

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-23-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 58

File

HENDRICKS County

2-13-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-19-90
Name of Physician Mark Noon, M.D.

MALE APPLICANT

Name: First David Middle Matthew Last Campbell
Date of Birth: Month July Day 6 Year 1957
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. 10161 Bradbury Dr. City Indpls. County Hend. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children James B. Campbell
   Residence of father (if deceased, so state) Palm Harbor, Fla.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Dorothy L. McCleary
   Residence of mother (if deceased, so state) Lake Worth, Fla.
   Birthplace of mother (State or foreign country) In.

FEMALE APPLICANT

Name: First Debra Middle Diane Last Hunter
Date of Birth: Month May Day 31 Year 1957
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. 10161 Bradbury Dr. City Indpls. County Hend. Co. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Charles R. Hunter
   Residence of father (if deceased, so state) Indpls, In.
   Birthplace of father (State or foreign country) Co.
   (b) Full maiden name of mother of dependent children Iris R. Pierson
   Residence of mother (if deceased, so state) Grove
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X David M. Campbell 2-13-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X David M. Campbell
New Address Same

Subscribed and sworn to before me this 13 day of Feb 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Father
Mother
Signed
Signed

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Debra Diane Hunter 2/13/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Debra Diane Hunter
New Address Same

Subscribed and sworn to before me this 13 day of Feb 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Father
Mother
Signed
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
and filed in County Court, by written order issued
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-13-90, *authorizing the marriage of* DAVID MATTHEW CAMPBELL *and* DEBRA DIANE HUNTER.

I further certify that the following marriage certificate was filed in my office:

I, JOHN C. PARSLEY *(name), certify that on* 3-3-90 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID MATTHEW CAMPBELL *of* HENDRICKS *County,* IN *(state) and* DEBRA DIANE HUNTER *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-6-90, BAPTIST PASTOR *(official designation)*

Signed by: /s/ JOHN C. PARSLEY *(date).*

Filed and recorded in accordance with the laws of the State of Indiana on 3-6-90

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 59

File

2-14-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Robert L. Colvin

MALE APPLICANT

Name First David Middle E. Last Underhill

Date of Birth Month 1 Day 11 Year 56

Place of Birth (State or foreign country) IN

Residence Address Street or R.R. 504 W. Hinton St. City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Robert L. Underhill
   Residence of father (if deceased, so state) Indpls. IN
   Birthplace of father (State or foreign country) IN.
   (b) Full maiden name of mother of ~~dependent children~~ Thelma J. Bundy
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X David E Underhill
Signature of Applicant

Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court

Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X David E Underhill

New Address

Subscribed and sworn to before me this 14 day of Feb 1990

Connie Squires Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Rosemary Middle — Last Brown

Date of Birth Month 9 Day 15 Year 50

Place of Birth (State or foreign country) Ill.

Residence Address Street or R.R. 504 W. Hinton St. City Danville County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Mindy K. Woods
   Kami L. Woods

6. (a) Full name of father of ~~dependent children~~ Robert E. Varner
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of mother of ~~dependent children~~ Margaret E. VonAlmen
   Residence of mother (if deceased, so state) Olney Ill.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Rosemary Brown
Signature of Applicant

Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court

Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Rosemary Brown

New Address

Subscribed and sworn to before me this 14 day of Feb 1990

Connie Squires Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-14-90, *authorizing the marriage of* DAVID E. UNDERHILL *and* ROSEMARY BROWN.

I further certify that the following marriage certificate was filed in my office:

I, ANDREW J. SIMKINS *(name), certify that on* 2-25-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID E. UNDERHILL *of* HENDRICKS *County,* IN *(state), and* ROSEMARY BROWN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-25-90

Signed by: /s/ ANDREW J. SIMKINS, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-27-90 *(date).*

Signed Connie Squires *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 60

File

HENDRICKS County

2-15-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Ronald Johnson

MALE APPLICANT

Name: First James Middle W. Last Staley

Date of Birth: Month 1 Day 14 Year 50

Place of Birth (State or foreign country) KY

Residence Address: Street or R.R. 7777 W. Washington City Lot F-2 County Indpls. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Same
6. (a) Full name of father of ~~dependent children~~ James Lones Staley
   Residence of father (if deceased, so state) Burksville Ky
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of mother of ~~dependent children~~ Maggie Lou Willis
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky

FEMALE APPLICANT

Name: First DORA Middle F. Last STALEY

Date of Birth: Month 12 Day 21 Year 54

Place of Birth (State or foreign country) Tenn.

Residence Address: Street or R.R. R 2 Box 171 B City Clayton County State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   James E. Staley
   Eric W. Staley
6. (a) Full name of father of ~~dependent children~~ Henry E. Byrd
   Residence of father (if deceased, so state) Pfd. IN
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of mother of ~~dependent children~~ Geraldine Ellis
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Tenn

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X James W. Staley 2-15-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X James W. Staley.
New Address

Subscribed and sworn to before me this 2/5 day of Feb. 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Dora F. Staley 2-15-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Dora F Staley
New Address RR 2 Box 171-B Clayton IN 46118

Subscribed and sworn to before me this 15 day of Feb. 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Father
Signed
Mother
Signed

Subscribed and sworn to before me this day of 19
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

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 _____ County Court, by written order issued _____, and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-15-90, *authorizing the marriage of* JAMES W. STALEY *and* DORA FAYE STALEY.

I further certify that the following marriage certificate was filed in my office:

I, HENRY E. BYRD *(name), certify that on* 2-24-90 *(date), at* ~~LITTLE ZION UNITED BAPTIST~~ *in* MARION *County, Indiana,* JAMES W. STALEY *of* MARION *County,* IN *(state), and* DORA FAYE STALEY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-24-90.

Signed by: /s/ HENRY E. BYRD, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-7-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

570

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 61

File

2-15-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-12-90
Name of Physician Joseph F. Thompson M.D.

MALE APPLICANT

Name First John Middle David Last Stephens

Date of Birth Month 11 Day 23 Year 67

Place of Birth (State or foreign country) Danville In.

Residence Address Street or R.R. 566 E. Kentucky St. City Danville County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Joseph Alan Stephens
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Donna Jean Gibbons
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Angela Middle Marie Last Crumbo

Date of Birth Month 1 Day 13 Year 65

Place of Birth (State or foreign country) Indianapolis In.

Residence Address Street or R.R. R.R. #1 Box 362 City Danville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Brant Robert Crumbo 5 yrs.
   Amber Nicole Crumbo 4 yrs.
6. (a) Full name of father ~~of dependent children~~ David Philip Hart
   Residence of father (if deceased, so state) Cloverdale, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Josephine Ann McKenna
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

John D Stephens 2-15-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed John D Stephens
New Address RR 1 Box 362 Dan ville IN

Subscribed and sworn to before me this 15th day of Feb, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Angela M. Crumbo 2-15-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Angela M. Crumbo
New Address SAME

Subscribed and sworn to before me this 15th day of Feb, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-15-90, *authorizing the marriage of* JOHN DAVID STEPHENS *and* ANGELA MARIE CRUMBO.

I further certify that the following marriage certificate was filed in my office:

I, STEVAN W. RANSON *(name), certify that on* 3-10-90 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* JOHN DAVID STEPHENS *of* HENDRICKS *County,* IN *(state), and* ANGELA MARIE CRUMBO *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-10-90.

Signed by: /s/ STEVAN W. RANSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-14-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 62

File

HENDRICKS County

2-15-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-13-90
Name of Physician Jones Williams

MALE APPLICANT

Name: First Earnest Middle A. Last Blackwell

Date of Birth: Month / Day 25 Year 25

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R.R. 8412 Van Dr. City Camby County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Ernest Blackwell
   Residence of father (if deceased, so state) Missouri
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Minerva Shoemaker
   Residence of mother (if deceased, so state) Missouri
   Birthplace of mother (State or foreign country) Missouri

FEMALE APPLICANT

Name: First Mildred Middle Marie Last Hensley

Date of Birth: Month 8 Day 11 Year 20

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R.R. RR 2 Box 320A City Clayton County Hen State In 46118

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Phillip Virden Hawk
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Josephine Waters
   Residence of mother (if deceased, so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Earnest A. Blackwell 2/15/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Earnest A. Blackwell
New Address RR 2 Box 320A Clayton In

Subscribed and sworn to before me this 15 day of Feb 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed) Father
Signed) Mother

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Mildred F Hensley 2-15-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Mildred F Hensley
New Address RR 2 Box 320A Clayton In #46118

Subscribed and sworn to before me this 15 day of Feb 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed) Father
Signed) Mother

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____, and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-15-90, *authorizing the marriage of* ~~EARNEST A. BLACKWELL~~ *and* ~~MILDRED F. HENSLEY~~.

I further certify that the following marriage certificate was filed in my office:

I, STEVAN W. RANSON *(name), certify that on* 2-19-90 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* EARNEST A. BLACKWELL *of* MARION *County,* IN *(state), and* MILDRED F. HENSLEY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-19-90.

Signed by: /s/ STEVAN W. RANSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-22-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-2

STATE OF INDIANA

No. 63

APPLICATION FOR MARRIAGE LICENSE

File

HENDRICKS County

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name: First Joseph Middle H. Last Spurrier	Name: First DAWNA Middle G. Last Wright
Date of Birth: Month 09 Day 29 Year 72	Date of Birth: Month 10 Day 23 Year 71
Place of Birth (State or foreign country): [illegible]	Place of Birth (State or foreign country): IN

CONSENT

FILED
Feb 16 1990
CLERK HENDRICKS CIRCUIT COURT
SUPERIOR

We, Loretta Ann Spurrier and Ralph Spurrier, the natural parents of Joseph H. Spurrier who was born on September 29, 1972, do hereby consent to his marriage to Dawna G. Wright.

Said Consent executed this 16th day of February, 1990.

Ralph Spurrier

Loretta Ann Spurrier

STATE OF INDIANA)
) ss:
COUNTY OF HENDRICKS)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Loretta Ann Spurrier, and acknowledged the execution of the above and foregoing instrument.

WITNESS, my hand and Notarial Seal this 16th day of February, 1990.

My Commission Expires:
11-19-93

Signature:

Printed: Dawna McGuire

County of Residence:
Hendricks

STATE OF INDIANA)
) ss:
COUNTY OF HENDRICKS)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Ralph Spurrier, and acknowledged the execution of the above and foregoing instrument.

WITNESS, my hand and Notarial Seal this 16th day of February, 1990.

My Commission Expires:
10-06-1992

Signature:

Printed: Connie Lynn Lehr

County of Residence:
Hendricks

Father

Mother

Clerk

County Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-16-90 *, authorizing the marriage of* JOSEPH H. SPURRIER *and* DAWNA G. WRIGHT

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 2-5-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOSEPH H. SPURRIER *of* HENDRICKS *County,* IN *(state), and* DAWNA G. WRIGHT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-5-90

Signed by: /s/ CYNTHIA J. SPENCE 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-5-90 *(date).*

Signed Clerk

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 64

File

2-16-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-18-90
Name of Physician Charles E Jamie MD

MALE APPLICANT

Name Myron First Wesley Middle Morphew Last

Date of Birth February Month 28 Day 1967 Year

Place of Birth (State or foreign country) Indiana

Residence Address 1246 Sycamore Street or R.R. Lynhaven City, Hend. County, Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licns

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ George Robert Morphew
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Beverly Ailyn Harrison
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Lori First Ann Middle Bailey Last

Date of Birth December Month 13 Day 1962 Year

Place of Birth (State or foreign country) Indiana

Residence Address 1520 Traders Dr. Street or R.R. Indpls City, Marion County, Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ James Everett Bailey
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Barbara Mae Hardin
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Myron W. Morphew — 2-16-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed Myron W. Morphew
New Address 5893 Old Colony Road, Indianapolis Apt # 716

Subscribed and sworn to before me this 16th day of February 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Lori A. Bailey — 2-16-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

X Signed Lori A. Bailey
New Address 5893 Old Colony Rd. Indpls. 46224

Subscribed and sworn to before me this 16th day of Feb 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____, and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-16-90, *authorizing the marriage of* MYRON WESLEY MORPHEW *and* LORI ANN BAILEY.

I further certify that the following marriage certificate was filed in my office:

I, BOB G. SMITH *(name), certify that on* 3-10-90 *(date), at* TRADERS POINT CHRISTIAN CHURCH *in* MARION *County, Indiana,* MYRON W. MORPHEW *of* HENDRICKS *County,* IN *(state), and* LORI ANN BAILEY *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-10-90.

Signed by: /s/ BOB G. SMITH, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-13-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

574

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 65

File

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First JEFFREY Middle A. Last WOODARD

Date of Birth: Month 11 Day 16 Year 63

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. P.O. BOX 102, City LIZTON, County HENDRICKS, State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) OTHER LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   STACY LYNN WOODARD
6. (a) Full name of father of dependent children CLIFFORD C. WOODARD
   Residence of father (if deceased, so state) RT 2 BOX 84 THORNTOWN IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother of dependent children WILMA JANE BOWEN
   Residence of mother (if deceased, so state) LEBANON, IN
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First Kimberly Middle S. Last Woodard

Date of Birth: Month 09 Day 05 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. P.O. BOX 102, City LIZTON, County HENDRICKS, State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   STACY LYNN WOODARD
6. (a) Full name of father of dependent children JERRY L. BISHOP
   Residence of father (if deceased, so state) 4490 W. 700 N, N. SALEM IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother of dependent children NORMA J. FITZSIMMONS
   Residence of mother (if deceased, so state) 4490 W. 700N, N. SALEM, IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

[signature] 02-16-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed [signature]
New Address same as above

Subscribed and sworn to before me this 16th day of Feb, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

[signature] 02-16-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed [signature]
New Address same as above

Subscribed and sworn to before me this 16th day of Febru, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 02-16-90, *authorizing the marriage of* JEFFREY A. WOODARD *and* KIMBERLY S. WOODARD.

I further certify that the following marriage certificate was filed in my office:

I, CONNIE TATE *(name), certify that on* 3-16-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JEFFREY A. WOODARD *of* HENDRICKS *County,* IN *(state), and* KIMBERLY S. WOODARD *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-16-90.

Signed by: /s/ CONNIE TATE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-16-90 *(date).*

Signed [signature] *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 66

File

2.16.90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Dr. Powers, Doris E.

MALE APPLICANT

Name: First Joseph Middle A. Last Massa III

Date of Birth: Month 9 Day 2 Year 55

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 4695 Mooresville City County Morg State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Joseph A. Massa IV
6. (a) *Full name of father* ~~of dependent children~~ Joseph A. Massa II
   Residence of father (if deceased, so state) Rockville Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Wynetta Sue Staats
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X [signature] 2-16-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X [signature] 2-16
New Address

Subscribed and sworn to before me this 16 day of Feb. 19 90
[signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name: First Virginia Middle S. Last Stucker

Date of Birth: Month 2 Day 21 Year 50

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. ← Same City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Kristin A. Stucker
   Kasley A. Stucker
6. (a) *Full name of father* ~~of dependent children~~ Meredith D. Stamm
   Residence of father (if deceased, so state) Ladoga Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Vera E. Shaffer
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Virginia S. Stucker 2-16-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Virginia S. Stucker
New Address

Subscribed and sworn to before me this 16 day of Feb. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties.

and filed in

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-16-90, *authorizing the marriage of* JOSEPH A. MASSA III *and* VIRGINIA S. STUCKER.

I further certify that the following marriage certificate was filed in my office:

I, WILLIAM R. CLAYTON *(name), certify that on* 2-24-90 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JOSEHP A. MASSA III *of* HENDRICKS *County,* IN *(state), and* VIRGINIA S. STUCKER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-24-90.

Signed by: /s/ WILLIAM R. CLAYTON PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-28-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

576

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 67

File

2-16-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Rebecca Hook

MALE APPLICANT

Name First Matthew Middle Quinton Last McPeak

Date of Birth Month 11 Day 16 Year 70

Place of Birth (State or foreign country) IN

Residence Address Street or R.R. 1512 N. 50 E City Danville County State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ William E. McPeak II
   Residence of father (if deceased, so state) Danville Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother ~~of dependent children~~ Catherine M. Myers
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Matt McPeak
Signature of Applicant

Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court

Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Matt McPeak

New Address

Subscribed and sworn to before me this 16 day of Feb 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Jennifer Middle Lynn Last Egan

Date of Birth Month 10 Day 12 Year 69

Place of Birth (State or foreign country) IN

Residence Address Street or R.R. RR 1 Box 28J City Lizton County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Roscoe Benjamin Egan
   Residence of father (if deceased, so state) Lizton Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of mother ~~of dependent children~~ Catherine Marie Hee
   Residence of mother (if deceased, so state) Lizton Ind
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Jennifer L. Egan 2/16/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court

Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Jennifer L. Egan

New Address R.R. 1 Box 28 J Lizton, IN.

Subscribed and sworn to before me this 16 day of February 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-16-90, *authorizing the marriage of* MATTHEW Q. McPEAK *and* JENNIFER L. EAGAN.

I further certify that the following marriage certificate was filed in my office:

I, LARRY L. BELLVILLE *(name), certify that on* 2-24-90 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MATTHEW Q. McPEAK *of* HENDRICKS *County,* IN *(state), and* JENNIFER L. EAGAN *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-24-90.

Signed by: /s/ LARRY L. BELLVILLE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-28-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 68

File

2-16-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-16-90
Name of Physician Joseph Thompson M.D.

MALE APPLICANT

Name: First Mickey Middle Dean Last Mauck Jr.
Date of Birth: Month 7 Day 26 Year 1960
Place of Birth (State or foreign country) Vincennes In.
Residence Address: Street or R.R. 6239 Summerland St. City Pitt. County State In 46168
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Alicia Mauck - 7 yrs.
   Courtney Mauck - 4 yrs.
6. (a) Full name of father of dependent children Mickey Dean Mauck
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Judith Kay Moore
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Susan Middle LaDonna Last McKinley
Date of Birth: Month 5 Day 3 Year 1957
Place of Birth (State or foreign country) Mary Rutan Hosp Bellefontaine Ohio
Residence Address: Street or R.R. RR 1 Box 89 City Putnamville County State In 46168
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Charles Malcolm Davis
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother of dependent children Myrna Naomi Doss
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X [signature] 02/16/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]
New Address

Subscribed and sworn to before me this 16 day of Feb, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X [signature] 2-16-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]
New Address

Subscribed and sworn to before me this 16 day of Feb 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-16-90, *authorizing the marriage of* _____ *and* _____.

I further certify that the following marriage certificate was filed in my office:

I, _____ *(name), certify that on* _____ *(date), at* _____ *in* _____ *County, Indiana, of* _____ *County,* _____ *(state), and* _____ *of* _____ *County,* _____ *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* _____, _____ *(official designation)*

Signed by: _____ *(date).*

Filed and recorded in accordance with the laws of the State of Indiana on _____

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

578

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 69

File

2-20-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Judith Peterson

MALE APPLICANT

Name First DeWayne Middle C Last Cox

Date of Birth Month 6 Day 16 Year 65

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. 11225 W. Wash. St. City Ind. County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) D.L. Ind.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Leslie Melvin Cox
   Residence of father (if deceased, so state) South Bend, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother of dependent children Martha J. Elbert
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name First Kelly Middle Ann Last Clinton

Date of Birth Month 6 Day 1 Year 69

Place of Birth (State or foreign country) Ind.

Residence Address Street or R.R. 4889 Royal Manor Ct. City Ind. County State Hamilton

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Larry Lee Clinton
   Residence of father (if deceased, so state) Ind. IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of mother of dependent children Judith Lynn Butts
   Residence of mother (if deceased, so state) Ind. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

DeWayne Cox
Signature of Applicant

Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court

Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed DeWayne Cox

New Address Same as above

Subscribed and sworn to before me this 20 day of Feb., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Kelly A Clinton
Signature of Applicant

2-20-90
Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court

Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Kelly A. Clinton

New Address

Subscribed and sworn to before me this 20 day of Feb., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-20-90, *authorizing the marriage of* DEWAYNE C. COX *and* KELLY CLINTON.

I further certify that the following marriage certificate was filed in my office:

I, H. THOMAS PITCHER *(name), certify that on* 3-3-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DEWAYNE C. COX *of* HENDRICKS *County,* IN *(state), and* KELLY CLINTON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-20-90.

Signed by: /s/ H. THOMAS PITCHER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-6-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 70

File

2-21-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-13-90
Name of Physician L. Crupe MD

MALE APPLICANT

Name First: Ralph Middle: Eugene Last: Fletcher
Date of Birth Month: 9 Day: 26 Year: 55
Place of Birth (State or foreign country): Urbana, Ohio
Residence Address Street or R.R.: RR 18 Box 344A City: Indpls. County: In. State:
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   /
6. (a) Full name of father ~~of dependent children~~ Ralph Eugene Fletcher
   Residence of father (if deceased, so state) ~~Logan~~ Pittsburg In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother ~~of dependent children~~ Lillian Angelica Green
   Residence of mother (if deceased, so state) Pittsburg, In.
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name First: Marsha Middle: Ann Last: Lawrence
Date of Birth Month: 2 Day: 6 Year: 58
Place of Birth (State or foreign country): Greenfield, In.
Residence Address Street or R.R.: RR 18 Box 344A City: Indpls. County: In. State: 46234
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Amber Lawrence 10 yrs.
   Craig Lawrence 12 yrs.
6. (a) Full name of father ~~of dependent children~~ Wallace Paul James
   Residence of father (if deceased, so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana / Miss (?)
   (b) Full maiden name of mother ~~of dependent children~~ Thelma Jean Reasoner
   Residence of mother (if deceased, so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Ralph Eugene Fletcher — Signature of Applicant
2-21-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Ralph Eugene Fletcher
New Address Same

Subscribed and sworn to before me this 21st day of Feb 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Marsha Ann Lawrence — Signature of Applicant
2-21-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Marsha Ann Lawrence
New Address Same

Subscribed and sworn to before me this 21st day of Feb 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____, authorizes and directs the issuance of a marriage license to the above named parties.

and filed in _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-21-90, *authorizing the marriage of* RALPH EUGENE FLETCHER *and* MARSHA ANN LAWRENCE.

I further certify that the following marriage certificate was filed in my office:

I, JERRY R. NASH *(name), certify that on* 2-24-90 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* RALPH EUGENE FLETCHER *of* HENDRICKS *County,* IN *(state), and* MARSHA ANN LAWRENCE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-24-90, *Signed by:* /s/ JERRY R. NASH, PASTOR *(official designation).*

Filed and recorded in accordance with the laws of the State of Indiana on 2-27-90 *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 71

File

2-21-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-19-90
Name of Physician J. Gaylord, M.D.

MALE APPLICANT

Name First Michael Middle Wade Last Wise

Date of Birth Month 3 Day 7 Year 60

Place of Birth (State or foreign country) Jeffersonville, In.

Residence Address 29 N. Milton Street or R.R. Crawfordsville City Montgomery County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Sarah Wise 3yrs.
6. (a) Full name of father ~~of dependent children~~ John Alvin Wise
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Ethel May Birnfeld
   Residence of mother (if deceased, so state) DePauw, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michael Wise 2-21-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michael Wise
New Address Same

Subscribed and sworn to before me this 21st day of Feb, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name First Ruby Middle Jean Last Standeford

Date of Birth Month 7 Day 3 Year 55

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 29 N. Milton Street or R.R. Crawfordsville City Montgomery County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Tyann Standeford 17yrs.
   Beth Standeford 14yrs.
   Zachary Standeford 9yrs.
6. (a) Full name of father ~~of dependent children~~ Harlan Hilton Hoopengar
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Lucille Maybelle Calk
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Ruby J. Standeford 2-21-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Ruby J. Standeford
New Address SAME

Subscribed and sworn to before me this 21st day of Feb, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-21-90, *authorizing the marriage of* MICHAEL WADE WISE *and* RUBY JEAN STANDEFORD.

I further certify that the following marriage certificate was filed in my office:

I, JACQUELINE MEANS *(name), certify that on* 3-3-90 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* MICHAEL WADE WISE *of* HENDRICKS *County,* IN *(state), and* RUBY JEAN STANDEFORD *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-3-90.

Signed by: /s/ JACQUELINE MEANS, PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-9-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 72

HENDRICKS County

File

2-21-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 11-15-89
Name of Physician Thomas M. Walker, M.D.

MALE APPLICANT

Name First Michael Middle William Last Blue

Date of Birth Month 4 Day 8 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. RR 1 Box 288H City Pittsboro County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Wallace Wilson Blue
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Mary Ellen Bayt
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Kristie Middle Carol Last Webster

Date of Birth Month 5 Day 21 Year 71

Place of Birth (State or foreign country) Manchester, In.

Residence Address Street or R.R. 5925 Walsham Way City Indpls. County In. State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Everett Carol Webster
   Residence of father (if deceased, so state) Indpls, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Mary Lou Schaefer
   Residence of mother (if deceased, so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michael W. Blue — 2/21/90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michael W. Blue

New Address

Subscribed and sworn to before me this 21st day of Feb, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Kristie Webster — 2/21/90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Kristie C. Webster

New Address

Subscribed and sworn to before me this 21st day of Feb, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____, and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-21-90, *authorizing the marriage of* MICHAEL W. BLUE *and* KRISTIE C. WEBSTER.

I further certify that the following marriage certificate was filed in my office:

I, DANIEL B. DONOTTOO *(name), certify that on* 3-10-90 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MICHAEL W. BLUE *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* KRISTIE C. WEBSTER *of* MARION *County,* IN *(state) authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-10-90.

Signed by: /s/ DANIEL B. DONOTTOO, CATHOLIC PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-13-90 *(date).*

Signed ____ *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-9

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 13

File

2-22-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Not Found

MALE APPLICANT

Name First Middle Last

Date of Birth Month Day Year

Place of Birth (State or foreign country)

Residence Address Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of mother of dependent children
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country)

FEMALE APPLICANT

Name First Middle Last

Date of Birth Month Day Year

Place of Birth (State or foreign country)

Residence Address Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of mother of dependent children
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed

New Address

Subscribed and sworn to before me this 22 day of Dec. 19 90

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-22-90, *authorizing the marriage of* EDWARD A. BREWSTER *and* CATHERINE G. CASTOR

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 2-22-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* EDWARD A. BREWSTER *of* MORGAN *County,* IN *(state), and* CATHERINE G. CASTOR *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-22-90

Signed by: /s/ CYNTHIA J. SPENCE 1st DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-22-90 *(date).*

Signed Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 74

File

HENDRICKS County

2-22-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 1-30-90
Name of Physician Karen Johns

MALE APPLICANT

Name: First Darrell Middle Richard Last Jackson

Date of Birth: Month July Day 4 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 203 Gordon Ct City Brownsburg County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Jerry Lynn Jackson
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of mother of dependent children Phyllis Ann Bechtel
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Kristen Middle Kay Last Mynatt

Date of Birth: Month 4 Day 22 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 514 Christopher Ct City Brownsburg County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Earl D. Mynatt
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Patricia Logue
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Darrell R. Jackson — Signature of Applicant
2-22-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Darrell R. Jackson

New Address

Subscribed and sworn to before me this 22 day of Feb 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Father
Signed
Mother
Signed

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Kristen K Mynatt — Signature of Applicant
2-22-90 — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Kristen K Mynatt

New Address

Subscribed and sworn to before me this 22 day of Feb 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

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 ____ County ____ Court, by written order issued ____, and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-22-90, *authorizing the marriage of* DARRELL RICHARD JACKSON *and* KRISTEN KAY MYNATT.

I further certify that the following marriage certificate was filed in my office:

I, RONALD RICKETTS *(name), certify that on* 3-10-90 *(date), at* LYNHURST BAPTIST *in* MARION *County, Indiana,* DARRELL R. JACKSON *of* HENDRICKS *County,* IN *(state), and* KRISTEN K. MYNATT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-10-90.

Signed by: /s/ RONALD RICKETTS, PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-13-90 *(date).*

Signed ____ *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 95

File

2-23-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-16-90
Name of Physician Dr. Gerola (M.D.)

MALE APPLICANT

Name First Ivan Middle Lee Last Kouns

Date of Birth Month 4 Day 5 Year 1965

Place of Birth (State or foreign country) Lebanon, Ind.

Residence Address Street or R.R. 510 N. Lebanon P.O. Box 43 City Lizton County Hendricks State In 46149

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Indiana I.D. Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Stanley Wayne Kouns
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Bonnie Louise Williams
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Ivan L Kouns 2-23-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Ivan L Kouns

New Address

Subscribed and sworn to before me this 23 day of Feb. 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Connie Middle Lee Last Riddle

Date of Birth Month 2 Day 10 Year 1954

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address Street or R.R. 510 N. Lebanon P.O. Box 43 City Lizton County Hendricks State In 46149

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Ellis Freeland
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Martha Ann Reiber
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Connie L. Riddle 2-23-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Connie L. Riddle

New Address

Subscribed and sworn to before me this 23 day of Feb 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-23-90, *authorizing the marriage of* IVAN LEE KOUNS *and* CONNIE LEE RIDDLE.

I further certify that the following marriage certificate was filed in my office:

I, RAYMOND H. DUFF *(name), certify that on* 3-9-90 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* IVAN LEE KOUNS *of* HENDRICKS *County,* IN *(state), and* CONNIE LEE RIDDLE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-23-90.

Signed by: /s/ RAYMOND H. DUFF, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 4-5-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. [redacted]76

HENDRICKS County

File

2-23-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-5-90
Name of Physician Philip Batiste, M.D.

MALE APPLICANT

Name First Ronald Middle Dean Last Smith

Date of Birth Month 10 Day 21 Year 61

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 10201 Vanessa Dr. City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Walter Cyrus Smith Jr.
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Geneva Faye Funk
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Pamela Middle Jean Last Goebel

Date of Birth Month 9 Day 14 Year 55

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 10201 Vanessa Dr. City Indpls. County State In. 46234

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Shawn Ward 9 yrs
   ~~Stefon~~ Stephanie Edward Goebel 5 yrs.
6. (a) Full name of father ~~of dependent children~~ Robert Ward
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ ~~Lott~~ Roberta Lott Payne
   Residence of mother (if deceased, so state) Indpls., In.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant — Date 2/3/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed [signature]
New Address same

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Pamela J Goebel — Signature of Applicant — Date 2-23-90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Pamela J Goebel
New Address same

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed ____ Father
Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-23-90, *authorizing the marriage of* RONALD DEAN SMITH *and* PAMELA JEAN GOEBEL.

I further certify that the following marriage certificate was filed in my office:

I, JACK H. HARRIS *(name), certify that on* 3-10-90 *(date), at* INDPLS *in* MARION *County, Indiana,* RONALD D. SMITH *of* HENDRICKS *County,* IN *(state), and* ~~PAMELA J. GOEBEL~~ *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-10-90.

Signed by: /s/ JACK H. HARRIS, CHAPLAIN *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-13-90 *(date).*

Signed [signature] *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. ~~75~~ 77

File

2-26-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-14-90
Name of Physician Donald Johnson M.D.

MALE APPLICANT

Name First: John Middle: Barnes Last: Anderson

Date of Birth Month: 1 Day: 1 Year: 1964

Place of Birth (State or foreign country): Salem, In.

Residence Address Street or R.R.: 4120 Evelyn City: Indpls. County: Marion State: In 46222

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Wm. Travis Anderson - 6 yrs.
6. (a) Full name of father of dependent children Travis Sherrill Anderson
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Vaneta Rebecca Miller
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x John B. Anderson 2/26/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x John B. Anderson
New Address

Subscribed and sworn to before me this 26 day of Feb, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name First: Melanie Middle: Joyce Last: Lane

Date of Birth Month: 5 Day: 10 Year: 1967

Place of Birth (State or foreign country): Indpls. In.

Residence Address Street or R.R.: RR 1 Box 297 City: Clayton County: Hendricks State: In 46118

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Bernyle Andrew Lane
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Joyce Helen Bafer
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Melanie J Lane 02/26/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Melanie J Lane
New Address

Subscribed and sworn to before me this 26 day of Feb, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-26-90, *authorizing the marriage of* JOHN B. ANDERSON *and* MELANIE JOYCE LANE.

I further certify that the following marriage certificate was filed in my office:

I, STEVAN W. RANSON *(name), certify that on* 3-10-90 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* JOHN B. ANDERSON *of* MARION *County,* IN *(state), and* MELANIE J. LANE *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-10-90.

Signed by: /s/ STEVAN W. RANSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-14-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 78

HENDRICKS County

File

2-27-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-19-90
Name of Physician R. Habig, M.D.

MALE APPLICANT

Name: First John Middle Michael Last Gootee

Date of Birth: Month 6 Day 11 Year 48

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 10443 N 1000 E City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Glenn Joseph Gootee
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Mary Ardella Ginder
   Residence of mother (if deceased, so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant — Date 2/27/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed

New Address SAME

Subscribed and sworn to before me this 27th day of Feb, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

FEMALE APPLICANT

Name: First Mary Middle Helen Last Gambacort

Date of Birth: Month 5 Day 15 Year 61

Place of Birth (State or foreign country) London, Ontario Canada

Residence Address: Street or R.R. 10443 N. 1000 E City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Samuel William Gambacart
   Residence of father (if deceased, so state) London, Ontario Can.
   Birthplace of father (State or foreign country) Brantford Ontario Can.
   (b) Full maiden name of mother ~~of dependent children~~ Beatrice Susan Cybulski
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Canada

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant — Date 2/27/90

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed

New Address Same

Subscribed and sworn to before me this 27th day of Feb, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father

Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____, and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-27-90, *authorizing the marriage of* JOHN MICHAEL GOOTEE *and* MARY HELEN GAMBACORT.

I further certify that the following marriage certificate was filed in my office:

I, MICHAEL D. KEELE *(name), certify that on* 3-3-90 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JOHN MICHAEL GOOTEE *of* HENDRICKS *County,* IN *(state), and* MARY HELEN GAMBACORT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-3-90, *Signed by:* /s/ MICHAEL D. KEELE, JUDGE MARION COUNTY SMALL CLAIMS COURT *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-6-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 79

File

2-27-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name First Marvin Middle L. Last Norton

Date of Birth Month Aug Day 7 Year 1907

Place of Birth (State or foreign country) Ky.

Residence Address Street or R.R. 10140 Lake of Lantern N. Dr. City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☑
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Albert H. Norton
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother of dependent children Mary Martha Lett
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Ky.

FEMALE APPLICANT

Name First Thelma Middle B. Last Yates

Date of Birth Month Aug Day 30 Year 1917

Place of Birth (State or foreign country) Ky.

Residence Address Street or R.R. 2234 Dowdin Dr. City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of dependent children Grover C. Bishop
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of mother of dependent children Rosalee Million
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Marvin L. Norton — 2-27-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Marvin L. Norton
New Address 2234 Dowdin Dr. Indpls. Ind.

Subscribed and sworn to before me this 27 day of Feb, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Thelma B. Yates — 2-27-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Thelma B. Yates
New Address 2234 Dowdin Dr. Indpls.

Subscribed and sworn to before me this 27 day of Feb, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-27-90, *authorizing the marriage of* MARVIN L. NORTON *and* THELMA B. YATES.

I further certify that the following marriage certificate was filed in my office:

I, CARL M. HAZEL *(name), certify that on* 3-3-90 *(date), at* RAINBOW ACRES CHURCH *in* HENDRICKS *County, Indiana,* MARVIN L. NORTON *of* HENDRICKS *County,* IN *(state), and* THELMA B. YATES *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-27-90

Signed by: /s/ CARL M. HAZEL, SR. PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-6-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 80

File 2-2790

HENDRICKS County

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-27-90
Name of Physician C. H. Supple

MALE APPLICANT

Name: First Harold Middle Royce Last Sines

Date of Birth: Month Sept Day 13 Year 48

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5121 W Mecca St. City Indpls County Marion State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Sch. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Otis William Sines
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Wilma Jean Myers
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Sheryl Middle Lynn Last Sines

Date of Birth: Month April Day 12 Year 1955

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 2035 Co. Line Rd. 425E City Danville County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Robert Benjamin Frey
   Residence of father (if deceased, so state) Ind
   Birthplace of father (State or foreign country) Wis.
   (b) Full maiden name of mother ~~of dependent children~~ Ruth Ann Beck
   Residence of mother (if deceased, so state) Ind
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Harold K. Sines 2/27/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Harold K. Sines
New Address 203 S CR 425 E Danville In.

Subscribed and sworn to before me this 27 day of Feb 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Sheryl L. Sines 2-27-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Sheryl L. Sines.
New Address 203 S CR 425 E Danville In

Subscribed and sworn to before me this 27 day of Feb 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this ____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court, by written order issued _____ and filed in _____ County, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-31-90, *authorizing the marriage of* HAROLD RYOCE SINES *and* SHERYL LYNN SINES.

I further certify that the following marriage certificate was filed in my office:

I, LARRY JUDD *(name), certify that on* 3-31-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* HAROLD R. SINES *of* HENDRICKS *County,* IN *(state), and* SHERYL L. SINES *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-31-90.

Signed by: /s/ LARRY JUDD, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 4-5-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 81

File

2-27-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-18-90
Name of Physician Stephen Citty (Dated the

MALE APPLICANT

Name: First Scott Middle William Last Bateson

Date of Birth: Month 7 Day 27 Year 70

Place of Birth (State or foreign country): Beech Grove, In.

Residence Address: Street or R.R. 2425 Hadley Rd. City Cmty. County State In.

Previous Marital Status: Never Married X OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: X Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Leonard Ralph Bateson
   Residence of father (If deceased, so state) Indiana
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of mother ~~of dependent children~~ Sandra Lee Kendall
   Residence of mother (If deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Pa.

FEMALE APPLICANT

Name: First Tamara Middle Jay Last Keeton

Date of Birth: Month 6 Day 22 Year 72

Place of Birth (State or foreign country): Indianapolis, In.

Residence Address: Street or R.R. 1196 E. RD. 200 S. City Danville, In.

Previous Marital Status: Never Married X OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: X Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ✓ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Frank Ray Keeton
   Residence of father (If deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother ~~of dependent children~~ Linda Kay Triggett
   Residence of mother (If deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Scott Bateson — 2-27-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Scott Bateson
New Address 1196 RD 200S

Subscribed and sworn to before me this 27th day of Feb 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____ 19____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Tamara Keeton — 2/27/90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Tamara Keeton
New Address SAME

Subscribed and sworn to before me this 27th day of Feb 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Frank Keeton Father
Signed Lynda Keeton Mother
Subscribed and sworn to before me this 28 day of Feb 19 90
Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-28-90, *authorizing the marriage of* SCOTT WILLIAM BATESON *and* TAMARA JAY KEETON.

I further certify that the following marriage certificate was filed in my office:

I, RONALD E. McDOUGLE *(name), certify that on* 3-3-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* SCOTT WILLIAM BATESON *of* MORGAN *County,* IN *(state), and* TAMARA JAY KEETON *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-3-90

Signed by: /s/ RONALD E. McDOUGLE, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-7-90 *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

AF96-A/F01

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 82

File

HENDRICKS County

2-28-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician K. Kyrlin

MALE APPLICANT

Name: First Kenneth Middle L. Last Jenkins

Date of Birth: Month 9 Day 4 Year 49

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 29 Broadway POBox 206 City Lizzesville County State IN

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Rebecca Jenkins
   Marcus "
6. (a) Full name of father of ~~dependent children~~ Clarence R. Jenkins
   Residence of father (if deceased, so state) Lizzesville IN
   Birthplace of father (State or foreign country) Ky or IN
   (b) Full maiden name of mother of ~~dependent children~~ Rose Ellen Taylor
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First Ruth Middle A. Last Clickner

Date of Birth: Month 9 Day 2 Year 53

Place of Birth (State or foreign country) WI

Residence Address: Street or R.R. 124 James St. City Eau Claire County State WI 54703

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of father of ~~dependent children~~ Merlin Clickner
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) WI
   (b) Full maiden name of mother of ~~dependent children~~ Florence Rita Mathson
   Residence of mother (if deceased, so state) Eau Claire WI
   Birthplace of mother (State or foreign country) WI

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Kenneth L. Jenkins 2-28-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Kenneth L. Jenkins
New Address Same as above.

Subscribed and sworn to before me this 28 day of Feb. 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Ruth A. Clickner 2-28-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Ruth A. Clickner
New Address

Subscribed and sworn to before me this 28 day of Feb. 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-28-90, *authorizing the marriage of* KENNETH L. JENKINS *and* RUTH A. CLICKNER.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 2-28-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KENETH L. JENKINS *of* HENDRICKS *County,* IN *(state), and* RUTH A. CLICKNER *of* EAU CLAIRE *County,* WI *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-28-90.

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-28-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

592

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 83

File

2-28-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-28-90
Name of Physician B.A. Gossett, M.D.

MALE APPLICANT

Name First Lawson Middle Ellsworth Last Waling Jr.

Date of Birth Month 11 Day 7 Year 52

Place of Birth (State or foreign country) Spokan, WA.

Residence Address Street or R.R. 718 Woodcross Ct. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jennifer Lynn Waling 15 yrs
   Brydn Patrick Waling 11 yrs
6. (a) Full name of father ~~of dependent children~~ Lawson Ellsworth Waling Jr.
   Residence of father (if deceased, so state) La Quinta, CA. (LA QUINTA)
   Birthplace of father (State or foreign country) IND.
   (b) Full maiden name of mother ~~of dependent children~~ Karen Marie Overton (OVERTON)
   Residence of mother (if deceased, so state) La Quinta, CA.
   Birthplace of mother (State or foreign country) IN.

FEMALE APPLICANT

Name First Sandra Middle Eldena Last Woodworth

Date of Birth Month 5 Day 16 Year 57

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 718 Woodcross Ct. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Erik Ryan Woodworth 10 yrs.
   Adam Wesley Woodworth 7 yrs.
6. (a) Full name of father ~~of dependent children~~ Jack Edward Bright
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Onorina Presone
   Residence of mother (if deceased, so state) Ft Indianapolis
   Birthplace of mother (State or foreign country) Italy

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Lawson E. Waling Jr. 2-28-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Lawson E. Waling Jr.

New Address SAME

Subscribed and sworn to before me this 28th day of Feb, 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Sandra E. Woodworth 2-28-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Sandra E. Woodworth

New Address same

Subscribed and sworn to before me this 28th day of Feb. 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-28-90, *authorizing the marriage of* LAWSON ELLSWORTH WALING, JR *and* SANDRA ELDENA WOODWORTH.

I further certify that the following marriage certificate was filed in my office:

I, ~~CYNTHIA J. SPENCE~~ *(name), certify that on* ~~2-28-90~~ *(date), at* ~~DANVILLE~~ *in* HENDRICKS *County, Indiana,* LAWSON ELLSWORTH WALING, JR. *of* HENDRICKS *County,* IN *(state), and* SANDRA ELDENA WOODWORTH *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-28-90.

Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 2-28-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 84

HENDRICKS County

File

3-1-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-26-90
Name of Physician Nicholas A. Prochnoff

MALE APPLICANT

Name: First Malcolm Middle — Last Moore

Date of Birth: Month 10 Day 28 Year 37

Place of Birth (State or foreign country) Shelbyville In.

Residence Address: Street or R.R. 131 William Dr. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father ~~of dependent children~~ Woodrow L. Moore
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana.
   (b) Full maiden name of mother ~~of dependent children~~ Dorothy Mae Thompson
   Residence of mother (if deceased, so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Carol Middle Elizabeth Last Daniels

Date of Birth: Month 12 Day 17 Year 46

Place of Birth (State or foreign country) Lexington Ky.

Residence Address: Street or R.R. PO Box 424 City Pittsboro County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Michael L. Daniels 11yrs.
6. (a) Full name of father ~~of dependent children~~ Shirley David Atkins
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Helen Elizabeth Collins
   Residence of mother (if deceased, so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Malcolm Moore — Signature of Applicant — 3-1-90 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Malcolm Moore
New Address same

Subscribed and sworn to before me this 1st day of March 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Carol E Daniels — Signature of Applicant — 3/1/90 Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Carol E Daniels
New Address same

Subscribed and sworn to before me this 1st day of March 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed — Father
Signed — Mother

Subscribed and sworn to before me this ____ day of ____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____, and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-1-90, *authorizing the marriage of* MALCOLM MOORE *and* CAROL E. DANIELS.

I further certify that the following marriage certificate was filed in my office:

I, KEN A. ELMENDORF *(name), certify that on* 3-17-90 *(date), at* BROWNSBURG *in* IN *County, Indiana,* MALCOLM MOORE *of* HENDRICKS *County,* IN *(state), and* CAROL E. DANIELS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-17-90.

Signed by: /s/ KEN A. ELMENDORF, JUDGE PRO TEMPORE *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-21-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 85

File

3-1-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-23-90
Name of Physician Philip A. Batista M.D

MALE APPLICANT

Name First Michael Middle Everett Last Keesling

Date of Birth Month 7 Day 24 Year 61

Place of Birth (State or foreign country) Anderson, In.

Residence Address Street or R.R. 16 Water St. City Crawfordsville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Lacie J. Keesling 6 1/2 yrs
   ~~Stacy~~ Sean Keesling 4 1/2 yrs.
6. (a) Full name of father ~~of dependent children~~ Michael Edward Keesling
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Martha Jean Bennett
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Michael Keesling 3-1-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Michael Keesling
New Address 652 ALPHA AVE BROWNSBURG, IN

Subscribed and sworn to before me this 1st day of March, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

FEMALE APPLICANT

Name First Sandra Middle Jo Last Gallaway

Date of Birth Month 2 Day 18 Year 65

Place of Birth (State or foreign country) Lafayette, In.

Residence Address Street or R.R. 16 Water St. City Crawfordsville County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Drivers' License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Justin Reuzenaar 4 1/2 yrs.
6. (a) Full name of father ~~of dependent children~~ Richard Lee Galloway
   Residence of father (if deceased, so state) Lafayette, In.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother ~~of dependent children~~ Sharon Sue Lane
   Residence of mother (if deceased, so state) Lafayette, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Sandra J Galloway 3-1-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Sandra J Galloway
New Address 652 Alpha Ave Brownsburg IN

Subscribed and sworn to before me this 1st day of March, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this ____ day of ____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-1-90, *authorizing the marriage of* MICHAEL EVERETT KEESLING *and* SANDRA JO GALLAWAY.

I further certify that the following marriage certificate was filed in my office:

I, WILLIAM J. BAYLES *(name), certify that on* 3-10-90 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MICHAEL E. KEESLING *of* HENDRICKS *County,* IN *(state), and* SANDRA JO GALLAWAY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-1-90.

Signed by: /s/ WILLIAM J. BAYLES, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-13-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 86

File

HENDRICKS County

3-2-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 3-1-90
Name of Physician Dryer

MALE APPLICANT

Name: First Jeffrey Middle Paul Last Wilson

Date of Birth: Month 6 Day 26 Year 70

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 506 S. Jefferson City Brownsburg County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Gerald Thomas Wilson
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of mother of dependent children Susan Marie Allison
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name: First Rita Middle Ann Last Whitaker

Date of Birth: Month 4 Day 22 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4 N. Shiloh Rd City Franklin County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children L V Whitaker
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of mother of dependent children Delia R. Hensley
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X [signature] 3-2-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed [signature]

New Address

Subscribed and sworn to before me this 2 day of Mar 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Rita Whitaker 3-2-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Rita Whitaker

New Address

Subscribed and sworn to before me this 2 day of Mar 1990

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-2-90, *authorizing the marriage of* JEFFREY PAUL WILSON *and* RITA ANN WHITAKER.

I further certify that the following marriage certificate was filed in my office:

I, GERALD T. WILSON *(name), certify that on* 3-3-90 *(date), at* BYRDWAY *in* MARION *County, Indiana,* JEFFREY PAUL WILSON *of* HENDRICKS *County,* IN *(state), and* RITA ANN WHITAKER *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-3-90. *Signed by:* /s/ GERALD T. WILSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-9-90 *(date).*

Signed [signature] *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

596

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 87

File

3-2-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-6-90
Name of Physician Joseph McClea

MALE APPLICANT

Name First Lowell Middle Glen Last Fisher

Date of Birth Month 4 Day 25 Year 33

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. RR 1 Box 5 City Stilesville County ☐ State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Elmer M. Fisher
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Margaret B. Vaughan
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Betty Middle Lou Last Sullivan

Date of Birth Month 7 Day 10 Year 45

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 7166 Jessman Rd #D City Indpls County ☐ State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Willis Nichols
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Canada
   (b) Full maiden name of mother of dependent children Betsy Robbins
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Lowell G Fisher 3-2-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Lowell G. Fisher
New Address Same

Subscribed and sworn to before me this 2 day of Mar 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Betty Sullivan 3/2/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Betty Sullivan
New Address Rt 1 Box 5 Stilesville Ind 46180

Subscribed and sworn to before me this 2 day of Mar 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-2-90, *authorizing the marriage of* LOWELL GLEN FISHER *and* BETTY LOU SULLIVAN.

I further certify that the following marriage certificate was filed in my office:

I, STEVAN W. RANSON *(name), certify that on* 3-9-90 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* LOWELL GLEN FISHER *of* HENDRICKS *County,* IN *(state), and* BETTY LOU SULLIVAN *of* MARION *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-9-90.

Signed by: /s/ STEVAN W. RANSON, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-14-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 88

File

HENDRICKS County

3.2.90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated
Name of Physician Dr. Haggard

MALE APPLICANT

Name First James Middle L. Last Sims III

Date of Birth Month 2 Day 15 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address 10129 W. Rockville Rd. Street or R.R. City Indpls. County Hendricks Co State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. Rice.

1. Are you now or have you ever been adjudged to be of unsound mind? 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 ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ James C. Sims III
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of mother of ~~dependent children~~ Judy Kay Scott
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.(?) Ia, MO.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X James C. Sims III
Signature of Applicant

3/2/90
Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court

Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X James C. Sims III

New Address

Subscribed and sworn to before me this 2 day of March 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Father

Signed

Mother

Signed

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Ginger Middle Ann Last Summerlot

Date of Birth Month 5 Day 9 Year 69

Place of Birth (State or foreign country) Ind.

Residence Address Same Street or R.R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of father of ~~dependent children~~ Ivan Harris Summerlot
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of mother of dependent children Linda Carol Ruston
   Residence of mother (if deceased, so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Ginger A. Summerlot
Signature of Applicant

Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court

Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Ginger A. Summerlot

New Address

Subscribed and sworn to before me this 2 day of March 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

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 _____ County _____ Court, by written order issued _____, and filed in _____ County, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3.2.90, *authorizing the marriage of* JAMES C. SIMS III *and* GINGER ANN SUMMERLOT.

I further certify that the following marriage certificate was filed in my office:

I, WILLIAM P. HENDRICKS *(name), certify that on* 3-17-90 *(date), at* ~~WASHINGTON TOWNSHIP~~ *in* HENDRICKS *County, Indiana,* JAMES C. SIMS III *of* HENDRICKS *County,* IN *(state) were married by me as (state), and* GINGER ANN SUMMERLOT *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-2-90, *(official designation)* PASTOR.

Signed by: /s/ WILLIAM P. HENDRICKS *(date).* 3-21-90

Filed and recorded in accordance with the laws of the State of Indiana on

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 89

File

3-2-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-26-90
Name of Physician Robert Howell M.D

MALE APPLICANT

Name: First David Middle Carroll Last Macy

Date of Birth: Month 5 Day 27 Year 1970

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R.R. 1647 Willard Ct City Plainfield County State In 46168

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children David C. Macy
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Patricia L. Staplekamper
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Jennifer Middle Lee Last Thompson

Date of Birth: Month 12 Day 27 Year 1972

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. RR 2 Box 142 MS City Coatesville County State In 46121

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of father of dependent children Darrell Lee Thompson
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Frances Dalene Enders
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x David C. Macy — 3-2-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x David C. Macy
New Address

Subscribed and sworn to before me this 2nd day of March 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Jennifer Thompson — 3-2-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Jennifer Thompson
New Address

Subscribed and sworn to before me this 2nd day of March 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed x Darrell Thompson Father
Signed x Frances D. Thompson Mother

Subscribed and sworn to before me this 2nd day of March 1990
Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-2-90, *authorizing the marriage of* DAVID CARROLL MACY *and* JENNIFER LEE THOMPSON.

I further certify that the following marriage certificate was filed in my office:

I, A. ALLAN HARLAN *(name), certify that on* 3-24-90 *(date), at* AVON *in* HENDRICKS *County, Indiana,* DAVID CARROLL MACY *of* HENDRICKS *County,* IN *(state), and* JENNIFER LEE THOMPSON *of* PUTNAM *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-24-90.

Signed by: /s/ A. ALLAN HARLAN, SPISCOPAL CLERGYMAN *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-27-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 90

File

HENDRICKS County

3-2-90
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 2-16-90
Name of Physician David Haggard M.D

MALE APPLICANT

Name: First Wesley Middle Allen Last Mayhew

Date of Birth: Month 2 Day 7 Year 1969

Place of Birth (State or foreign country) Indpls. In

Residence Address: Street or R.R. 2228 Lake of Lantern East Dr. City Indpls County State In 46234

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Paul B. Mayhew Jr.
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of dependent children Helen S. Elmore
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

FEMALE APPLICANT

Name: First Paula Middle Ann Last Hemingway

Date of Birth: Month 11 Day 23 Year 1960

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R.R. 2228 Lake of Lantern East Dr. City Indpls County State In 46234

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   None
6. (a) Full name of father of dependent children Richard Alan Hemingway
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Oklahoma
   (b) Full maiden name of mother of dependent children Billie Mae Webb
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Oklahoma

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Wesley A. Mayhew — 3-2-90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Wesley A. Mayhew
New Address

Subscribed and sworn to before me this 2nd day of March 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

x Paula A. Hemingway — 3/2/90
Signature of Applicant — Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed x Paula A. Hemingway
New Address

Subscribed and sworn to before me this 2nd day of March 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-2-90, *authorizing the marriage of* WESLEY ALLEN MAYHEW *and* PAULA ANN HEMINGWAY.

I further certify that the following marriage certificate was filed in my office:

I, JOHN P. ROOF *(name), certify that on* 4-21-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ~~WESLEY A. MAYHEW~~ *of* HENDRICKS *County,* IN *(state), and* PAULA A. HEMINGWAY *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-21-90.

Signed by: /s/ JOHN P. ROOF, EPISCOPAL PRIEST *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 4-25-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

AFML A/PD 1

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 91

File

3-5-90 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female
Medical Examination or Report Dated 12-6-89
Name of Physician Kenneth Maynard M.D.

MALE APPLICANT

Name First Ronald Middle Kral Last Moody

Date of Birth Month 5 Day 7 Year 49

Place of Birth (State or foreign country) Osgood, In.

Residence Address Street or R.R. 538 Kinderley Ave. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Nicole Marie Moody 10 yrs.
   Natalie Michelle Moody 8 yrs
6. (a) Full name of father ~~of dependent children~~ Francis Lowell Moody
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother ~~of dependent children~~ Mable Louise Arbuckle
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name First Nara Middle Faye Last Adams

Date of Birth Month 10 Day 29 Year 46

Place of Birth (State or foreign country) Talladega, Al.

Residence Address Street or R.R. 538 Kinderley Ave. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Matt Adams 5 yrs
6. (a) Full name of father ~~of dependent children~~ James Warren Brown, Sr.
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of mother ~~of dependent children~~ Mary Eileene Miller
   Residence of mother (if deceased, so state) Talladega, Al.
   Birthplace of mother (State or foreign country) Al.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Ronald E Moody 3/5/90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Ronald E Moody
New Address Same

Subscribed and sworn to before me this 5th day of March, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Nara Faye Adams 3-5-90
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed Nara Faye Adams
New Address Same

Subscribed and sworn to before me this 5th day of March, 1990
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-5-90, *authorizing the marriage of* RONALD E. MOODY *and* NARA F. ADAMS.

I further certify that the following marriage certificate was filed in my office:

I, CYNTHIA J. SPENCE *(name), certify that on* 3-5-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RONALD E. MOODY *of* HENDRICKS *County,* IN *(state), and* NARA F. ADAMS *of* HENDRICKS *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-5-90.

Signed by: /s/ CYNTHIA J. SPENCE, 1 ST DEPUTY CLERK *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 3-5-90 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1